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List of Recommendations and Discussion

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PART I: SUMMARY OF RECOMMENDATIONS

1. **Families of veterans be granted their own unique identifier for the purposes of receiving care and benefits in their own right and of their own accord. This could be a client number and/or identification card.**

2. **Families of veterans be granted access to applicable benefits such as mental health care, Additional Dependant Care, and Caregiver Recognition Benefit without having to work through the veteran family member.**

3. **All families of veterans be granted access to mental health support services.**

4. **All families of veterans who have a psychological injury or who have been designated TPI/DEC (permanently disabled) be granted expanded mental health services as long as medically prescribed**

5. **Family members who seek VAC-funded medical care be reimbursed for full Health Related Travel Expenses.**

6. **Family members including spouses, common-law partners, dependants or any member of a household be paid escort fees when it is medically necessary to accompany veterans to receive treatment.**

7. **All veterans/families suffering a psychiatric disability or having a disability greater than 48% be given access to *ongoing* yearly financial counselling and planning advice up to an annually inflation adjusted rate of $750.**

8. **Implement a program for veterans and families that provides monthly amounts for spouses, dependant children, and dependant adults similar to the *Pension Act* disability pension amounts for spouses, children, and dependants.**

9. **The Attendance Allowance and Caregiver Relief Benefit (CRB) both be expanded to all veterans (whether *Pension Act* or *Veterans Well-Being Act* recipients) with more compassionate and flexible criteria. The amounts for CRB should be placed on a scale according to the degree of veteran disability paying a *minimum* of $1000/month.**

10. **All caregivers/spouses of veterans with a TPI/DEC designation be automatic recipients of the more generous CRB and AA programs.**

11. **Frequently recommended but not implemented, Income Replacement Benefit (IRB) should reflect lost career potential of the veteran, taking into account typical career progression had the veteran continued to serve. The IRB amounts should reflect annual increases in inflation or current equivalent military salary, whichever is greater.**

12. **Spouses of TPI/DEC veterans be given priority hiring in the Public Service.**

13. **Expand funding of Military Family Resource Centres to allow all families of veterans, medically released or not, to access services. The Veteran Family Program should be expanded to include issues and obstacles facing families caring for disabled veterans at any point in time, not merely focussed upon the more immediate transition experience and obstacles.**

14. **All families who have a veteran member who has been declared DEC/TPI (permanently incapacitated) or with mental health diagnoses receive fulsome funding for childcare and dependant care expenses.**

15. **All veterans on medical rehabilitation plans, those with psychiatric conditions, or those declared DEC/TPI receive dependant care funding preauthorized on a yearly basis with a reasonable maximum reflecting market costs for that care.**

16. **All veterans on medical rehabilitation, with a psychiatric condition, or those declared DEC/TPI and with children who have unique needs requiring specialized care receive funding at the institution chosen by the veteran (and/or family) which can address those needs, including private care and private school facilities.**

17. **Additional Dependant Care funding from VAC to be accessed by families in their own right and of their own accord.**

18. **An advisory group for veterans' families be created composed of veterans with families, veteran family members, rehabilitation and mental health specialists as well as medical specialists with a strong background in family dynamics and needs. Appointees to be chosen by the Veterans Ombudsman until an independent federal appointment body is created. Appointees will not be required to sign non-disclosure agreements and will not include government officials.**

19. **The *"purpose"* clause of the *Veterans Well-Being Act* be amended to include an obligation to children of living veterans.**

PART II: DISCUSSION AND RECOMMENDATIONS

A. Recognizing Families as Equal Partners in Caring for Veterans and Caring for Their Mental Health Needs

Families are instrumental and vital to the well-being of the veteran. Merely living with a person suffering disability or chronic illness takes an emotional and psychological toll on family members. It also hinders their ability to be supportive to and caring for the veteran. Canada must live up to not just this reality but the rhetoric by placing families on an equal footing in Canada's obligation to care for "veterans and their families". Just as chronic mental illness is never cured but requires a lifetime of management, families caring for veterans suffering a chronic psychiatric disability likewise need a lifetime of managing the impact the veteran's illnesses have upon them.

Furthermore, it is sadly common during the progression of physical and mental illnesses for veterans to not seek assistance from VAC. Veterans will sometimes place obstacles to families receiving care for their family since it is a marker of shame to admit one's condition harms those closest to the veteran. Families should not have to wait for the veteran to receive a case manager, develop a rehabilitation plan or even to contact VAC in order to receive the obvious need for care. Families should receive care in their own right and of their own accord. In order to do so, they should be granted a unique identifier for the purposes of receiving care and benefits.

News coverage in August 2018 revealed that Christopher Garnier, a convicted and incarcerated murderer was receiving mental health care funded by Veterans Affairs Canada. Initially, VAC defended the indefensible. Garnier was not a veteran or a dependant of a veteran and he was the responsibility of another federal department, Correctional Services Canada which already provides mental health care to those incarcerated. However, VAC would later reverse itself. Unfortunately, VAC's overreaction resulted in mental health care becoming less accessible for families of veterans.

Nevertheless, VAC made some important policy statements that contradicted the decreased access to mental health funding for families of veterans:

Achieving a positive outcome can be compromised if the Veteran is treated in isolation without addressing the effects that the mental health condition has on the family, or the effects that the family dynamic has on the patient's own mental health condition.

Should VAC follow its own rhetoric and principles, then families would already be receiving fulsome mental healthcare funding from VAC.

1. **Families of veterans be granted their own unique identifier for the purposes of receiving care and benefits in their own right and of their own accord. This could be a client number and/or identification card.**

2. **Families of veterans be granted access to applicable benefits such as mental health care, Additional Dependant Care, and Caregiver Recognition Benefit without having to work through the veteran family member.**

3. **All families of veterans be granted access to mental health support services.**

4. **All families of veterans who have a psychological injury or who have been designated TPI/DEC (permanently disabled) be granted expanded mental health services as long as medically prescribed.**

B. <u>Recognizing the Sacrifices of Families: Health Related Travel (HRT)</u>

Veterans who seek medical care are reimbursed for transportation expenses including mileage, parking, taxi, bus, tolls, meals, lodging, and escort fees. As equal partners in the caring of veterans, families who receive VAC funded treatment require the same reimbursement of "Health Related Travel" (HRT). Furthermore, the HRT program pays an "Escort Fee" to medically required escorts when they accompany a veteran for medical appointments, treatments, and procedures. However in a demeaning oversight, escort fees are not payable to a "*spouse, common-law partner, dependant, or any member of* [a veteran's] *household"*.

Families sacrifice much caring for veterans, often saving the Crown vast sums of money over the lifetime of the veteran. Why are the time, energy, and sacrifice of family members valued as worthless by Canada?

5. **Family members who seek VAC-funded medical care be reimbursed for full Health Related Travel Expenses.**

6. **Family members including spouses, common-law partners, dependants or any member of a household to be paid escort fees when it is medically necessary to accompany veterans to receive treatment.**

C. Financial Stability: The Foundation of Family Well-Being

On average, veterans after release from the military initially enjoy a boost in income if they are healthy enough to be employed. They can collect pension, severance, VAC benefits as well as a civilian employment income. However, veterans suffering disabilities to the extent that they are not employable have their taxable earnings capped at 90% of basic military income, while being denied amounts for specialty training or their accompanying specialty allowances.

Family members caring for disabled veterans must take on the burden of not only caring for the disabled veteran and children. Furthermore, family members often must take on the burden of negotiating, understanding, and battling with a complex myriad of veterans' benefits administered by an often unresponsive, tardy, and opaque Veterans Affairs bureaucracy.

Research has noted (see expanded speaking notes) that having a family member with a chronic illness has a negative impact upon spousal income. For the spouses of veterans, anecdotal evidence presented over the past 20 years to relevant Parliamentary Committees indicates spouses of disabled veterans are unable to pursue their careers to the fullest, accepting lower paying employment, or ceasing employment altogether in order to take on these extra burdens. For those married prior to release, research has long noted military spouses suffering enduring and substantive negative impacts upon their careers merely because they are married to a serving member.

Research also has long shown that the well-being and economic health of the family are strongly correlated. VAC *Facts and Figures* for March 2020, show that in FY 2019-20, there were 34,765 veterans and former RCMP receiving benefits for a psychiatric disability, 24, 538 of whom had a PTSD diagnosis. Sadly, only 56% of veterans in receipt of disability benefits for a mental health condition are married or have a common-law partner compared to 71% of Canadians.

Meanwhile, only 1190 spouses were in receipt of a Caregiver Recognition Benefit (CRB) and 6,060 veterans were in receipt of an Attendance Allowance (AA). Although often compared as addressing the same needs, the programs are different. The veterans' disabling condition may be the criteria to receive the benefit. However, CRB is paid to the spouse and AA to the veteran. Furthermore, AA is available if the veteran has a disability as low as 1% and provides for much greater autonomy for the family to decide how to allocate the funds and to what services are required. The CRB is meant to compensate the spouse or one other dedicated caregiver.

In 2021, CRB pays $1,053.89/month and Attendance Allowance has a five grade scale with the maximum being $1,945.50. Meanwhile, the Canadian Armed Forces benefit for similar circumstances pays $36,500 annually or $100/day. Clearly, even the higher CAF benefit is not sufficient to compensate a spouse for a lost career. However, the VAC programs are insufficient for the necessary respite care required not to mention the negative impact upon spousal careers.

Veterans' programs fail to address the impacts of caring for a veteran who does not meet the overly restrictive criteria of either the CRB or AA programs. Veterans suffering far lower levels of disability not only require additional family care, but any mental or other chronic illness negatively impacts the economic well-being of the family. Thus far, families are not compensated when that disability falls below the high bar of these programs, especially CRB stipulating that the veteran requires *"a level of care and supervision consistent with admission to an institution such as a long term care facility"* and other similarly restrictive criteria.

The *Pension Act* disability pension provides for additional funds for having a spouse, children or other dependants. This amount is proportional to the level of disability. It is a formula that has worked for over a century. Unfortunately, similar allowances recognizing the added costs of caring for families were not made available for those veterans under the *Veterans Well-Being Act*.

The *Veterans Well-Being Act* provides for a one time amount to cover financial counselling up to $500 when a veteran receives a lump sum under various programs. However, managing finances is difficult even without the receipt of a lump sum. Notably, the financial counselling amount has not increased in 15 years.

The burdens upon a family living with a member with a chronic physical or mental illness are immense. For veterans and their families, effectively managing finances, let alone earning sufficiently or to one's potential often are rarely realized. Families require assistance to ease those burdens such as financial counselling and compensation for merely having a disabled veteran member of their family. Compensation amounts should be proportional to degree and nature of veteran's disability.

(Providing programs that help veterans' families care for dependants such as children and adult family dependants is critical to financial security and family well-being. This is discussed in the next section).

7. **All veterans/families suffering a psychiatric disability or having a disability greater than 48% be given access to *ongoing* yearly financial counselling and planning advice up to an annually inflation adjusted rate of $750.**

8. **Implement a program for veterans and families that provides monthly amounts for spouses, dependant children, and dependant adults similar to the *Pension Act* disability pension amounts for spouses, children, and dependants.**

9. **The Attendance Allowance and Caregiver Relief Benefit (CRB) both be expanded to all veterans (whether *Pension Act* or *Veterans Well-Being Act* recipients) with more compassionate and flexible criteria. The amounts for CRB should be placed on a scale according to the degree of veteran disability paying a *minimum* of $1000/month.**

10. **All caregivers/spouses of veterans with a TPI/DEC designation be automatic recipients of the more generous CRB and AA programs.**

11. **Frequently recommended but not implemented, Income Replacement Benefit (IRB) should reflect lost career potential of the veteran, taking into account typical career progression had the veteran continued to serve. The IRB amounts should reflect annual increases in inflation or current equivalent military salary, whichever is greater.**

12. **Spouses of TPI/DEC veterans be given priority hiring in the Public Service.**

13. **Expand funding of Military Family Resource Centres to allow all families of veterans, medically released or not, to access services. The Veteran Family Program should be expanded to include issues and obstacles facing families caring for disabled veterans at any point in time, not merely focussed upon the more immediate transition experience.**

D. <u>Dependant Care: Helping to Care for the Most Vulnerable Family Members</u>

Veterans Affairs has two programs to assist veterans with caring for dependant children and dependant adults in the family household. “Additional Dependant Care” reimburses veterans for costs associated with veterans enrolled in a vocational rehabilitation or a medical rehabilitation program.

The dependant care program for vocational rehabilitation pays 50% of the care costs up to a maximum of $750 per month ($1500 full monthly cost) and is preauthourized typically on a school term, year, or multi-year basis to reflect the duration of the training plan. The dependant care program pays 100% of the cost up to $75/day and is

preauthorized for time that the veteran must attend medical rehabilitation program commitments, typically appointments. Some veterans have been fortunate enough to be recognized that medical rehabilitation is a full-time endeavour, They receive pre-authorization for longer periods of time than merely on a day-to-day basis. However, internal VAC emails show a far more miserly approach to veterans on medical rehabilitation receiving dependant care funding:

"Oh good! (I think. I hope people aren't routinely approved/funded $75 for just routine 1-2 hour appointments. I'd like to think we are using common sense"

However, VAC's callous interpretation of "common sense" does not make financial or practical let alone compassionate sense. Asking a care provider on a daily basis to provide child care is impossible in most urban centres. Many daycare providers have waiting lists that can be as long as a year or more. Furthermore, as internal VAC emails demonstrate, care in B.C. and Ontario is often more costly than $75/day.

We know, as noted above, that any chronic illness has emotional and psychological impacts upon the family. Those families with a member suffering a mental illness endure the greatest negative impacts. Those on medical rehabilitation are, on average, more disabled than those healthy enough to pursue training or employment. It is safe to assume, the greater the disabilities suffered by those on a medical rehabilitation plan have greater negative impacts upon the family than the impact of a veteran on the vocational rehabilitation plan. However, VAC has restricted the dependant care for those on medical rehabilitation as only addressing "*basic needs*". VAC has also relegated additional dependant care for those on a medical rehabilitation program as being the policy equivalent to the incidental travel expenses of mileage and parking.

Interestingly, the vocational rehabilitation plan allows for veterans who "*may have a dependant with a health problem or condition who requires specialized and hence more costly care*". Clearly, "*specialized care*" addresses far more than "*basic needs*" of a dependant. Furthermore, "*more costly care*" allows veterans on the vocational rehabilitation plan allows veterans to exceed the $750($1500)/month limit. Compare that with the far stricter limitations Veterans Affairs has places upon reimbursing dependant care costs for veterans on the medical rehabilitation plan.

<u>Has veterans' affairs established a double standard between the two dependant care plans? Are the children and adult dependants of more disabled veterans on the medical rehabilitation plan being discriminated against when compared to more healthy veterans on the vocational rehabilitation plan?</u>

It must also be emphasized that the two dependant care plans are two of the very few subprograms dedicated to veterans' families. Yet Veterans Affairs has limited, at least the medical rehabilitation portion, to the "*basic needs*" of dependants. Guiding

legislation and VAC's guiding *Mandate, Role* and *Vision* place veterans on equal footing. Nowhere does it state in the intention of the legislation or the wording of the guiding principles that the obligation of Canada is to the fulsome needs of the veteran but only the "*basic needs*" of the family including vulnerable children and adult dependants.

The vocational rehabilitation plan recognizes that vocational training is a fulltime commitment and thus preauthorizes dependant care on a monthly, semester, or school year basis. Medical rehabilitation stipulates that dependant care will only be approved to a maximum of $75/day and often interpreted to be only the time to attend medical appointments. This is misguided and counterproductive to a veteran's rehabilitation.

Medical rehabilitation is likewise a fulltime commitment. Disabled veterans cannot hope to concentrate on rehabilitation goals when they must seek preapproval for each medical appointment, arrange daycare for only that "*1-2 hour*" time period, rush back to pick up their child, and then care for that child once home.

Medical rehabilitation as VAC notes is a "*holistic*" endeavour requiring a veterans' fulltime *uninterrupted* attention. Medical rehabilitation requires the performance of many activities outside of medical appointments such as daily exercises, meditation, mindfulness sessions, therapeutic journaling and art, dropping off and picking up prescriptions, self-esteem and self-actualization activities, healing social encounters, etc. all while attempting to minimize stressors and demands which can easily sabotage healing and rehabilitation goals.

Even if the veteran's condition has a diagnosed direct impact upon the dependant necessitating more "*specialized care*", Veterans Affairs has established an irrational and immovable wall against providing that care. Even when the military service injuries of the veteran cause direct and indirect negative impacts upon the family members, VAC has refused to provide support for the care to address those negative impacts.

When the public school system cannot care or make sufficient accommodations for these emotional and psychological impacts upon the child dependant, VAC continues the immovable and insensitive interpretation. VAC will not pay for any *specialized care* for dependants of veterans on medical rehabilitation as noted. Furthermore, VAC will not pay for any care between the hours of 8:30am and 3:30pm on school days for school aged dependants, even when the public system cannot provide necessary environments to address those care needs. By extension, VAC has refused to pay a **"***private school*" when the public school cannot address those care needs. It is as if the Garnier resulted in a further overreaction equating incarcerated criminals to children with special needs resulting from a veteran's military service: VAC will emphatically deny funding for either.

Besides being absurdly restrictive perceptual barrier misunderstands the *raison d'etre* of VAC's treatment regime. VAC is mandated to reimburse costs of private care and treatment when the public system cannot. (The only exception is perhaps the long term care funding that goes to supporting provincially funded care.)

For instance, when veterans are hospitalized, a myriad of provincially funded treatment and care providers are available including physiotherapists, massage therapists, psychologists, dieticians, kinesiologists, specialized therapists, etc. VAC need not fund any of this care. However, in circumstances when veterans cannot receive provincially funded care, VAC is mandated to reimburse the costs of all of the above treatment providers.

Why then is the only program dedicated for dependants discriminating against children receiving "*private*" care when the public system cannot?

Veterans with psychological injuries and psychiatric conditions as well as veterans with permanent incapacitating conditions place enormous burdens upon their family members. Those burdens and indirect costs are discussed above. Families require assistance because of burdens which are the direct result of a veteran's military service, their disabling conditions. The Government of Canada should recognize, assist, and compensate for this reality. This obligation already exists in principle with the *Department of Veterans Affairs Act* and the *Mandate, Role,* and *Vision* statements of the Department.

And as noted above in the Garnier overreaction, should VAC follow its own rhetoric, then providing for the needs of children with specialized needs would already be central to VAC's recognition of the needs of veterans' families:

Achieving a positive outcome can be compromised if the Veteran is treated in isolation without addressing the effects that the mental health condition has on the family, or the effects that the family dynamic has on the patient's own mental health condition.

The dependants suffering direct and indirect impacts from these disabling and permanent conditions of their veteran parents are in the most vulnerable position. Canada can choose to provide expanded care and treatment programs now and alleviate much suffering and lighten the burden upon those families.

Or Canada can pretend to ignore the problem until it has to pay the immensely higher price and pay for the consequences of the inevitable emotional and psychological injuries of the children. The result will be lower productivity and unachieved potential of these young Canadians with unaddressed needs. More tragically will be the future cost in mental health services, policing, courts, and possible incarcerations, not to mention broken relationships and potential self-harm that results from unaddressed and

unsupported psychological needs. The incalculable cost to family and individual suffering will be a scar upon veterans, their families and Canada should Canada continue to ignore these needs.

Canada can pay a little now or Canadians will pay far more later.

14. **All families who have a veteran member who has been declared DEC/TPI (permanently incapacitated) or with mental health diagnoses receive fulsome funding for childcare and dependant care expenses.**

15. **All veterans on medical rehabilitation plans, those with psychiatric conditions, or those declared DEC/TPI receive dependant care funding preauthorized on a yearly basis with a reasonable maximum reflecting market costs for that care.**

16. **All veterans on medical rehabilitation, with a psychiatric condition, or those declared DEC/TPI and with children who have unique needs requiring specialized care receive funding at the institution chosen by the veteran (and/or family) which can address those needs, including private care and private school facilities.**

17. **Additional Dependant Care funding from VAC to be accessed by families in their own right and of their own accord.**

E. <u>Advisory Group on Families</u>

The current makeup of advisory groups has severely hampered the ability of the government and the public to receive truly independent stakeholder and specialized advice. Furthermore, many groups are required to sign non-disclosure agreements (NDA's). Copies of the agreements once signed have often been taken from the advisory group participants without providing copies in return. Groups do not discuss private information nor do they discuss Cabinet secrets. The only purpose of these NDA's appears to be to control the members from going to the public and media about issues raised by the group.

Furthermore, such groups inevitably are stacked with the very departmental officials responsible for perpetuating dysfunctional programs and/or parsimonious interpretations of the programs. Often the groups are co-chaired by these same senior bureaucrats and filled with government-employed, government contracted, and/or government friendly

individuals. The reports are often or always edited by the government and recommendations are filtered by the government employees in the group, including the co-chair bureaucrats.

Under these conditions, it is impossible for an advisory group to “advise” in an independent, let alone a meaningful capacity. It is safe to say that veterans, families of veterans, and the treatment as well as rehabilitation/medical specialists meaningfully understand the obstacles and needs of families of veterans. The members of these groups should be selected by the often promised but yet to materialize independent federal appointment body. Until such a time as that body is created, the Veterans Ombudsman in wide consultation could be given the responsibility of selecting appointees.

18. **An advisory group for veterans’ families be created composed of veterans with families, veteran family members, rehabilitation and mental health specialists as well as medical specialists with a strong background in family dynamics and needs. Appointees to be chosen by the Veterans Ombudsman until an independent federal appointment body is created. Appointees will not be required to sign non-disclosure agreements and will not include government officials.**

19. **The “*purpose”* clause of the *Veterans Well-Being Act* be amended to include an obligation to children of living veterans.**