

The following is the presentation made by NVOC to the House of Commons Standing Committee: Veterans today, June 2nd. In reading this you will get a good understanding of the issues that NVOC is vigorously pursuing with the Canadian Government.

Mr. Chairman and honorable members of the committee, it is a pleasure for me to be here today on behalf of the members of the NATO Veterans Organization of Canada to speak to the subject of "Care of Veterans".

For the 10 minutes allotted me, I will cover the highlights of the NVOC submission and be pleased to address any questions that you may have afterwards. I would, however, urge you to read the NVOC submission as my comments today will not do justice to what has been provided to you.

As an opening thought - Desmond Morton in his book "Winning the Second Battle" opens with the questions –

"In a democratic society, what is the claim of the veteran on the community for which he has risked life and limb? How far must the state support those who suffer in its service and what is its obligation to the dependants of those who die?"

As partial response, I would like to speak to you today on three issues in particular. The first issue is one of particular concern to an older demographic of veterans, the second is in relation to those of a younger generation and the third speaks to 'reason' in relation to access to VAC services.

The first is the issue of long term care for post-Korean War veterans, or simply put as Long Term Care equivalency.

The second is the current state of affairs regarding career transition assistance particularly for those medically released as no-longer able to meet universality of service but who still may be able to be gainfully employed.

The third issue is that of injecting 'reason' and 'logic' into the VAC claims process in that injuries can manifest themselves years after the member has left the CF and the culture of the day dictated whether or not the member sought medical attention for an injury.

As I'm sure you can understand given the diverse age demographics of Canadian veterans today, there is a vast range of need, some related to health and long-term care, some related to mental health,

traumatic incidence recovery and post-traumatic stress disorder and some related to post-military career transition in addition to access to services.

Let us start with the long-term care (LTC) equivalency.

CURRENT SITUATION

At the present time all Veterans who have a sufficiently serious disability as a result military service and are in receipt of a disability pension are entitled to assistance under the Veterans Independence Programme (VIP) through the Department of Veterans Affairs AND this programme is designed to keep veterans in their home as long as possible.

However, once the Veteran is forced to leave the home due to degradation of physical or mental condition, they are then placed in a Long Term Care Facility.

This is when the differences become STARK.

In terms of LTC, VAC provides the special benefit of “Priority Access” and reserves special contract beds across the country for Veterans separate from the general populace. This benefit, like many others is available to War Veterans but not to Post-War Veterans, also referred to as Modern Day Veterans.

The Modern Day Veteran, on the other hand, is not eligible for a Contract Bed and must await the availability of a community Bed without any degree of priority over others on the waiting list and in many cases, at their own expense.

That is, a Modern Day Veteran is entitled to nothing more than waiting in line in the appropriate Provincial Health Care System for admission to a short or long term care facility when a vacancy occurs.

Are they too not entitled to the same care as their earlier colleagues?

Apparently not, but let us go back to the question posed by Desmond Morton...“Does the Government have a responsibility to care for veterans injured in the line of duty”.

ABSOLUTELY!

This situation must not be permitted to continue as the government definition of a veteran - as stated in 2001 - A Veteran is a Veteran – must, for once and for all, become a reality.

So the question really is

What is VAC's long term LTC strategy?

Is it a sunset program that will basically disappear when the War Service Veterans are gone?

We believe that there is a moral responsibility for VAC to provide LTC to Modern Day Veterans in the same capacity as provided to War Veterans and these are the questions that the Committee would want to put in front of VAC.

All Veterans deserve to be treated equally and are deserving of specialized medical support and benefits. To differentiate or to specify different classes of Veterans is to dishonor their service and commitment.

Currently we are seeing this very issue play out in the Media and as the NVOC has stated for many years, A VETERAN IS A VETERAN and we have to STOP this permeation of CLASSES of VETERANS and the POST WAR Veterans are acutely following this story. The matter pertains to Gen Charlie Belzile. He is now very ill and incapacitated; however, General Belzile cannot get into the Military wing of the Perley- Rideau Veterans Home as he is a post-war Veteran. He arrived in Korea after the Korean War Military Armistice Agreement went into effect. He is a post-war veteran. Does this remotely make sense to you, that the 'Post War' Veteran is not deemed as 'worthy' as the traditional War Veteran?

I do not believe that any rational person could believe that disparities in access to service for Veterans is either fair or equitable. This situation underlines the issue at hand and sadly it is only through media attention and potential embarrassment to the Government that changes are ever to be made. There is an old saying "Do the right thing, especially when no one is watching". This is a message that VAC and the government writ large needs to hear and adopt as their standard operating procedure.

The second issue I'd like to speak to today is one where work has been done in recent years in putting in place Legislation and Regulations in support of veterans transitioning into the civilian world. The recent changes to permit veterans access to federal public service jobs with equivalent access to those already employed within the public service substantively lays the ground-work for those looking to continue in service of their country but without a uniform.

For many of those who are transitioning out of the CF, there is still a desire to find gainful employment and be contributing citizens to their country.

A transition to the Public Service would be a natural choice and as previously stated the recent changes to the Public Service Employment Act make this much more possible. But that said, recent media reports

show that there are as many as 400 Veterans on the so-called priority list but the doors are being shut in their faces.

I'm sure you are aware that the Public Service is a massive bureaucracy with a litany of written and un-written rules particularly within the realm of human resources.

The codification of the hiring process in the public service is akin to another language to those uninitiated and the likelihood of success in a hiring process without a translation guide is next to nil.

On this front I would like to encourage the development of a formal cooperation between the Department of National Defence, Veterans Affairs and the Public Service Commission to develop training for those transitioning out of the military on how to successfully complete for public service positions. Additionally, why not approach Veterans already employed within the Civil Service to provide their insights into this situation – they were all there in uniform at one point.

Another mechanism to ensure visibility, transparency and gain traction is to have each Deputy Minister track the number of Veteran hires and to report this information PUBLICALLY. This includes the President of the Public Service Commission reporting nationally on the number of Veterans in the so-called Priority List

We must remember that this concept of 'competing' for work is completely foreign to members of the CF. In my experience in speaking to young veterans who are currently or have recently transitioned, the realization that you are now completely responsible for your own career and that previous performance really has no bearing on the hiring and promotion process is a concept that is difficult to grasp.

Consequently, as the government looks forward to further developing its care for Veterans, I would advocate that it not forget that changing the rules is only the first step and that processes to make the change effective are needed as well.

The third item that I wish to discuss is that of VAC denying claims based on the fact that the apparent injury is not contained within the Veterans CF Medical File.

We must find a better way of acknowledging that service related injuries are not always immediate and that the technology of the day coupled with the culture of the day and the soldier systems of the day ALL serve to have an impact on the CF member, and recognize that we do not appreciate the long term impacts upon our Veterans.

That these 'injuries' do not manifest themselves at the time of service is irrelevant except for the fact that VAC hides behind the medical file logic – 'if it ain't there, it never happened'.

We must go beyond bureaucratic rules which are by their very nature, exclusionary.

Factors such as culture and the technology of the day must be well understood and considered in awarding a claim.

For example, when in the military, one is issued with kit.

That the kit was not designed with and did not take into account musculoskeletal & orthopedic biomechanics, human factors engineering & occupational biomechanics, nor kinesiology factors...one would, by logic and reason appreciate and understand that the use of this kit would result in injury; much of which will only manifest later in life.

There is a pervasive culture that seeking medical attention is a weakness (be it for physical or mental health issues). I have spoken to Social Workers on CFB Bases and frequently hear stories of soldiers not being allowed to attend their appointments.

The culture that pervades is that of "pop some ibuprofen and get on with it", or the current vernacular of "suck it up Buttercup". That there is pressure on the individual to perform in spite of real injury and pain is an understatement.

Given that pressure, and forced ultimately into self-medication as opposed to seeking medical attention, is it A SURPRISE that injuries are NOT PRESENT IN THE MEDICAL FILES?

Of course not!

Let reason and logic dictate rather than the application of a bad rule set, which currently sends the clear message of bureaucracy over the real needs of the Veteran.

Veterans are not asking for what they are not entitled.

But at the same time, we expect that the government is doing everything necessary to accommodate the very real and pressing needs of Veterans through equal access to health care, equal access to jobs and lastly, access to a fairly adjudicated claims process.

We, as Veterans, have done our part in the defence and protection of Canada and for making significant contributions at home and abroad. Our service is well recognised within the fabric of Canada but there is much more to be done.

The rest is in your hands.

All we ask is that, 'AS WE DID NOT FAIL YOU, THAT YOU DO NOT FAIL US'.