



**HOUSE OF COMMONS
CANADA**

**SHARED EXPERIENCES: COMPARISON OF
VETERANS SERVICES OFFERED BY MEMBERS
OF THE COMMONWEALTH AND THE G8**

**Report of the Standing Committee on
Veterans Affairs**

**David Sweet, MP
Chair**

June 2009

40th PARLIAMENT, 2nd SESSION

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has the honour to present its

FIRST REPORT

Pursuant to Standing Order 108(2) and the motion adopted by the Committee on Monday, February 9, 2009, the Committee has carried out a comparison study of veterans services offered by members of the Commonwealth and the G8 and has agreed to report the following:

CHAIR'S FOREWORD

In the spring of 2008, the Standing Committee on Veterans Affairs (ACVA) began its comparative study of veterans' services offered by member countries of the Commonwealth and the G8. Over the past year the Committee heard from an extensive list of foreign government witnesses as well as officials from Veterans Affairs Canada. The Committee also visited Veterans Affairs Canada Department Headquarters in Charlottetown, P.E.I. to receive briefings on the various programs, services and benefits offered to veterans by the department. Throughout the entire study, committee members - knowing that no services and benefits system is without flaw - were impressed with how Canada supports veterans as compared to many of its Commonwealth and G8 counterparts.

Veterans are the backbone of our great nation - they deserve the best care and support that a government can provide. With veterans in our country ranging from the Second World War to modern day, it is imperative that our programs, services and benefits are flexible yet encompassing. With that in mind, in the context of our meetings, committee members worked diligently on the study and this unanimous report is testimony to that fact.

I would like to take this opportunity to thank all of the witnesses who appeared before the Committee - their testimony added a rich and diverse view of how veterans around the world are being supported. I would like to thank committee members, both in the 39th Parliament and current one, for their hard work. Special thanks go to Michel Rossignol, ACVA researcher and report compiler as well as ACVA Clerks, Erica Pereira and Catherine Millar.

"At the going down of the sun and in the morning we will remember them."

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SHARED EXPERIENCES: COMPARISON OF VETERANS SERVICES OFFERED BY MEMBERS OF THE COMMONWEALTH AND THE G8

INTRODUCTION

Over the years, Canada has provided a range of benefits and services to its veterans in keeping with the significant role they played in the First World War, the Second World War, the Korean War, numerous peacekeeping missions and other military operations, including those currently underway in Afghanistan and elsewhere around the world.¹ Most of the benefits and services available to Canadian veterans since 1945 were shaped by the lessons learned during and after the First World War when a network of veterans hospitals was established and a program of pensions for disabled veterans was developed, notably with the adoption of the *Pension Act* in 1919. Various statutes and regulations adopted during and after the Second World War, now referred to as the Veterans Charter, improved the pensions and services to meet the needs of a new wave of veterans. A series of amendments were made to these statutes and regulations over the following decades, but benefits and services remained basically the same until 2006 when a modernized program of benefits and services known as the New Veterans Charter came into force.² It was designed to meet the needs of Canadian Forces personnel and veterans during the Twenty First century while the older veterans continue to receive the benefits and services obtained under the old system.

As well as participating in many of the same conflicts and peacekeeping missions as Canada, many countries of the Commonwealth and the G8 group of industrialized countries have faced similar challenges maintaining a well established system of benefits and services for their veterans while trying to meet the needs of currently serving military personnel and future veterans.³ There are inevitably differences in the way each country administers and delivers benefits and services to its veterans given its distinct social and political history and the financial resources available. For example, in Canada, veterans from the Second World War and Korean War era have access to health care services through the publicly funded health care system while in the United States, which has a primarily privately funded system, the Department of Veterans Affairs has its own network of hospitals to provide care to such veterans. However, the Standing Committee on Veterans Affairs undertook this study because it believes that there is much to be learned

1 For current operations see <http://www.comfec-cefcom.forces.gc.ca/pa-ap/ops/index-eng.asp>.

2 The legislative basis of the New Veterans Charter is the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* of 2005.

3 The group of eight industrialized countries includes Canada, France, Germany, Italy, Japan, Russia, the United States, and the United Kingdom.

by comparing how various countries meet the needs of their veterans despite different administrative and political procedures. The willingness of other countries to share their experiences and assist the committee in its study underlines the significant level of international cooperation which already exists among countries on these issues. The committee is thankful for all of the information and explanations provided by officials from various countries including those who participated as witnesses during committee meetings. It hopes that this study will contribute to the strengthening of the ties of cooperation between countries at the parliamentary, departmental, and military levels and between veterans organizations. The committee also trust that its report will help to promote a better understanding of veterans' issues.

BACKGROUND

For the purposes of this study, a veteran is anyone who has served in the armed forces and who has returned to civilian life, whether this occurs after a few years of service, after a long career spanning decades, or after one cut short by a disabling injury. In some countries such as France and Italy, similar benefits and services are provided to serving or retired members of the national police force which is part of the armed forces or administered by the department of defence. Many of these police officers have participated in multinational peacekeeping operations. In Canada, serving and retired members of the Royal Canadian Mounted Police (RCMP), which is not part of the armed forces or administered by the Department of National Defence, can receive disability pensions, health treatment benefits, and other services from the Department of Veterans Affairs. Every country has its own definition of who is a veteran and the criteria for eligibility to the various benefits and services provided to veterans might be quite different from one country to another. Some countries still have conscription or had it until only a few years ago, so the type of military service, and the range of pension and other benefits available, may vary considerably from one veteran to another. However, the countries examined in this study all share a common commitment if not a moral obligation to provide for veterans and their families in return for the veterans' service to their country in war and in peace and all the sacrifices this implied. The commitment is especially strong with regard to those who suffer a physical or mental incapacity as a result of their service to their country and to the survivors of individuals who died while fulfilling their military duty. There is often debate on whether or not veterans and their families or survivors of those killed while on duty are receiving as much as they should be getting in return for the sacrifices made. Many factors have to be considered when trying to determine to what extent a country is fulfilling its commitment to meet the needs of veterans, especially those who suffered injuries, and their families.

It is up to each country to determine to what extent it is being fair in meeting its commitment to its veterans. Besides, the situation in terms of years of service, number of family members, the extent, nature, and number of injuries, and the time required for a full recovery, if possible, can vary significantly from one veteran to another. Thus, determining what is fair is a complex process which must take into consideration these and other variables. The purpose of this study comparing how various countries meet the needs of

their veterans is not to determine which country does the best job in fulfilling its commitment, but instead to compare notes, to gain a better understanding of how the commitment can be fulfilled, and to make recommendations to government.

The focus of this study is mainly on the benefits and services provided to injured veterans such as compensation for a disability resulting from military service and various rehabilitation services. However, it is not possible to keep these benefits and services completely isolated from all the other pensions and support programs available to individuals who have served in the military. Pensions for military service can be very complex because of variables including years of service, service in operations overseas, and changes to the pension system in various countries over the last decades. For example, the Defence Attaché of the Embassy of the Italian Republic in Canada, Brigadier-General Sanzio Bonotto, explained the Italian system to the committee, but one of his statements no doubt describes the situation faced by persons serving in the armed forces of a number of countries. He stated:

The Italian pension system is not easy to understand because it has suffered numerous changes in recent years. If I were to go to the office to ask for my pension, it would take a couple of hours just to give me an idea of how much my pension is.⁴

The military pension benefits can vary significantly from one person to another and it is not possible to determine, except in general scenarios, how much they would add to the financial resources available to an injured veteran. Furthermore, the pensions for military service have been modernized in recent years in a number of countries, including Canada, so the financial situation in which injured veterans find themselves in can vary significantly depending on the number of years which have past since they left the armed forces.

DIFFERENCES IN ORGANIZATIONAL STRUCTURES

In Canada, the Department of National Defence is responsible for policies concerning personnel now serving in the military as well as those governing benefits received by veterans such as those provided by the pension for military service.⁵ Disability benefits and rehabilitation and other services are provided to injured veterans mostly by the Department of Veterans Affairs which is independent of the Department of National Defence. However, the two departments continue to work closely together to give veterans better access to information on the programs and benefits they are entitled to, whether they leave the military after completing a long career or as a result of a serious injury. The creation in recent months of Joint Personnel Support Units in 19 locations across Canada to provide a one-stop service to military personnel, veterans, and their families who need

4 See Canada, House of Commons, Standing Committee on Veterans Affairs, *Evidence*, April 20, 2009, p. 1.

5 See the *Canadian Forces Superannuation Act*.

access to Department of Veterans Affairs programs and services as well as those of the Department of National Defence is an example of the efforts being made by both departments.

Nevertheless, it is not possible to simply compare Canada's Department of Veterans Affairs with its exact replica in other countries. Some countries do not have a department or agency responsible only for veterans issues while some have such an organization, but have placed it under the jurisdiction of their defence department. For example, Australia has a Department of Veterans Affairs, but it is within the defence portfolio. In budget documents, the Veterans Affairs portfolio includes the Australian War Memorial, similar to the Canadian War Museum, as well as the Department of Veterans Affairs.⁶ In New Zealand, Veterans Affairs New Zealand (VANZ) is an organization within the New Zealand Defence Force. Significant changes in the operations of VANZ were made recently because on July 1, 2008, it took over from the Ministry of Social Development responsibility for the delivery to veterans of the War Disablement Pensions. Changes have also been made in the United Kingdom where since April 2007 many services and benefits are provided to veterans by a new Executive Agency of the Ministry of Defence called the Service Personnel and Veterans Agency (SPVA). The SPVA was created through the merger of two Ministry of Defence agencies, the Armed Forces Personnel Administration Agency and the Veterans Agency. As a result, the new agency is responsible for the delivery of not only the pay and allowances to currently serving military personnel, but also the pensions, compensation, and services provided to veterans. However, other parts of the Ministry of Defence are also involved in the development of policies concerning pensions and compensation. Thus, while there is close cooperation between the department or agency dealing with veterans issues and the department of defence in Australia, Canada, and New Zealand, the integration of policies concerning military personnel and veterans is even more pronounced in the United Kingdom. That country has taken a "whole life" approach where an individual deals with the same agency, the SPVA, during and after military service for pay, compensation, and pension benefits. In France, a veterans affairs agency within the department of defence, the *Office national des anciens combattants et des victimes de guerre* (ONAC), administers a number of programs for veterans, but it also deals with issues concerning civilians injured, tortured, or imprisoned during conflicts.⁷

On the other hand, the situation in the United States more closely mirrors what is found in Canada because there are two distinct departments, the Department of Defence and the Department of Veterans Affairs. However, there are considerable differences between the two countries in terms of the size and resources of the departments and in the number of veterans who need pensions and services. As well as having a much larger population than Canada, the United States has also participated in a number of conflicts,

6 In Canada, the Canadian War Museum is not part of the Veterans Affairs portfolio, but rather part of the Canadian Museum of Civilization Corporation.

7 The War Pensions in the United Kingdom also provide benefits to civilian victims of conflicts.

such as the Vietnam War, in which Canada had limited or no involvement, so its veteran population is significantly larger. In 2008, the U.S. Department of Veterans Affairs provided disability compensation, death compensation and pensions to some 3.7 million people (including more than 3 million veterans and about half a million survivors) and had over 275,000 employees. During the 2009-2010 financial year, the Canadian Department of Veterans Affairs expects to provide benefits under the *Pension Act* to 163,000 clients and to 4,600 clients through the New Veterans Charter. Most of these are among the 99,000 who are expected to receive Veterans Independence Program benefits. The department expects to have 4,200 full and part-time employees during the same period.⁸ The U.S. department has three major administrations as well as a series of staff offices and staff organizations. The administrations are the Veterans Benefits Administration (VBA) responsible for the delivery of disability pension payments and other benefits to veterans; the Veterans Health Administration (VHA) responsible for the care provided to injured veterans; and the National Cemetery Administration (NCA) which administers most of the federal government cemeteries for veterans within the continental United States. Despite the gigantic size of the U.S. Department of Veterans Affairs compared to departments in other countries, other departments and agencies of the U.S. federal government are also involved in programs providing services and benefits to veterans. For example, the U.S. department includes the Board of Veterans' Appeals which is to a large extent similar to the Veterans Review and Appeal Board (VRAB), the quasi-judicial body within the Veterans Affairs portfolio in Canada which adjudicates appeals by veterans concerning decisions regarding their disability benefits. However, in the United States, appeals can also be taken to the U.S. Court of Appeals for Veterans Claims which is not part of the department. Furthermore, while the department's NCA maintains 125 national cemeteries for veterans in the continental U.S. (and Puerto Rico), it is the American Battle Monuments Commission, not part of this or any other department, which is responsible for cemeteries located around the world for U.S. personnel killed during the Second World War and other conflicts of the past.⁹ Meanwhile, Arlington National Cemetery in Washington, D.C., is administered by the Secretary of the Army within the Department of Defence.¹⁰ Thus, while the U.S. Department of Veterans Affairs dwarfs similar departments in other countries, it is by no means the only source of benefits and programs available to U.S. veterans.

8 Canada, Treasury Board, *2009-2010 Estimates, Part III- Report on Plans and Priorities*, Department of Veterans Affairs, p, 3.

9 As is the case for the military personnel of Canada and other Commonwealth countries, most U.S. personnel killed during the First World War and the Second World War were buried in the theatre of operations where they died. The repatriation of the remains of personnel killed overseas began only a few decades after the end of the Second World War. While the American Battle Monuments Commission is responsible for U.S. cemeteries overseas, Canada, Australia, the United Kingdom and a few other Commonwealth countries mark and maintain the graves of their war dead overseas with a joint organization called the Commonwealth War Graves Commission. See <http://www.cwgc.org> and the Canadian Agency at <http://www.cwgc-canadianagency.ca/index.php?&lang=en>.

10 The Secretary of the Army also administers the Soldiers' and Airmen's Home National Cemetery also located in Washington, D.C.

This is especially evident when two other factors are considered, the role of state governments and the involvement of the Department of Defence. Every state government in the United States and most territories have a department or agencies of veterans affairs and many states have their own veterans cemeteries, although some funding is provided by the federal government through the Department of Veterans Affairs. While the extent of benefits and services provided to veterans can vary significantly from one state to another, the fact remains that a veteran in a state can obtain help from both the state and the federal governments. In many states, representatives of both levels of government are located in the same buildings and cooperate actively to give the veteran access to the full range of state and federal programs and services for veterans. As for the involvement of the Department of Defence, its role in supporting veterans, especially in terms of pensions and other benefits related to military service, is significant and there is considerable overlap between its area of responsibility and that of the Department of Veterans Affairs. While the Department of Veterans Affairs administers hospitals which provide care to veterans, the Department of Defence operates its own hospitals to provide care to injured military personnel. However, former military personnel (retirees) and their family members are eligible to receive care from the military health care program (TRICARE).¹¹ Furthermore, injured individuals who have made the transition from military service to veteran status will receive benefits from their military service pensions and other military programs while also getting benefits and services from the Department of Veterans Affairs. Other federal government departments such as the Department of Labour (Veterans Employment and Training Service) and the Department of Education (Troops-To-Teachers program administered jointly with the Department of Defence) as well as agencies such as the Small Business Administration are also involved in assisting veterans. In short, the Department of Veterans Affairs is not the only government body involved in providing benefits and services to veterans. The involvement of numerous departments and agencies in providing benefits and services to veterans in the United States should be kept in mind when comparing the expenditures, the programs, and structures of departments or agencies of various countries primarily concerned with veterans affairs.

INTERDEPARTMENTAL COOPERATION

However, this situation also highlights the fact that in most if not all of the countries examined, providing support programs and various benefits to veterans is a collaborative effort which involves not only a number of government departments and agencies, but also various sectors of society. This should come as no surprise because in Canada, for example, the rehabilitation program put in place at the end of the Second World War to assist the military personnel returning from overseas was what the then Deputy Minister of Veterans Affairs, Walter S. Woods, called a “combined operation” which involved not only

11 TRICARE, a major component of the Military Health System, is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, and survivors. See information on eligibility at <http://tricare.mil/mybenefit/home/overview/Eligibility>.

his department, but also many others at the federal and provincial level.¹² The significant challenges of helping thousands of military personnel involved in the Second World War return to civilian life and providing care and rehabilitation to the injured were successfully met in Canada and other countries. Today, assisting veterans still involves considerable cooperation between various departments and governments. As Peter Davies, Head, Service Personnel Policy Pensions, Compensation and Veterans, Ministry of Defence, United Kingdom, pointed out, while his ministry is responsible for pensions and compensation for veterans: “[o]ur model is one of integrated support across government departments, as well as local authorities and devolved administrations, in terms of wider health care, social care, employment, and wider benefits.”¹³

As noted in the section on health care, veterans and injured military personnel in the United Kingdom have access to the National Health Service (NHS) for rehabilitation and care. Regional and municipal governments in the U.K. also contribute in meeting the commitment to veterans. For example, in 2008, the Mayor of London announced that war pensioners and their dependants can travel free of charge on public transport in that city. As part of the cooperation between departments and between various levels of government, the Department for Communities and Local Government (DCLG) contributed in 2008 £400,000 to provide new supported housing for persons leaving the armed forces (service leavers) to help prevent homelessness. The Ministry of Defence participated in this initiative by donating land.¹⁴ As noted above, state governments in the United States also provide some benefits and services to veterans. The same is true in Australia where, for example, the legal aid organisation in the state of Queensland, Legal Aid Queensland, with funding from the Commonwealth (federal) government, can assist veterans who wish to make appeals concerning some veterans benefits.¹⁵ In most countries, veterans groups and charitable organizations also play a very important role in providing assistance to elderly, disabled, or homeless veterans. In short, various elements of society are involved in assisting veterans and their families and departments or agencies of veterans affairs are by no means the only providers of benefits and services. The cooperation across departments and different governmental jurisdiction is evident in many countries in the way health care is provided to veterans.

12 See Walter S. Woods, *Rehabilitation (A Combined Operation)*, Ottawa, Queen’s Printer, 1953.

13 Canada, House of Commons, Standing Committee on Veterans Affairs, Evidence, March 26, 2009, p. 1.

14 See United Kingdom, Secretary of State for Defence, Minister of State for the Armed Forces, *The Nation’s Commitment: Cross-Government Support to Our Armed Forces, Their Families And Veterans*. Command Paper Cm 7424, July 2008, paragraph 2.22, p. 15 (see <http://www.mod.uk/DefenceInternet/AboutDefence/CorporatePublications/PersonnelPublications/Welfare/TheNationsCommitmentCrossgovernmentSupportToOurArmedForcesTheirFamiliesAndVeterans.htm>).

15 See <http://www.legalaid.qld.gov.au/Publications/Awareness+and+promotional+items/Brochures/Free+legal+help+for+war+veterans+-+The+War+Veterans%E2%80%99+Legal+Aid+Scheme.htm>.

HEALTH CARE

As occurred after the First World War, many countries faced serious challenges at the end of the Second World War when thousands of military personnel returned home. They helped those who served make the transition back to civilian life while also ensuring the rehabilitation of those wounded in body and soul. Canada, like many other countries, provided health care to the injured veterans in a number of hospitals dedicated entirely to this task while paying a disability pension. The emphasis was on restoring the health of injured military personnel so that they could join the labour force and go on with their lives while providing veterans who were seriously disabled with all the comfort and care they needed. In the decades which followed the Second World War, the transformation of their health care systems led countries such as Australia, Canada, and the United Kingdom to transfer the administration of most if not all of their veterans hospitals to state, provincial, or regional health care authorities. In Canada, all of the veterans hospitals were transferred after 1964 except for Ste. Anne's Hospital in Sainte-Anne-de-Bellevue, Quebec, which is today still directly administered by the Department of Veterans Affairs.¹⁶ Many of the facilities which now provide long-term care to the War Service or traditional veterans, the veterans who served in the First World War, the Second World War, or the Korean War, such as Camp Hill in Halifax and Deer Lodge in Winnipeg, can trace their origins to the veterans hospitals established during the First World War and later. However, recently constructed facilities are more residential in nature than the old-style hospitals of the past and community care beds are available in smaller facilities in and outside of major urban centres. The whole network of veterans long-term care facilities, except for Ste. Anne's, was basically transferred to the provincial and territorial health authorities. Similarly, the traditional veterans in Australia and the United Kingdom who need care rely on the publicly funded health care system like the U.K.'s National Health Service (NHS) where a veteran's priority has been in place for years. In Australia, traditional veterans can obtain a Gold Card (Repatriation Health Card — For All Conditions) from the Department of Veterans Affairs which ensures that the costs of the care provided by a public or private health facility in that country, whether or not it is related to their war service, will be paid in full. Some veterans (including some from other Commonwealth countries including Canada) may get a White Card which covers only the costs of care for war or service-related conditions, including post traumatic stress disorder.¹⁷ Thus, the governments of Australia and the U.K., as in Canada, do not administer a network of long-term care facilities or retirement homes for

16 In light of the 1962 Report of the Royal Commission on Government Organization, the federal Cabinet decided in December 1963 to move forward with the transfer of veterans hospitals to provincial and territorial health authorities. While some hospitals were transferred shortly after the process began in 1964, the transfers continued until 1992. Ste Anne's Hospital is still administered by the department because no agreement was reached for its transfer. See Canada, Veterans Affairs Canada - Canadian Forces Advisory Council, Reference Paper. The Origins and Evolution of Veterans Benefits in Canada, 1914-2004, March 2004, Chapter J (<http://www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/reference>).

17 See <http://www.dva.gov.au/health/vtec/treatmentcards.htm>.

veterans, but instead utilize the facilities available through the health care system.¹⁸ France utilizes both government and privately operated long term care homes for its elderly veterans. ONAC, the veterans affairs agency within the department of defence, administers eight retirement homes, but to meet the demand for beds for elderly veterans, it also cooperates with retirement homes in the private sector.¹⁹

While health care for veterans has been transferred by governments to state, provincial, or territorial health care systems, the armed forces of Australia, Canada, and the U.K. continue today to ensure the provision of care to their personnel, especially during deployments. However, over the years, they have increased their cooperation with provincial and territorial health care authorities, especially to ensure care for personnel seriously injured during operations. In Canada, members of the Canadian Forces who have suffered serious injuries during operations in Afghanistan have been treated in provincially administered hospitals which have developed the expertise to deal with amputations and traumatic brain injuries like those suffered in operations in Afghanistan and to provide the required rehabilitation. Likewise, in the United Kingdom, the NHS is relied upon to provide the care and rehabilitation required by personnel injured in overseas operations.

Unlike Canada and some other countries which opted for a public health care system in the decades following the Second World War, the United States has maintained a system which is primarily privately funded. For this and other reasons, the United States federal government has not imitated Canada and some other countries in transferring hospitals specialized in care for the veterans of past conflicts to state or regional health authorities. As a result, while the U.S. armed forces maintain a network of hospitals to provide care to military personnel and their families, such as the Walter Reed Army Medical Centre in Washington, D.C., in 2008, the U.S. Department of Veterans Affairs administered throughout the U.S. 153 veterans hospitals, 895 outpatient clinics, and 135 nursing homes. Most veterans must enrol in order to receive Veterans Affairs health care benefits. Once enrolled, a veteran can move from one part of the country to another and continue to receive health care benefits in any departmental health care facility. The department provides health care and benefits every year to more than 100,000 homeless veterans. The size of this health care system is such that the U.S. Department of Veterans Affairs has its own police service to ensure security at its facilities. It has also prompted the department to take innovative steps to ensure the electronic transfer of medical health records of veterans from one hospital to another.

18 The United Kingdom's Ministry of Defence does administer the Ilford Park Polish Home for Polish veterans and annually provides some funding to the Royal Hospital Chelsea in London which is a retirement home mostly for veterans of the army known as Chelsea Pensioners. However, these are exceptions since many other retirement homes for elderly or disabled veterans in the U.K. are administered and funded by charities including the Royal British Legion and Combat Stress.

19 See the testimony of Colonel Jean-Michel Verney, Defence Attaché, Embassy of France in Canada, in Canada, House of Commons, Standing Committee on Veterans Affairs, *Evidence*, February 23, 2009, p. 8.

The U.S. Department of Veterans Affairs and the U.S. Department of Defence are the two largest health care providers in the United States and their work in the area of electronic medical records has attracted the attention of civilian health authorities in the U.S. and in other countries. The issue is of interest to Canadians because of the importance of military health records when veterans make applications to the Department of Veterans Affairs for disability and other veterans benefits. Some of the lessons learned in the U.S. could be useful for the transfer of medical records from the National Defence to Veterans Affairs. The Canadian Forces have been implementing an electronic health records capability called the Canadian Forces Health Information System (CFHIS) which creates a complete health record for every member of the Canadian Forces.

The total number of enrollees in the VA Health Care System was 7.8 million in the 2007 Fiscal Year (October 1, 2006 to September 30, 2007), so the Department of Veterans Affairs relies extensively on information technology to ensure the availability of health records and other documents and to help veterans obtain the care they need. Two major elements of the information technology used by the Department of Veterans Affairs are VistA and My Health_eVet. The Veterans Health Information Systems and Technology Architecture, called VistA, is an integrated system of software applications used to directly support patient care at VHA health care facilities. With the Computerized Patient Record System (CPRS), files containing the medical and healthcare utilization histories of all patients treated at departmental medical centres can be viewed and updated by clinicians. With VistA imaging, x-rays, cardiology exam results and other documents are included in a patient's record. By December 2008, more than one billion images had been captured and stored by VistA Imaging which has helped Veterans Affairs hospitals "achieve an enterprise-wide paperless and filmless Electronic Health Record."²⁰ The Bar Code Medication Administration validates and documents medications for inpatients and helps to ensure that a patient receives the correct medication in the correct dose. In 2008, VistA managed some 1.6 billion transactions, although, as with other information technology systems, the system has experienced some small problems.

My Health_eVet is a portal which gives a veteran access to trusted health information, to links to Federal Government and Department of Veterans Affairs benefits and resources, to the "Personal Health Journal", and online prescription refill. The "Track Health" section gives veterans the ability to, among other things, track blood pressure, weight, exercise, and other health measurements; record medications, allergies, immunizations, and tests; and store family and military medical histories. The "Get Care" section helps veterans keep track of their care givers, the treatment facilities used, and health insurance information. The access to health information given to veterans through such a system is no doubt of great interest to Canada and other countries which want to find better ways of assisting veterans who live in communities outside of the large urban centres and who have limited access to health care facilities.

20 United States, Department of Veterans Affairs, "Welcome to the VistA Imaging System" (<http://www1.va.gov/imaging/>).

The efficient exchange of patient health data electronically can significantly help veterans make the transition from military service and seek the care they need for their rehabilitation. The U.S. Department of Veterans Affairs cooperates closely with the U.S. Department of Defence (DoD) notably through the VA/DoD Joint Electronic Records Interoperability (JEHRI) strategy. This strategy supports the efforts of the Department of Veterans Affairs to provide health care for veterans and eligible members of the armed forces as well as National Guard soldiers and reservists. The two departments have been working together since 1998 and have made considerable progress. However, the U.S. Congress has encouraged the departments to move faster on this issue. When the U.S. Congress adopted the *National Defence Authorization Act for Fiscal Year 2008*, it called on the two departments to develop and implement by September 30, 2009 fully interoperable electronic health record systems or capabilities that are compliant with applicable federal interoperability standards. (The U.S. federal government is also calling for the widespread adoption of interoperable electronic health records throughout the U.S. by 2014.) The two departments face a number of challenges. For example, while Veterans Affairs is capturing all of its health data electronically, many Department of Defence medical facilities are still capturing information on paper. However, their efforts to resolve the issues again highlight the importance of interdepartmental cooperation in providing care and other assistance to veterans.

HOME CARE

While countries meet the health care needs of elderly veterans with specialized health care facilities or access to the public health system, the fact remains that many elderly veterans prefer to stay at home as long as possible instead of becoming residents in long-term care facilities or retirement homes which are often far from their families and communities. Over the years, it became obvious that providing some care at home could help veterans avoid or delay becoming residents in long-term facilities and avoid the changes in their lifestyles that a stay at such facilities imply. Thus, in addition to providing grounds keeping and snow removal services to help veterans maintain their independence, Canada's Veterans Independence Program (VIP) was expanded to provide home care, ambulatory health care, home adaptations, and intermediate nursing-home care to provide an alternative to residency in a long-term care facility.²¹ Canada began offering home care through the VIP in the 1980s despite some hesitations within the department and among some veterans. However, the value of providing home care was quickly realized. The annual costs of providing home care to a veteran can be significantly less than the overall costs of caring for the same veteran in a long-term care facility. In 2008, the maximum limit for home care services under the VIP program was \$8,885.15 per client per calendar year.

21 Since 2003, VIP benefits have been expanded from one year to a lifetime for survivors (or primary caregivers) of veterans meeting certain eligibility criteria, but they have access only to the VIP housekeeping and grounds maintenance services.

However, the real value of providing home care is the comfort it provides to veterans and their families since the elderly veteran can delay if not avoid moving to a health or retirement facility far from home. Other countries such as Australia have also recognized the value of providing home care to veterans and have their own programs in place.

OPERATIONAL STRESS INJURIES

While home care is mainly designed to assist the elderly veterans of the Second World War and Korean War era, peacekeeping and combat operations in today's world have taken a toll on military personnel and veterans who recently left military service. There is growing recognition that elderly veterans are seeking more help in dealing with post traumatic stress disorder (PTSD) and other operational stress injuries (OSI), a term used in Canada to describe the variety of injuries including PTSD and depression which are linked to service in military operations at home and abroad. In Canada, the Department of Veterans Affairs and the Department of National Defence have taken a number of measures to help current members of the Canadian Forces and veterans who are dealing with such injuries (OSI). Efforts to help individuals dealing with operational stress injuries began in the late 1990s. Some of the measures were influenced to some extent by the 1998 report of the Standing Committee on National Defence and Veterans Affairs on the quality of life of military personnel. The measures included the establishment by the Department of National Defence of the Operational Trauma and Stress Support Centres on or near some of the major bases. To assist veterans dealing with stress-related injuries, the Department of Veterans Affairs established its network of Operational Stress Injury Clinics in major urban centres. The network began with five clinics and the 2007 federal budget announced funding for an additional five clinics, most of which are now operational. However, it was apparent that many members of the military dealing with operational stress injuries needed more support and the Operational Stress Injury Social Support (OSISS) project was launched in 2001 by the Associate Deputy Minister Human Resources – Military of the Department of National Defence (now called Chief Military Personnel).²² The pioneering work of a number of individuals, some of whom were dealing with stress-related injuries, helped Canada develop a world leading model for peer support.²³ The Department of Veterans Affairs agreed to help National Defence implement the OSISS project and by 2004, it was providing \$500,000 of the \$1.6 million required to operate the peer support network.²⁴ OSISS provides a peer support network in a number

22 See <http://www.osiss.ca>.

23 See for example Stephane Grenier, Kathy Darte, Alexandra Heber, and Don Richardson, "The Operational Stress Injury Social Support Program: A Peer Support Program in Collaboration Between the Canadian Forces and Veterans Affairs Canada" in Charles R. Figley and William P. Nash, editors, *Combat Stress Injury. Theory, Research, and Management*, New York, Routledge, 2007, p. 265.

24 Canada, Department of National Defence, Chief Review Services, *Interdepartmental Evaluation of the OSISS Peer Support Network*, January 2005, p. 9.

of cities across Canada and an OSISS Family Support Network as well as a website and other resources which can be accessed by individuals dealing with operational stress injuries.²⁵

The peer support network has over 1,000 peers as well as a number of peer support co-ordinators (PSC) in over a dozen cities (most near major military bases). Various options, including videoconferences, are being considered to expand the services provided to veterans and families who live outside of major urban centres.²⁶ Many co-ordinators are veterans who have suffered an operational stress injury, but who are able to assist individuals still in the Forces or veterans who recently left the military who are dealing with similar injuries. The co-ordinators provide advice and information and help individuals with a stress injury get out of their isolation and back into the community. Some individuals involved with OSISS have travelled to Cyprus to provide information to military personnel who at the end of their tour of duty in Afghanistan spend a few days on the island as part of the third location decompression process. It has become common practice after every rotation of Canadian troops in Afghanistan to have a decompression stopover in Cyprus for a few days of relaxation and information sessions on stress and other issues.

In comparison, the United States, the Department of Veterans Affairs operates 232 Veterans Centres through its Readjustment Counselling Service which provide psychological counselling for war-related trauma. Any veteran who served in a combat theatre during wartime or anywhere during a period of armed hostilities can go to a Veterans Centre. Family members can also get readjustment counselling. The Department of Veterans Affairs also operates the National Centre for post traumatic stress disorder (PTSD), a research organisation created in 1989. The centre is actually composed of seven academic centres located in various parts of the U.S. with a headquarters in Vermont. Most of its funding is provided by the department, but the centre also receives extramural research funding. The efforts by Veterans Affairs are in addition to the programs developed by the U.S. armed forces to inform and support currently serving personnel, such as the U.S. Army's Battlemind program.

In Australia, efforts to assist military personnel and veterans dealing with stress-related injuries include the creation of the At Ease website.²⁷ A major review of the mental health care in the Australian Defence Forces as well as a study into suicide in the ex-service community were recently completed. The Australian government has accepted the recommendations made by the study on suicide and on May 4, 2009, the Minister of Veterans Affairs announced AU\$9.4 million in additional funding to boost mental health

25 The website is <http://www.osiss.ca>.

26 See Canada, House of Commons, Standing Committee on Veterans Affairs, Evidence, May 6, 2009.

27 See <http://at-ease.dva.gov.au>.

services for veterans.²⁸ In the United Kingdom, military personnel, veterans, and the families have access not only to services provided by the government and the NHS, but also those available from charitable organization such as Combat Stress.²⁹

OMBUDSMAN

The need for home care for veterans and for support services to help military personnel, veterans, and their families dealing with stress-related injuries led to the development of innovative programs such as OSISS and the home care and health aspects of the VIP program. Innovation was also required when the Canadian government decided to proceed with the creation of a new position, a Veterans Ombudsman. This committee was involved in the process which led to the establishment of such an office since it undertook a major study of the issue in 2006 and 2007. It also examined the related issue of a Veterans Bill of Rights which the Veterans Ombudsman upholds. The Committee heard testimony from a number of witnesses including veterans, representatives of veterans groups, the Ombudsman of Ontario, and officials from the Department of Veterans Affairs. It also examined the mandate and work of various ombudsmen in and outside of Canada, especially military and other ombudsmen who deal with veterans issues. There are few examples outside of Canada of ombudsmen who specialize in veterans issues and most of them are military ombudsmen (ombudsmen who deal with personnel issues within the armed forces) who also help veterans. The closest example overseas to the kind of ombudsman then contemplated by Canada was the Defence Force Ombudsman in Australia who can also deal with issues concerning Australia's Department of Veterans Affairs (which is part of the Australian department of defence). In short, the government and the committee were exploring new territory with few examples overseas of a veterans ombudsman to guide them. (Canada's Ombudsman for the Department of National Defence and the Canadian Forces has years of experience as a military ombudsman, but the mandate does not include issues concerning the Department of Veterans Affairs.)

On February 22, 2007, the Committee tabled in the House of Commons its report entitled *A Helping Hand for Veterans: Mandate for a Veterans Ombudsman*. The Committee indicated its strong support for the creation of an Office of the Veterans Ombudsman while calling for the mandate and other parameters of the office to be enshrined in legislation. It favoured a Veterans Ombudsman who would be an Officer of Parliament outside of the Veterans Affairs portfolio. The government examined various options and announced in April 2007 the establishment of the Office of the Veterans Ombudsman. The committee applauds the creation of the Office of the Veterans Ombudsman, but a number of its recommendations were not accepted. The government

28 The studies and the text of related announcements are available at http://www.dva.gov.au/health/research/suicide_study/index.htm.

29 See <http://www.combatstress.org.uk>.

opted to appoint a Veterans Ombudsman as a special adviser to the Minister of Veterans Affairs pursuant to the *Public Service Employment Act*. Other ombudsmen, such as the Taxpayer's Ombudsman, have been appointed since 2006 using the same approach. On October 15, 2007, the government announced the appointment of Colonel (Retired) Patrick Stogran who began his mandate as the Veterans Ombudsman on November 11, 2007.

DISABILITY PENSIONS

While veterans have access to various health care and other services, disability pensions or compensation are another important element of their well-being. The disability pension system remained basically the same over the years in Canada where the Department of Veterans Affairs made payments as governed by the *Pension Act*. Australia, New Zealand, the United Kingdom, and the United States provided similar disability pension payments while other countries such as France, Germany, Italy, and Japan paid pensions to compensate their citizens injured or victimized during the war whether they were civilians or members of the armed forces. These disability pensions and the related services provided to veterans remained basically unchanged for decades after the Second World War with modifications here and there to bring them up to date.

In the United States, the Veterans Benefits Administration of the Department of Veterans Affairs is responsible for the wide variety of benefits (other than health care and other benefits provided by other parts of the department such as burial benefits) provided to U.S. veterans. During Fiscal Year 2008, the Department of Veterans Affairs provided some U.S.\$38.9 billion in disability compensation, death compensation, and pensions (to veterans over 65 years of age) to some 3.7 million persons, including about half a million spouses, children and parents of deceased veterans. Disability pension payments are provided through monthly payments for the remaining lifetime of a veteran in a system similar to Canada's system under the *Pension Act* (the system prior to the coming into force of the New Veterans Charter in 2006). The disability payments are made according to the level of disability which, as in Canada, is divided into sections ranging from 0% to 100%. At the 2009 rates, the payments range from US\$123 per month at 10% to US\$2,673 per month at the 100% level. A large number of veterans, 782,000 out of the 2.9 million U.S. veterans receiving compensation, get payments at the 10% level. Some veterans may have a number of disabilities, but the percentage levels are not added to produce a cumulative total (for example, three disabilities at the 10% level do not mean 30% disability). A formula is used to determine the total disability level. However, veterans with severe disabilities can receive much more than just the US\$2,673 monthly payments at the 100% level because of other benefits.

In addition to disability pension payments, the U.S. department also gives access to veterans and some dependents to various education and training benefits. The original GI Bill was signed in 1944 and education benefits have been improved over the years with amended versions of the GI Bill such as, for example, the Montgomery GI Bill. More

improvements were made in June 2008 with a new version referred to as the Post-9/11 GI Bill for persons who served in the U.S. military after September 10, 2001. Monthly payments will be provided for education or training undertaken after August 2009.

MODERNIZED BENEFITS PACKAGES FOR VETERANS

Meanwhile, there was growing recognition in a number of countries that the disability pension programs in place did not always meet the needs of younger veterans such as those injured during the numerous multinational peacekeeping operations which marked the 1980s and 1990s. The benefits and services of the old system were geared to a large extent to the needs of Second World War and Korean War veterans who were now well into their seventies and eighties. Thus, the system often proved inadequate when a twenty year old soldier became a paraplegic because of a serious injury suffered while on duty and could no longer ensure the financial security of his or her family. Canada grappled with the consequences of this situation in the 1990s when a number of its peacekeepers were seriously injured and became frustrated dealing with the complexities and inadequacies of the old benefits system. While wishing to assist the individuals, the Canadian military and government recognized that the frustrations of injured soldiers also had implications for the country's military capabilities and its ability to contribute to international peacekeeping and other operations. Difficulties in recruiting new personnel combined with a growing exodus of highly trained individuals from the armed forces threatened to undermine Canada's ability to fulfil its military commitments. The author of a 1997 study undertaken for the Department of National Defence by J.W. Stow had Canada in mind when he made the following observation, but the situation applies to many other countries as well:

In a country which relies upon the voluntary recruitment of its youth to fill its military ranks, potential recruits may well reconsider the choice of a physically challenging and potentially hazardous military occupation if it becomes evident to them that an injury or illness may result in the termination of one's career with little or no compensation, or adequate training and preparation for a return to civilian employment.³⁰

In addition to concerns about the treatment of injured personnel, there was also growing recognition that the whole social contract or covenant between military personnel and their country, in other words, the tacit understanding that military personnel and their families would be taken care of by their country in return for their country, needed to be revamped. In Canada, this recognition led to a major study on the quality of life of Canadian Forces personnel and their families undertaken by the House of Commons

30 Canada, Department of National Defence, J.W. Stow, *A Study of the Treatment of Members Released from the CF on Medical Grounds*, 1997, p. 2. Quoted in Canada, Veterans Affairs Canada — Canadian Forces Advisory Council, Reference Paper. *The Origins and Evolution of Veterans Benefits in Canada, 1914-2004*, March 2004.

Standing Committee on National Defence and Veterans Affairs (SCONDVA) in 1998.³¹ Thus, as well as examining the treatment of injured personnel and the benefits and services provided by the Department of Veterans Affairs, the committee also reviewed general concerns about pay and pension benefits for individuals still in the military and support for their families. Among other things, the committee raised concerns about the limited support available to personnel seriously injured during training exercises or non-combat operations within Canadian territory such as providing assistance during disasters such as the 1998 ice storm, the crash in 1998 of the Swissair airliner off Peggy's Cove in Nova Scotia, and the 1997 Red River floods in Manitoba.

The inadequacies of the old system of benefits and services for injured personnel and veterans, especially with regard to individuals injured or killed during military exercises, also raised concerns in Australia where many members of the Australian Defence Force (ADF) were killed or injured as a result of the collision between two helicopters in 1996. A review of the military compensation scheme was subsequently undertaken by Noël Tanzer, a former Secretary of Australia's Department of Veterans Affairs.³² The Tanzer Review called for a modernized and simplified compensation scheme which would apply to military service whether in Australia or overseas and during non-combat operations as well as those involving combat. The government introduced legislation in 2003 for a new scheme which was adopted in 2004 as the *Military Rehabilitation and Compensation Act* (MRCA). As a result, the MRCA provides benefits to anyone injured on or after July 1, 2004. A major element of the MRCA is the payment of a disability award, a sum of money paid in compensation for the pain and suffering of a disability or impairment resulting from an injury suffered during military service. The MRCA offers three payment options to injured individuals: a periodic payment made on a fortnightly basis; a lump sum "which is the age-based, actuarial equivalent of the weekly amount;" or a combination of a lump sum and periodic payments "with the options available depending on the level of permanent impairment."³³ However, the disability award is only one element of a series of benefits and services which includes those which cover economic loss due to the disability, treatment of the injury, and support for vocational rehabilitation as well as assistance for the family.

Meanwhile, the United Kingdom also came to the conclusion that a modernized benefits package was required in order to better meet the needs of its military personnel and young veterans who recently left the military after a serious injury. Over the years, the U.K. government took a series of initiatives including the Strategy for Veterans undertaken in 2003. After consultations with veterans and parliamentarians, the government introduced

31 In 2006, the Standing Committee on National Defence and Veterans Affairs was replaced by the Standing Committee on Veterans Affairs and the Standing Committee on National Defence so that veterans issues could be examined by a standing committee on a full time basis.

32 A secretary of a department in Australia is equivalent to a deputy minister in Canada.

33 See section entitled Permanent Impairment Payment Choice in Chapter 4 of Australia, Australian Government, Military Rehabilitation and Compensation Scheme website, *Plain English Guide to the Military Rehabilitation and Compensation Act 2004* http://www.mrcs.gov.au/plain_english/plain_english.htm.

legislation in late 2003 to establish the Armed Forces Compensation Scheme (AFCS) as well as a new pension scheme for military service, the Armed Forces Pension Scheme. Following the adoption of the legislation, the AFCS applies to anyone in the U.K. armed forces injured on or after April 6, 2005. Like Australia's MRCA, the AFCS provides compensation for the pain and suffering associated for a disability resulting from an injury suffered during military service, although only one form of payment is provided, a lump sum. However, as in the case of the MRCA, the disability award is only one element of the scheme. For example, the AFCS also provides a tax free Guaranteed Income Payment (GIP) paid monthly during the rest of the veteran's life to compensate for the loss of earnings capacity as a result of the disability. However, the GIP payments diminish as the individual gets older. Furthermore, not all injured individuals can receive the GIP since it is available only to those who are between level 1 and level 11 on the scale of disabilities utilized by the U.K. which has 15 levels.

While examining various options in light of the recommendations of the SCONDVA report in 1998 and other studies, Canadian government departments also took note of the new compensation and benefits packages being developed by Australia and the United Kingdom. In 2005, the Canadian Parliament adopted the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, the legislative basis of the New Veterans Charter, which came into force on April 1, 2006. Like Australia's MRCA and the U.K.'s AFCS, the New Veterans Charter features a disability award which provides compensation for the pain and suffering due to a disabling injury suffered during military duty. The Canadian version of the modernized scheme provides compensation in the form of a lump sum payment as provided by the AFCS and offered as an option by the MRCA. However, like the modernized package of benefits and services in Australia and the U.K., the new Canadian system also provides other benefits and services. These include rehabilitation services; job placement services; group health insurance; financial benefits; one-on-one case management; and support for families. The financial benefits include the earnings loss benefits, the permanent impairment allowance; and the Supplementary Retirement Benefit as well as the Canadian Forces Income Support (CFIS).

While the New Veterans Charter provides these financial benefits in addition to the lump sum compensation, this compensation has been the subject of debate among some Canadian veterans and veterans organizations. The lump sum payments have also raised concerns in some of the other countries with modernized benefits packages, notably in the United Kingdom where the size of the lump sum payments have been criticized in the news media over the past three or four years. These payments have sometimes been considered by critics in isolation from all the other benefits available to veterans and their families. The fact remains that the United Kingdom government recognized the necessity of reviewing the amounts paid out in the context of its overall efforts to meet the needs of its veterans and their families. A Command Paper commissioned by the Prime Minister, *The Nation's Commitment: Cross-Government Support to Our Armed Forces, their Families and Veterans*, was issued in July 2008. It itemized the various measures taken by the Ministry of Defence in recent years in cooperation with other departments to provide support to serving military personnel, to veterans, and their families in keeping with the covenant or social contract between them and the government. The Command Paper also

chartered the course for the government in the months following its presentation to improve benefits, including the doubling of the lump sum payments compared to the amounts established when the AFCS was adopted. The time required to amend the legislation explains why the new rate went into effect months later on December 15, 2008. The Command Paper also announced an uplift of between 10% and 100% for all recipients, including those who have received payments since 2005. Various measures have been taken in the 2007-2008 period to increase amounts for some injured veterans, but the Command Paper established the new rate for all injured personnel and veterans. The no fault aspect of the compensation remains, as is the case in Australia and Canada, and military personnel can receive the lump sum while still in the armed forces while veterans can also obtain the payments. While there is a five year limit to make applications, veterans can still apply many years after leaving the military in some cases where symptoms might developed later, such as for example in cases concerning PTSD. The following table compares the maximum level lump sum payment of Australia, Canada, and the United Kingdom in light of the new U.K. rates which went into effect in December 2008 once the legislative amendments were in place.

TABLE A
MAXIMUM LUMP SUM DISABILITY COMPENSATION FOR 2009 IN MODERNIZED REHABILITATION AND COMPENSATION PROGRAMS

	AUSTRALIA ³⁴	CANADA ³⁵	UNITED KINGDOM ³⁶
Maximum payment at top level of scale of disabilities (in country's currency)	\$361,486.94 ³⁷	\$267,364.94	£570,000
Maximum payment at top level of scale of disabilities (in Canadian dollars, June 15, 2009)	\$324,615.27	\$267,364.94	\$1,051,422.00
Number of levels in disability scale	10	10	15

34 *Military Rehabilitation and Compensation Act (MRCA).*

35 *New Veterans Charter (Canadian Forces Members and Veterans Re-establishment and Compensation Act).*

36 *Armed Forces Compensation Act (AFCA), the legislative basis of the AFCS.*

37 Australia's scheme offers three payment options, a lump sum, a payment every two weeks, or a combination of the two. The maximum weekly benefit in 2009 is AU\$275.86.

While the maximum level of the lump sum payments is now much higher in the U.K. than in Australia and Canada, there are significant differences in the number of levels of disability with the U.K. having 15 levels of injury. In any case, the revised amounts for the lump sum payments effectively increased the payments at the lower levels where most of the payments are made. Few if any individuals in the U.K. have received lump sum payments at the maximum level of the AFCS scale in the years since the compensation scheme has been in place. Thus, the real significance of the doubling of the lump sums is that military personnel and veterans at the lower levels of the injury scale will get more than the amounts indicated in the original 2005 legislation. This is especially important for persons who may suffer a number of injuries because the levels of payments can be accumulated (up to a maximum of three injuries in the U.K.). In Canada, someone may have been assessed at 10% for one injury, but also 20% for another, so the cumulative total of the lump sum can be higher than the one at 10% or 20%. There are differences in the way countries calculate the cumulative total of various injuries, so again, the actual lump sum total received can vary significantly from one person to another.

To provide a better idea of what the amounts might be at the lower levels, the two following tables indicate the payments at all levels. A direct comparison between the Canadian and U.K. is difficult because the Canadian levels are divided into percentages of disability while the U.K. scale is divided into 15 levels of injury.

TABLE B
UNITED KINGDOM DISABILITY COMPENSATION LUMP SUM PAYMENTS
UNDER THE ARMED FORCES COMPENSATION SCHEME (AFCS)
EFFECTIVE FROM DECEMBER 15, 2008³⁸

LEVEL OF INJURY	POUNDS STERLING	CANADIAN DOLLARS ³⁹
1	£570,000	\$1,051,422.00
2	£402,500	\$742,451.50
3	£230,000	\$424,258.00
4	£172,500	\$318,193.50
5	£115,000	\$212,129.00
6	£92,000	\$169,703.20
7	£63,825	\$117,731.60
8	£48,875	\$90,154.83
9	£34,100	\$62,900.86
10	£23,100	\$42,610.26
11	£13,750	\$25,363.25
12	£9,075	\$16,739.75
13	£5,775	\$10,652.57
14	£2,888	\$5,327.20
15	£1,155	\$2,130.51

38 See Table 10 in the Armed Forces Compensation Schemes (AFCS) — Tariff of Injuries available at <http://www.mod.uk/DefenceInternet/AboutDefence/CorporatePublications/PersonnelPublications/Pensions/AFCS/AfcsTariffOfInjuries.htm>.

39 Exchange rate on June 15, 2009, CAN\$1=£1.8446.

TABLE C
LUMP SUM DISABILITY AWARD RATE AS OF JANUARY 1, 2009
OF CANADA'S NEW VETERANS CHARTER⁴⁰

Percentage or grade of disability	Amount
100%	\$267,364.94
95%	\$253,996.69
90%	\$240,628.45
85%	\$227,260.20
80%	\$213,891.95
75%	\$200,523.71
70%	\$187,155.46
65%	\$173,787.21
60%	\$160,418.96
55%	\$147,050.72
50%	\$133,682.47
45%	\$120,314.22
40%	\$106,945.98
35%	\$93,577.73
30%	\$80,209.48
25%	\$66,841.24
20%	\$53,472.99
15%	\$40,104.74
10%	\$26,736.49
5%	\$13,368.25
4%	\$2,999.00
3%	\$2,249.26
2%	\$1,499.48
1%	\$749.75

40 Amounts include 2.5% supplement effective January 1, 2009, based on Consumer Price Index.

CONCLUSION

New ways of doing things often generate mixed feelings among the people who have to deal with the new process now in place. Some of the advantages are recognized while problems with the new process or possible improvements are identified and highlighted. In issues as complex as compensation for a disability, payments to replace the economic loss of a career cut short by an injury, and the various programs developed to assist rehabilitation and job search, as provided by the modernized benefits packages for veterans, there are not surprisingly differences of opinions on the value and effectiveness of the new system. How much money is fair compensation for the pain and suffering caused by an injury is one of the questions which can be debated for a long time. In the United Kingdom, there has been controversy on the size of the compensation lump sum payments provided by the AFCA while in Canada, the lack of an alternative to the lump sum payments such as a monthly payment similar to the disability pension payments as provided by the *Pension Act*, has been at the centre of debate about the New Veterans Charter. In Australia, where veterans have a choice between a lump sum payment or a fortnightly payment or even a combination of both, the type of payments does not appear to have been a major issue. As the July 2008 study of the Law Commission of New Zealand which is currently reviewing the country's war pensions pointed out in a review of developments in other countries, while Australian veterans have a choice of payment methods, 98% of those who have applied for compensation opted for the lump sum payments.⁴¹ However, this does not necessarily indicate complete satisfaction with the amounts offered in compensation. While Australia has not experienced as great a controversy over compensation as what the United Kingdom has seen in the last two years, some criticism has been voiced by individual veterans and veterans groups. As a result, the Australian government announced in April 2009 a review of military compensation arrangements with specific reference to the MRCA. This is in addition to other reviews of veterans benefits already underway. In mid 2009, the review on the MRCA was in the process of receiving submissions from individuals and groups. Given Australia's review and the one carried out in the United Kingdom of the various benefits and services available to military personnel and veterans which led to the doubling of the lump sum compensation provided by the AFCA, it is clear that after about five years of existence, the modernized veterans benefits systems are being scrutinized to determine what improvements can be made. Canada's New Veterans Charter is a much more recent creation, but since it is so similar in many ways to the modernized package of benefits and services offered in other countries and addresses basically the same needs, it would no doubt benefit from a major review. Indeed, the New Veterans Charter was often referred to in evidence and on other occasions as a living document that could be adjusted in light of the experiences of the military personnel, veterans, and their families who have had access to its financial and other benefits. Thus, the committee recommends:

41 New Zealand Law Commission, *Towards a New Veterans' Entitlements Scheme: A Discussion Paper on a Review of the War Pensions Act 1954*, Issues Paper No. 7, July 2008, p. 181.

RECOMMENDATION 1

That the government continue its review of the New Veterans Charter involving both the Department of Veterans Affairs and the Department of National Defence to ensure that the compensation payments for the pain and suffering due to a disability and all the other financial assistance and services it provides meet the needs of Canadian Forces personnel, veterans, and their families.

RECOMMENDATION 2

That the review of the compensation and services provided by the New Veterans Charter be carried out with extensive consultations with veterans and veterans organizations.

In light of its examination of the financial benefits and the various services provided in countries of the Commonwealth and G8 group of industrialized countries, the committee also recommends:

RECOMMENDATION 3

That the Department of Veterans Affairs continue to develop and expand its ties of cooperation with similar departments or agencies in other countries to exchange information on best practices concerning issues of interest to veterans and military personnel, notably health care, compensation, and support for persons dealing with stress-related injuries.

RECOMMENDATION 4

That the Department of Veterans Affairs, in cooperation with the Department of National Defence, encourage more exchanges of information with similar departments or agencies in other countries on ways of providing better support and services to the families of military personnel and veterans.

RECOMMENDATION 5

That the Department of Veterans Affairs expand its employee exchange program with similar departments and agencies in other countries, such as the one it has with Australia, so that its officials can have more opportunities to learn at firsthand the policies and initiatives being developed by other countries to respond to the needs of veterans and their families.

RECOMMENDATION 6

That the Department of Veterans Affairs, in cooperation with the Department of National Defence, examine policies and services developed by other countries such as the United Kingdom and the United States in order to improve programs to assist all veterans and their families during and after the transition from military to civilian life.

RECOMMENDATION 7

That the Department of Veterans Affairs, in cooperation with the Department of National Defence, take into account developments in the United States and other countries to improve the electronic transfer of medical records of military personnel to ensure the speedy and effective processing of applications for disability and other benefits.

RECOMMENDATION 8

That the Department of Veterans Affairs review its outreach and information programs to ensure that Canadian Forces personnel, veterans, and their families are as well informed as possible on the whole range of financial benefits and support services available to them through the New Veterans Charter.

RECOMMENDATION 9

That the Department of Veterans Affairs explore with the Canada Revenue Agency the possibility of modifying income tax returns to allow veterans and their families to identify themselves so that they can receive information on the financial benefits and support services available to them.

LIST OF RECOMMENDATIONS

RECOMMENDATION 1

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RECOMMENDATION 4

That the Department of Veterans Affairs, in cooperation with the Department of National Defence, encourage more exchanges of information with similar departments or agencies in other countries on ways of providing better support and services to the families of military personnel and veterans.

RECOMMENDATION 5

That the Department of Veterans Affairs expand its employee exchange program with similar departments and agencies in other countries, such as the one it has with Australia, so that its officials can have more opportunities to learn at firsthand the policies and initiatives being developed by other countries to respond to the needs of veterans and their families.

RECOMMENDATION 6

That the Department of Veterans Affairs, in cooperation with the Department of National Defence, examine policies and services developed by other countries such as the United Kingdom and the United States in order to improve programs to assist all veterans and their families during and after the transition from military to civilian life.

RECOMMENDATION 7

That the Department of Veterans Affairs, in cooperation with the Department of National Defence, take into account developments in the United States and other countries to improve the electronic transfer of medical records of military personnel to ensure the speedy and effective processing of applications for disability and other benefits.

RECOMMENDATION 8

That the Department of Veterans Affairs review its outreach and information programs to ensure that Canadian Forces personnel, veterans, and their families are as well informed as possible on the whole range of financial benefits and support services available to them through the New Veterans Charter.

RECOMMENDATION 9

That the Department of Veterans Affairs explore with the Canada Revenue Agency the possibility of modifying income tax returns to allow veterans and their families to identify themselves so that they can receive information on the financial benefits and support services available to them.

APPENDIX A LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
<u>40th Parliament, 2nd Session</u>		
Embassy of France Col Jean-Michel Verney, Defence Attaché	2009/02/23	4
United States Department of Veterans Affairs Lindee Lenox, Director, Memorial Program Services, Veterans Benefit Administration	2009/03/09	7
United States Department of Veterans Affairs Ann Patterson, Acting Chief of Staff to the Under Secretary for Health, Veterans Health Administration Leigh Ann Skeens, Executive Assistant to the Deputy Under Secretary for Benefits, Veterans Benefits Administration	2009/03/11	8
United States Department of Veterans Affairs Gail Graham, Deputy Chief Officer, Health Information Management, Veterans Health Administration	2009/03/23	9
Ministry of Defence of the United Kingdom Peter Davies, Head, Service Personnel Policy Pensions, Compensation and Veterans	2009/03/26	10
Embassy of the Italian Republic BGen Sanzio Bonotto, Brigadier-General, Italian Defence Attaché	2009/04/20	12
Department of Veterans Affairs Doug Clorey, Director, Mental Health Policy Directorate Brenda MacCormack, Director, New Veterans Charter Program Darragh Mogan, Director General, Policy and Programs Division	2009/04/29	15
Department of National Defence Maj Mariane Le Beau, Manager, Operational Stress Injury Social Support Program Cyndi Muise, Peer Support Coordinator, Operational Stress Injury Social Support Program - Calgary and Southern Alberta	2009/05/06	16

Organizations and Individuals	Date	Meeting
Department of Veterans Affairs Kathy Darte, Manager, Operational Stress Injury Social Support Program Laryssa Underhill, Family Peer Support Coordinator, Operational Stress Injury Social Support Program – Mississauga	2009/05/06	16
Department of Veterans Affairs Carlos Lourenso, Director, Continuing Care Programs Adam Luckhurst, Associate Director General, Program Management Colleen Soltermann, Acting Director, Disability and Treatment Benefits	2009/05/11	17
<u>39th Parliament, 2nd Session</u>		
Department of Veterans Affairs Ken Miller, Director, Program Policy Directorate Darragh Mogan, Director General, Policy and Programs Division	2008/04/29	22
US Army Medical Research and Materiel Command Col Carl A. Castro, Director, Military Operational Medicine Research Program, Headquarters	2008/05/15	26
United States Department of Veterans Affairs Linda Fischetti, Acting Chief, Health Information Office Gail Graham, Deputy Chief Officer, Health Information Management, Veterans Health Administration Susan McCrea, Liaison Officer, Intergovernmental Affairs Steve Muro, Acting Under Secretary, Memorial Affairs, National Cemetery Administration Keith Pedigo, Associate Deputy Under Secretary, Benefits for Policy and Program Management	2008/05/29	28
Australian Department of Veterans Affairs Adam Luckhurst	2008/06/03	29
Australian High Commission His Excellency William Fisher, High Commissioner		

Embassy of the Federal Republic of Germany	2008/06/05	30
LCol Matthias Reibold, Defence Attaché		
House of Representatives of New Zealand	2008/06/17	32
Hon. Rick Barker, Minister of Veterans' Affairs		
Fiona Macrae, Acting Director, Veterans' Affairs		

APPENDIX B LIST OF BRIEFS

Organizations and Individuals

40th Parliament, 2nd Session

Department of National Defence

Department of Veterans Affairs

Dominion Institute

Embassy of France

Embassy of the Italian Republic

Royal Canadian Legion

United States Department of Veterans Affairs

39th Parliament, 2nd Session

Department of Veterans Affairs

United States Department of Veterans Affairs

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. 22, 26, 28, 29, 30, 32](#)) of the 2nd Session of the 39th Parliament and ([Meetings Nos. 4, 5, 7, 8, 9, 10, 12, 15, 16, 17, 21, 22, 23](#)) of the 2nd Session of the 40th Parliament is tabled.

Respectfully submitted,

David Sweet, MP

Chair

