



**COMMENTS ON RESOLUTIONS**  
*OF*  
**THE 43<sup>RD</sup> DOMINION CONVENTION**  
**THE ROYAL CANADIAN LEGION**  
**WINNIPEG, MANITOBA**

**12 June - 16 June 2010**



**OUR MISSION IS  
TO SERVE VETERANS  
AND THEIR DEPENDANTS,  
PROMOTE REMEMBRANCE  
AND ACT IN THE  
SERVICE OF CANADA  
AND ITS COMMUNITIES**





15 November 2011

Comrades:

This booklet contains the resolutions emanating from the 43rd Dominion Convention of 2010 held in Winnipeg. The comments from most respondents are detailed and comprehensive and provide meaningful feedback. In some instances, Legion advocacy has resulted in improvements. In other instances, there is definitely room for further improvements. Where the response is not constructive, we have indicated our resolve to continue our advocacy.

Resolutions and responses will now be put forward for consideration by the appropriate Dominion Command Committees and the Dominion Executive Council (DEC). Decisions will be made as to what further action is warranted and how best to achieve progress on outstanding issues.

Input from all Legion members is absolutely crucial to the framing of advocacy goals that will meet the needs of still serving Canadian Forces (CF) and Royal Canadian Mounted Police (RCMP) members, Veterans, and their families. We owe it to them in recognition of their unlimited service. It is also important that The Legion continues to speak with one voice as the largest Veterans' organization.

This should be done by raising issues to the attention of Dominion Command with resolutions submitted in accordance with the Legion procedures as set out in General By-law 110; that is from a member to his branch, to Provincial Command and then on to Dominion Command. Resolutions may also be developed and submitted by Dominion Command committees for approval by DEC.

We will remember them.



Patricia (Pat) Varga  
Dominion President

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## DOMINION EXECUTIVE COUNCIL

### 1. National Flag Day

**NS/NU 5; QUE 8/C**

**WHEREAS** Canada attained Nationhood with peer acceptance at Vimy Ridge in 1917;

**WHEREAS** Nationhood was gained without Canada having a National Flag symbol;

**WHEREAS** the search for a suitable design for a National Flag started in 1925, but was not resolved by the House of Commons and Senate until 1964 and proclaimed by Queen Elizabeth II to take effect on the fifteenth (15) day of February, 1965. It flew over the Peace Tower on Parliament Hill on that day;

**WHEREAS** this National Historic Symbol has only casual acceptance in Canada but is recognized and respected as a symbol of Peace and Goodwill around the world;

**WHEREAS** several Provinces have established a Provincial holiday on the fifteenth (15) of February for residents and Provincial employees; and

**WHEREAS** civilian organizations and labour groups have indicated the need for a National Holiday in late winter:

**THEREFORE BE IT RESOLVED** that The Royal Canadian Legion make representation to the Federal Government to establish the fifteenth (15) day of February as a Statutory Holiday to be known as Canada Flag Day.

#### **RESPONSE:**

The views expressed in this resolution have been carefully noted.

#### **LEGION'S POSITION:**

The Legion will continue to advocate for this important issue.

## VETERANS, SERVICE AND SENIORS

### GENERAL

### 2. Vimy Day Proposal

**VSS 1**

**WHEREAS** the Battle of Vimy Ridge, a battle that commenced on Easter Monday in 1917, is a day that is as historically important to Canadians as the signing of the first document that created Canada in 1867(BNA ACT);

**WHEREAS** the actual capture of the ridge by Canada's military forces fighting together for the first time earned Canada the right to participate as a signatory at the Treaty of Versailles in 1919;

**WHEREAS** the Prime Minister of the day, Sir Robert Borden, promised the nation's appreciation just prior to the battle; and

**WHEREAS** 90 years have now passed since that day in 1917 and it has become an embodiment of the Canadian spirit; and

**WHEREAS** Bill C227, passed by Parliament in 2003, declared that 9 April of every year would be known as “Vimy Ridge Day” but falls short of making it a National Federal Holiday: **THEREFORE BE IT RESOLVED** the Federal Government be urged to declare “Vimy Ridge Day” as a National Federal Holiday and that it be included in the Holidays Act as such.

**RESPONSE:**

The views expressed in this resolution have been carefully noted.

**LEGION’S POSITION:**

The Legion will continue to advocate for this important issue.

**3. Implementation of a Government Wide Ombudsman Office with Legislated Mandate VSS 2**

**WHEREAS** the Federal Government has recognized the necessity of appointing an Ombudsman to investigate systemic issues related to Veterans;

**WHEREAS** the Federal Government has also appointed a number of Ombudsmen in other Departments; and

**WHEREAS** the mandate of all these federal Ombudsmen is not enshrined in legislation which is considered a sine qua non to their independence and impartiality:

**THEREFORE BE IT RESOLVED** that the government take immediate action to regroup all Federal Government Ombudsmen into a centralized Ombudsman office with wide ranging legislated powers, similar to the investigative powers described in Ontario’s Bill 102 (An Act to establish the Seniors’ Ombudsman) to cover the full range of public sector programs and services, including those providing benefits and care to Veterans through Provincial programs.

**RESPONSE:**

The views expressed in this resolution have been carefully noted.

**LEGION’S POSITION:**

The Legion will continue to advocate for this important issue. This proposal would provide greater investigative powers to all federal ombudsmen while resulting in cost reductions for the federal government. The Legion will continue to advocate for this important issue.

**4. Veteran Priority for Health Care VSS 3**

**WHEREAS** various legislative acts concerning Veterans provide for a liberal interpretation and application so that the recognized obligation of the people and Government of Canada to those who have served their country and their dependants may be fulfilled;

**WHEREAS** the Canada Health Act has been drafted without specific reference or regard for Veterans and their dependants; and

**WHEREAS** members of the Royal Canadian Mounted Police, personnel of the Canadian Forces, clients of provincial workplace health and safety insurance boards and prisoners



in federal custody are exempt from the strictures of the Canada Health Act effectively giving them priority over Veterans and dependants on increasingly long wait lists for health care and specialized medical sources:

**THEREFORE BE IT RESOLVED** that government legislation and regulations be amended to afford Veterans and their dependants priority access to health care in Canada.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada provides health care benefits under the *Veterans Health Care Regulations* for Veterans injured as a result of military service. These benefits include medical, surgical and dental care, prosthetic devices, home adaptations, supplementary benefits such as travel costs for examinations or treatment and other community health care services and benefits.

Veterans Affairs Canada health care programs are designed to enhance the quality of life of Veterans and their families, promote independence, and assist in keeping clients at home and in their own communities by providing a continuum of care.

Over the years VAC has adapted its health care programs to better serve the evolving needs of Veterans and their families. For example, a network of ten operational stress injury (OSI) clinics was established to ensure priority access to specialized mental health care for Veterans. Moving forward, VAC will continue to look for ways to strengthen and improve its health programs and services in support of Veterans and their families.

At the present time, VAC has no authority to provide Veterans or their dependents priority access to provincial health care in Canada.

**LEGION'S POSITION:**

Since prisoners under federal custody have priority access, surely the federal government could make such a decision on behalf of Veterans, RCMP personnel and their families. The Legion will continue to advocate for this important issue.

**5. VAC Staffing Levels**

**VSS 4; NB 11/C**

**WHEREAS** Veterans Affairs Canada has an obligation to provide exemplary, client-centered services that respond to the needs of Veterans;

**WHEREAS** there has been a significant increase in the number of Canadian Forces personnel and 'Veteran clients' in the last ten years;

**WHEREAS** there have been more than 4000 discharges of Canadian Forces personnel per year in addition to all the Veterans' cases; and

**WHEREAS** with the implementation of the New Veterans Charter (NVC) the requirement for qualified, trained and dedicated case managers has increased:

**THEREFORE BE IT RESOLVED** that VAC take immediate steps to staff sufficient qualified and trained case managers' positions to ensure that Veterans do not slip through the cracks in the provision of quality rehabilitation and other associated services.

**RESPONSE: Veterans Affairs Canada**

VAC recognizes the importance of staffing sufficient qualified and trained case manager positions to provide services to Veterans and their families.

On September 28, 2010, the Honourable Peter MacKay, Minister of National Defence, and the Honourable Jean-Pierre Blackburn, former Minister of Veterans Affairs Canada and Minister of State (Agriculture), announced \$52.5 million over five years in additional support to establish a Legacy of Care for seriously injured Canadian Forces (CF) personnel and their families.

One of the initiatives under the Legacy of Care is to make it easier for seriously ill or injured Veterans to access help, information, and individual attention, through enhanced case management support. Under this initiative, VAC has hired 20 additional case managers in areas of the country in greatest need of increased capacity in order to deliver services to Veterans and their families. The additional capacity will make it easier for seriously injured or ill Veterans to access help, information and individual attention through all stages of recovery, rehabilitation and transition.

The Case Manager is part of a broader team that works collaboratively with other experts internally and externally to ensure optimum service to Veteran's and their families. These experts come from many disciplines including mental-health, nursing, medicine, rehabilitation, occupational therapy and others as required.

**LEGION'S POSITION:**

This issue is very important to the Legion. We will continue to monitor VAC staffing levels but need not do this through our Resolution process. Rather, we will engage our VSS Provincial Committees to monitor these levels and report on specific concerns to the Dominion Command VSS Committee.

**6. Taxi Fare Expenses**

**VSS 5**

**WHEREAS** Veterans Affairs Canada (VAC) is applying a deduction, in most cases, of \$5.00 (five dollars) from the repayment of taxi fares for Veterans seeking treatment or diagnosis from doctors, hospitals or health care facilities;

**WHEREAS** this policy is seen as an irritant to many Veterans who are frail as they approach end-of-life and, as such, should not be subjected to this vexatious claw back from valid expenses; and

**WHEREAS** even though exceptions are provided, the requirement for a written rationale is seen as an undue burden on these aged Veterans:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada change this discriminatory policy and introduce a full refund of taxi fare expenses.

**RESPONSE: Veterans Affairs Canada**

The *Veterans Health Care Regulations* stipulate that where transportation is by taxi, \$5.00 shall be deducted from the cost of travel for each trip.

Currently, departmental regulations allows for the deductible to be waived in certain circumstances where the client's mobility or cognition is severely impaired, or where the deductible would impede the client's ability to access treatment benefits.

The Department recognizes that the \$5.00 deductible can be problematic for some clients. The Department will continue to simplify the current policy to reduce administrative and complexity issues to exercise discretion in favour of clients where imposing the deductible creates hardship for them.

**LEGION'S POSITION:**

The Legion will continue to advocate for a resolution of this extremely vexatious and discriminatory policy which attacks the dignity of Veterans.

**7. Case Management**

**VSS 6**

**WHEREAS** a case management approach is important for all Veterans and families, but it is particularly important for Veterans and families with special needs, including those Veterans with an operational stress injury or other mental health problem, Veterans who are severely disabled, and Veterans who need rehabilitation. Due to the nature of their injury or illness, special needs Veterans are likely to be less resilient and less able to manage the transition to civilian life without appropriate support programs;

**WHEREAS** severely disabled Veterans report that they feel they are pushed into vocational rehabilitation too early, before they have had a chance to come to terms with their injury, and that they are often not included in team meetings to discuss their case management;

**WHEREAS** the ability to navigate various VAC and CF programs is a particular challenge for special needs or seriously disabled Veterans and their families;

**WHEREAS** there are inconsistencies in the services that special needs Veterans receive, depending on where they live (e.g., rural area, urban settings, province);

**WHEREAS** their entitlements are not always fully explained, and only some have access to special needs case managers; and

**WHEREAS** recent studies report that the quality, consistency and focus of case management services vary from district to district and are affected by workload, resources, staff skills and roles, policies and processes, and access to technology and support:

**THEREFORE BE IT RESOLVED** that to improve case management services, VAC should establish guiding principles, ensure case managers have appropriate training, and develop the policies, processes and technology to support effective case management.

**RESPONSE: Veterans Affairs Canada**

The Government of Canada has taken important steps in recent months to ensure that Veterans and their families receive all the care and support they deserve. Veterans Affairs Canada is modernizing the way the Department operates to improve services to Veterans and their families. The organization is committed to increasing the capacity of existing staff through learning and development opportunities. This includes supporting knowledge transfer in addition to traditional learning and development opportunities. In addition to the current learning events, such as national training on the Department's new decision-making model, long-term learning strategies are being created based on assessment of learning needs.

Implementation of a national case management strategy is already under way to ensure the Department has the right number of staff, with the right skills, in the right locations, to meet forecasted changes in client demographics, client needs, and client expectations.

**LEGION'S POSITION:**

The Legion is satisfied that a national case management strategy is being implemented.

**8. VAC Communication to Reservists**

**VSS 7**

**WHEREAS** communication may be a particular issue in serving Reservists;

**WHEREAS** the Canadian Forces are relying more on Reservists to help meet Canada's current international commitments: for example, one of every four members deployed to Afghanistan is a Reservist (550 to 600 out of 2,300) and a higher proportion of Reservists are front-line soldiers who are at greater risk of being injured; and

**WHEREAS** although Reservists are eligible for *New Veterans Charter* services, it is often more difficult to connect them with services because they tend to reintegrate into their civilian lives or community immediately following their tour and may not be aware of the programs and benefits available to them:

**THEREFORE BE IT RESOLVED** that VAC and the CF ensure its outreach and education materials focus on the full range of supports available to Reservists and their families and consider making communication about programs and benefits mandatory.

**RESPONSE: National Defence**

The Canadian Forces (CF) chaplaincy provides spiritual care and counselling to CF members and their families, making it an important and vital component of the CF community support team. Chaplains serving in the Primary Reserve have always been an integral part of the CF chaplaincy and continue to make a significant contribution to the CF as a whole. Reserve chaplains are called to work principally within the units to which they belong, offering chaplain advice and support to the unit chain of command, exercising a ministry of presence among their unit members, and providing for and facilitating the spiritual care of reservists and their families.

Reserve chaplains exercise a rear-party ministry to the families of unit members who are deployed abroad or on extended full-time service with the Regular Force elsewhere in Canada. Reserve chaplains are spread across the country and provide a vital network of chaplain support that is ready at any time to assist CF members (both Reserve Force and Regular Force) and their family members and loved ones. Reserve chaplains provide pastoral care to the members of their unit and their families, including pre-deployment screenings and counseling and post-deployment reintegration care. The services provided by the CF chaplaincy (to both Regular Force and Reserve Force members) are communicated formally as part of the pre-deployment and reintegration briefings.

**RESPONSE: Veterans Affairs Canada**

Reserve Force members are in a unique situation since they are both a civilian and a member of the military. As a result of the nature and location of their work, the Reserve Force Members can be a challenging group to reach. The release process for reservists is different than that of Regular Force members, making it difficult to ascertain when individuals are released.

Veterans Affairs Canada has recently launched a multi-faceted, multi-year NVC Outreach and Communications Strategy to educate and engage target audiences. The objective of the strategy is to increase understanding and acceptance amongst Veterans, CF members (Regular and Reserve) and their families of the programs and services offered by VAC. To achieve this objective, there are strategic activities in place that will promote VAC's services and benefits, better explain its transition services and processes, identify that VAC is adapting to the changing needs of our Veterans, and correct any misunderstandings relating to VAC's programs and services. The primary target audiences for this strategy are CF members (Regular and Reserve), Veterans and their families. This includes outreach sessions on Bases and Wings.

VAC, in collaboration with and support of the CF, is visiting major military locations across the country. The VAC Information Sessions at CF locations have been underway since November 2010. As of June 14, 2011, 14 Bases/wings have been visited with 19 briefings held and 4 more Bases/wings will be visited as part of this initiative. The session held on May 12, 2011, in St. John's, NL was specific to Reservists.

VAC's external website continues to be updated, making it easier for CF members (Regular and Reserve) to access VAC information. VAC's printed material, describing benefits and services and contact information, is available in the Integrated Personnel Support Units, Military Family Resource Centres and other public places, including Service Canada. VAC also submits articles in the DND/CF newspaper, The Maple Leaf, providing information on VAC's benefits and services and means of access to VAC information and contact. VAC is working closely with DND in formulating other effective outreach activities for current and former CF members, both Regular Force and Reserves.

### **LEGION'S POSITION:**

The Legion is satisfied that progress has been made and continues to be made through formal and informal processes.

## **9. A Family-Centered Culture in All VAC Programs**

### **VSS 8**

**WHEREAS** VAC has yet to develop a truly holistic, family-centred approach to providing services for Veterans and families such that the member or Veteran continues to be the main focus, and services for families an afterthought;

**WHEREAS** in most cases, family members are not eligible for services until the Veteran has been deemed eligible for benefits; and

**WHEREAS** faced with the stresses of military life including an injury to the member and the prospect of making the transition to civilian life, it is quite predictable that military families would find it difficult to cope and would need support. However, families who seek help often report that the bureaucratic process and attitudes of service providers make them feel "weak" or "defective":

**THEREFORE BE IT RESOLVED** that VAC continue to educate the appropriate VAC staff, service providers and the public about Veterans' and families' right to services; review the eligibility criteria for all programs to ensure family members have equitable access; and continue to develop service models that treat Veterans and families with respect.

**RESPONSE: Veterans Affairs Canada**

VAC recognizes that the re-establishment of a Veteran includes the re-establishment of his/her family as well. As such, VAC treats all Veterans and families with respect and provides them with the services and benefits to which they are entitled.

VAC continues to educate VAC staff, service providers and the public on a continuous basis through its numerous training and outreach activities.

As part of our transformation agenda, we will improve our level of service by reducing the complexity of our policies, processes and practices; by overhauling our service delivery; by strengthening our partnerships with DND and others; and by delivering on the objectives of the *New Veterans Charter*.

**LEGION'S POSITION:**

The Legion will determine if further action is required on this important issue while continuing to monitor progress in streamlining of service delivery.

**10. Veterans Review and Appeal Board**

**ALTA-NWT 9/C**

**WHEREAS** the Veterans Appeal and Review Board is an independent Federal Tribunal that hears appeals regarding unfavourable disability pension decisions at two levels;

**WHEREAS** this Tribunal has a history of hearing appeals for “Military Veterans”;

**WHEREAS** the Veteran’s Charter is specific in its mandate for Veterans;

**WHEREAS** the Veteran’s Charter also contains a quote in the disability pension section, “serving or discharged Royal Canadian Mounted Police Members may qualify for a disability pension related to a service injury”; and

**WHEREAS** members of the Veterans Review and Appeal Board may be more familiar with the duties performed by “Military Veterans” but not as familiar with the duties performed within the “Royal Canadian Mounted Police”, specifically sections such as the Dog Section, RCMP Marine Division and Air Division, where a Member could suffer debilitating injuries:

**THEREFORE BE IT RESOLVED** that the Minister of Veterans Affairs Canada be requested to review the composition of the Veterans Review and Appeal Board and consider appointing former Members of the Royal Canadian Mounted Police to sit on the Board, either as a sitting member or as a resource to the Board, especially when active or former Members of the RCMP appear for a hearing.

**RESPONSE: Veterans Affairs Canada**

The Veterans Review and Appeal Board strives to maintain a cadre of members who possess the skills and abilities to provide fair and timely decisions for all applicants. The Board has always advocated that its membership should reflect a wide range of experience and education and encourages individuals with military, medical, policing or legal backgrounds to apply.

The Board is responsible for assessing individuals who apply against pre-defined merit-based criteria and using a three-stage selection process (i.e. an initial screening of

applications, a written examination and an interview). Once the assessments have been completed, the Chair of the Board provides the names of qualified candidates along with the Board's operational requirements to the Minister of Veterans Affairs. The Minister is responsible for recommending appointments to the Governor-in-Council.

The Board is committed to delivering an appeal process that provides all applicants with the opportunity to establish the circumstances of their case. It supports its members in their role as specialized adjudicators through ongoing professional development, including regular dialogue and training on relevant topics identified and provided by the Royal Canadian Mounted Police (RCMP).

**LEGION'S POSITION:**

The Legion will continue to advocate on behalf of larger representation by Veterans and RCMP members on the Veterans Review and Appeal Board.

**11. The Year of the Military Spouse**

**MAN&NWO 7/C**

**WHEREAS** Military spouses have over many years, during war and peace, endured loneliness, anxiety, depression and even poverty during the absence on duty of their Military partners;

**WHEREAS** Military spouses and their families have followed their Military partners to isolated and dangerous parts of the world;

**WHEREAS** Military spouses have raised families and made a home for their Military partners, frequently under trying conditions;

**WHEREAS** Military spouses have had to sacrifice careers, jobs, and loss of friends and family in order to sustain their relationship with their Military partners;

**WHEREAS** the Canada Remembers Program of Veterans Affairs Canada encourages Canadians to learn about the sacrifice and achievements made by Veterans and their families during war and peace;

**WHEREAS** Veterans Affairs Canada has set a precedent by proclaiming "The Year of the Veteran" in 2005, and "The Year of the War Bride" in 2006; and

**WHEREAS** Veterans Affairs Canada traditionally celebrates numerous subjective events and anniversaries:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada be urged to set aside a year and declare it "The Year of the Military Spouse"; and

**BE IT FURTHER RESOLVED** that the designated year be as soon as administratively possible, and that pins and memorabilia be prepared and distributed accordingly.

**RESPONSE: Veterans Affairs Canada**

Dedicating a specific year to military spouses falls outside the mandate of Veterans Affairs Canada. Therefore, this resolution would be more appropriately addressed to Canadian Heritage. We will forward this resolution to Canadian Heritage.

**LEGION'S POSITION:**

The Legion will continue to plan internally for celebration not only of the military spouse but in a broader context of the military family.

## 12. Agent Orange Application

### **NB 4/C**

**WHEREAS** there has been much discussion and controversy concerning the spraying of Agent Orange in Base Gagetown;

**WHEREAS** as of the 1<sup>st</sup> of April, 2009, the ex-gratia compensation of \$20,000.00 has expired for those applicants, Military and Civilian, who have suffered medically from Agent Orange spraying in Base Gagetown; and

**WHEREAS** this particular compensation is now considered closed and no further discussion and applications will be considered:

**THEREFORE BE IT RESOLVED** that those particular individuals who feel that they still have a substantial claim should be able to submit their applications onwards to VAC for further consideration.

### **RESPONSE: Veterans Affairs Canada**

The ex gratia payment announced by the Government of Canada fulfills its promise to provide a solid, transparent and accountable solution to eligible civilian and military personnel. This payment is a compassionate response by the Government of Canada to concern caused by the testing of unregistered US military herbicides, including Agent Orange, at Canadian Forces Base (CFB) Gagetown in 1966 and 1967.

The original program was to expire in October 2010; an extension and expansion of the program was made in December 2010.

There were five key elements to this extension:

1. the deadline for applications was extended to June 30, 2011;
2. the Department's payment authority has been extended to December 30, 2011;
3. the original requirement for individuals to be alive on February 6, 2006, has been eliminated;
4. the original requirement for applicants to have a diagnosis in process by February 6, 2006, has been eliminated; and
5. applicants had until June 30, 2011, to obtain a medical diagnosis.

All other criteria from the original announcement (i.e. residence and Institute of Medicine (IOM) conditions-Update 2004) continue to apply.

Individuals with exceptional circumstances may submit applications after June 2011.

### **LEGION'S POSITION:**

The Legion is satisfied that VAC has demonstrated sufficient flexibility in extending application deadlines for the Agent Orange ex gratia payments. We regret however that eligibility was not extended to the most current medical conditions as updates were published by the IOM.



### 13. Disability Pensions Letters

#### **NB 5/C**

**WHEREAS** we have experienced in the past few years a lengthy period of time to receive a disability decision;

**WHEREAS** upon receipt of the decision letter, the recipient is quoted various articles and/or tables of either the *Pension Act* and/or the new *Canadian Forces Act*;

**WHEREAS** it has caused the recipient some confusion because they are not conversant or knowledgeable about the various Acts, articles or tables as mentioned in their letter;

**WHEREAS** in some cases they do not have access to the Acts, articles or tables to see or read exactly what the decision means; and

**WHEREAS** upon contacting VAC they are directed or are advised to consult the internet, and here again majority of our senior Veterans do not have accessibility to a computer, nor care to do so:

**THEREFORE BE IT RESOLVED** that VAC review its letter-writing policy to ensure simplicity and understanding, and if need be to ensure the recipient comprehends the decision letter, possibly having a copy of the particular Act, article and/or Table be attached to the letter for clarification.

#### **RESPONSE: Veterans Affairs Canada**

As part of the Department's commitment to modernize service delivery, Veterans Affairs Canada has adopted new processes to cut wait times for disability benefit decisions. On April 1, 2011, a new service standard was introduced that states 80% of applicants will receive a decision in writing in 16 weeks on their first application for disability benefits. This is 30% faster than before.

In accordance with the Government of Canada's *Communication Policy*, Veterans Affairs Canada also is committed to providing clients with access to easy to understand information about policies, programs, services and initiatives using all forms of media, as appropriate. This includes a variety of new (i.e., electronic) and traditional (i.e., print) methods of communication.

In keeping with this policy and our commitment to service delivery:

- decision letters to applicants contain a pamphlet/information leaflet that summarizes, in plain language, the various sections of the Act that are applicable to the ruling;
- all unfavourable decision letters contain the name of a Pension Officer who can advise the applicant on the ruling and provide documentation, as required, to help the applicant better understand the decision; and,
- if an individual does not have access to information that is posted on-line, the Department can print applicable sections of the legislation/regulations and mail to the applicant.

#### **LEGION'S POSITION:**

The Legion is satisfied that disability benefits decision letters have indeed been simplified to better inform applicants.

#### 14. **Benefit of Doubt**

##### **NB 7/C**

**WHEREAS** there is a general feeling, especially among our Peacetime Veterans, that VAC and the Veterans Review and Appeal Board (VRAB) do not clearly apply the benefit of doubt when considering a particular application for a disability;

**WHEREAS** a majority of these Veterans also feel that VAC and VRAB members do not have much knowledge of military background, operations and environmental conditions during those Peacetime situations, as a result they do not have a good understanding of the military occupations, and they further feel that the benefit of doubt clause was not being properly interrupted especially when considering uncontradicted evidence;

**WHEREAS** it should be noted that the majority of medical evidence during our Peacetime service was never recorded or reported either by the individual and/or medical staff, because it was considered insignificant; and

**WHEREAS** only serious cases would get to see a Medical Officer;

**WHEREAS** we never complained, nor did we seek compensation because of an illness during our Military career, because we did not want to be known as a slacker trying to get out of a duty, etc; and

**WHEREAS** it appears that VAC and VRAB depend on medical evidence and/or documentation in an individual's medical file, and if nothing is on file, and then nothing is considered available to the Veteran for that particular disability:

**THEREFORE BE IT RESOLVED** that VAC and VRAB Members, when in doubt, should definitely apply the benefit in favour of the applicant.

##### **RESPONSE: Veterans Affairs Canada**

Legislative provisions in the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* provides direction on ensuring that applicants receive every reasonable consideration in their requests for benefits, services and care.

Benefit of the Doubt is not used as a substitute for evidence. It is to be applied when the facts of a case are evenly balanced. In those cases where it is not possible to arrive at a clear decision because the evidence for and against the issue is approximately equal in weight, any doubt surrounding the issue must be resolved in favour of the applicant. When the evidence for and against awarding benefits is relatively equal, the benefit of the doubt is applied and a decision is made in favour of the Veteran.

Benefit of the doubt provisions have been included in veterans' legislation for many years. This policy is to be applied in every case. If a claimant is not satisfied with a decision, he or she can apply for a reconsideration based on new evidence or an error in fact or law.

The definition of "benefit of the doubt" as it relates to the Veterans Review and Appeal Board is found in section 39 of the *Veterans Review and Appeal Board Act*. It should be noted that this section is based on section 5(3) of the *Pension Act* and that similar wording also appears in section 43 of the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*. Section 39 of the *Veterans Review and Appeal Board Act* states:

*In all proceedings under this Act, the Board shall*

*a. draw from all the circumstances of the case and all the evidence presented to it every reasonable inference in favour of the applicant or appellant;*

- b. accept any uncontradicted evidence presented to it by the applicant or appellant that it considers to be credible in the circumstances; and*
- c. resolve in favour of the applicant or appellant any doubt, in the weighing of evidence, as to whether the applicant or appellant has established a case.*

The members of the Veterans Review and Appeal Board apply section 39 in every case and are trained to do so in accordance with directions and principles of law established by the Supreme Court of Canada and the Federal Court of Canada. The Federal Court of Appeal has stated that section 39 does not relieve the applicant of the responsibility to establish the facts of his/her case. Rather, it ensures that the evidence presented in support of an application is considered in the best light possible. In their written decisions, Board members endeavour to provide applicants with clear reasons for their rulings. Any applicant who is dissatisfied with the Board's decision is encouraged to discuss options for further redress with his/her representative.

**LEGION'S POSITION:**

The Legion will continue to monitor the application of the "benefit of the doubt" clause in decisions of the Veterans Review and Appeal Board. To that effect, we will better be able to focus our advocacy once the Office of the Veterans Ombudsman (OVO) completes its ongoing systemic review of Veterans Review and Appeal Board decisions.

**403. Homeless Veterans Program  
ONT 32**

**WHEREAS** the Media has reported that there are many homeless Veterans living on the streets in urban centres; and

**WHEREAS** Veterans Affairs does not have an outreach program specifically to identify and service homeless Veterans:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada in conjunction with the Provincial Commands of The Royal Canadian Legion develop and maintain a program to service homeless Veterans.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada will continue to work in collaboration with the Royal Canadian Legion and other community based programs and supports across the country to assist with identifying homeless Veterans and those at risk of homelessness, and to connect them to needed services, benefits and support.

There are three Veterans Affairs Canada homeless Veterans initiatives underway in Vancouver, Montréal and Toronto to raise awareness of the issue of homeless Veterans, to establish partnerships with local organizations, and to enhance service delivery to Veterans who are homeless or at risk of becoming homeless. Veterans Affairs Canada is also a partner in a pilot project in Colwood, BC, which will provide housing and support services to Veterans who are homeless or hard to house.

**LEGION'S POSITION:**

The Legion is satisfied with joint-progress made on this very sensitive issue. We will continue to export these very beneficial programs to other jurisdictions where gaps exist.

## DISABILITY BENEFITS

### 15. Offset of VAC Disability Pension by SISIP Long Term Disability VSS 9

**WHEREAS** those deemed eligible for Veterans Affairs Canada (VAC) disability pensions are victimized by an offset from the amount paid out by the Service Income Security Insurance Plan (SISIP) Long Term Disability (LTD) as monthly income replacement benefits; **WHEREAS** VAC disability pensions are not taxable and are not considered income but disability benefits to compensate for pain and suffering for injuries sustained in the service of one's country;

**WHEREAS** there is a further contradiction in that still serving Canadian Forces members can receive a VAC disability pension while still receiving their full salary; and

**WHEREAS** this unfairness has been corrected in the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (the *New Veterans Charter*):

**THEREFORE BE IT RESOLVED** that the SISIP offset of VAC disability pensions be terminated forthwith whatever the cost to government; and

**BE IT FURTHER RESOLVED** that Treasury Board, who make the rules in that matter, recognize that the operational needs and the impact of the occupational environment of Canadian Forces members are very different than those of Public Servants.

#### **RESPONSE: National Defence**

The former National Defence and Canadian Forces Ombudsman completed his review of this issue. Of his five recommendations, four have been implemented by the Department. The recommendation that was not implemented pertains to the following: "The Minister of National Defence take the necessary steps to ensure that former CF members who had their SISIP LTD benefits reduced on account of disability pensions received under the *Pension Act* should be reimbursed for the amounts that were deducted from their benefits as of October 27, 2000."

As you may be aware, in March 2007 Mr. Dennis Manuge, a former CF member, filed a proposed class action in Federal Court challenging the LTD insurance plan offered to CF members through SISIP.

In February 2009 the Federal Court of Appeal set aside the class action Mr. Manuge commenced on behalf of SISIP claimants. On January 20-21, 2010, the Supreme Court of Canada heard Mr. Manuge's appeal, and it will determine whether Mr. Manuge must make his challenge by way of an application for judicial review or whether he can proceed with his class action for damages. On December 23, 2010, the Supreme Court of Canada allowed the appeal and reinstated the order certifying Mr. Manuge's class action. As this matter is still pending before the court, I am unable to make any further comments at this time.

With respect to the final part of Resolution 15, concerning the Treasury Board, I have forwarded your letter to the Honourable Stockwell Day for his consideration.

#### **RESPONSE: Veterans Affairs Canada**

SISIP's Long-term Disability Program is a Canadian Forces program. Questions regarding SISIP should be referred to my colleague, the Minister of National Defence.

The matter of the SISIP LTD “claw back” of VAC’s monthly Disability Pension is currently before the Courts and it would not be appropriate for me to comment on this.

For VAC, this offsetting issue is eliminated by the Disability Award on a go-forward basis. The Disability Award is not offset from the Service Income Security Insurance Plan Long-Term Disability, or from VAC’s monthly Earnings Loss Benefit payments.

**LEGION’S POSITION:**

The Legion will continue to advocate for resolution of this very important issue.

**16. 10% Annual Reduction in Paid-up Death Benefit under Supplementary Death Benefit (SDB)**

**VSS 10**

**WHEREAS** with the passage of Bill C-78 in 1999, the annual 10% reduction in coverage of the Paid-up Death Benefit for Public Civil Servants now commence at age 66 while the same reduction for Canadian Forces (CF) members starts at age 61; and

**WHEREAS** this disparity in benefits clearly disadvantages CF members who loyally served their country:

**THEREFORE BE IT RESOLVED** that the annual reduction in coverage of the Paid-up Death Benefits be delayed until age 66 to bring it in line with that of Public Servants.

**RESPONSE: National Defence**

As you are aware the SDB is a form of term life insurance provided to military members pursuant to the provisions of the *Canadian Forces Superannuation Act*. The SDB provides a tax-free benefit of two times a CF member’s annual salary up to age 60. The SDB can be maintained after retirement but the benefit begins to be reduced at age 61 by 10 percent per year to \$5,000 by age 70, with the provision that qualifying members are entitled to a \$5,000 paid-up policy at age 65. The paid-up portion is retained for life by the member at no cost. The SDB is funded by contributions from pension plan members and the employer, the federal government.

There are disparities between the Canadian Forces SDB and the SDB coverage provided to federal public servants under the *Public Service Superannuation Act (PSSA)*. For example, as you have indicated, under the *PSSA* the 10-percent annual reduction in coverage begins only at age 66.

Please be advised that Parliament has given authority to the Department of National Defence to review the CF plan. Work on the matter is under way and includes a review of the age at which the reduction of the basic benefit occurs. Any changes will be based on member needs and on the cost implications for both members and the employer.

**LEGION’S POSITION:**

The Legion awaits the results of the ongoing review. We will continue to monitor this issue.

## 17. Environmental Exposure

### VSS 11

**WHEREAS** the government announced an Ex Gratia payment for those exposed to Agent Orange based on whether or not potential beneficiaries were living, or had worked and trained in the Gagetown area during a specific time frame and within a specific area;

**WHEREAS** VAC will award disability benefits for direct exposure to Agent Orange, such as handling, touching or being directly exposed to such chemicals but will not recognize secondary exposure such as training in a field and dispersing soils by digging, churning up the ground with various ordnances where Agent Orange, or other chemicals were dispersed; and

**WHEREAS** VAC will not generally recognize environmental exposure to radiation such as residues of Depleted Uranium (DU) ammunition as a causal link to the award of disability benefits:

**THEREFORE BE IT RESOLVED** that VAC recognize exposure to Agent Orange or to DU as significant determinants of a disability.

### **RESPONSE: Veterans Affairs Canada**

Both the Disability Pension and the Disability Award Programs compensate for service related disabilities. For disabilities related to exposure to chemicals such as Agent Orange and Depleted Uranium, there must be evidence of the exposure and evidence that the exposure to these chemicals would be sufficient (duration, dosage, etc.) to result in the claimed disability.

The Agent Orange Ex-Gratia Program was first announced in 2007 and, with some changes, was extended in December 2010. Applicants had until June 30, 2011, to obtain a relevant medical diagnosis and to submit an application for an Agent Orange ex gratia payment. The one-time, tax-free ex gratia payment of \$20,000 relates to the testing of unregistered U.S. military herbicides, including Agent Orange, at Canadian Forces Base (CFB) Gagetown in New Brunswick during the summers of 1966 and 1967. While the best research available has confirmed there were no harmful long-term effects from the testing of Agent Orange, the Government of Canada acted with compassion by offering an ex gratia payment, in recognition of the uncertainty many individuals have lived with over the years.

It is important to note that the ex gratia payment is completely separate and apart from Veterans Affairs Canada's disability benefit programs.

As always, any CF member or Veteran who feels they have an illness associated with exposure to Agent Orange or Depleted Uranium, or any other service-related disability, can apply for the Department's disability benefit programs.

### **LEGION'S POSITION:**

The Legion is satisfied that VAC has demonstrated sufficient flexibility in extending application deadlines for the Agent Orange ex gratia payments. We regret however that eligibility was not extended to the most current medical conditions as updates were published by the IOM.

The Legion remains unsatisfied with the stringent eligibility criteria to obtain disability entitlement for illness associated with exposure to Agent Orange or Depleted Uranium.

**18. Yearly Adjustment to Disability Award**

**VSS 12**

**WHEREAS** under the *New Veterans Charter*, a Disability Award is meant to recognize and compensate for the non-economic impacts of a service-related disability such as pain and suffering;

**WHEREAS** the amount of a Disability Award is adjusted yearly for Cost of Living and other factors; and

**WHEREAS** the non-economic impacts of a disability do not disappear after one year:

**THEREFORE BE IT RESOLVED** that the Disability Award program be improved to provide a yearly increment to those Veterans and still serving members that are eligible for this program.

**RESPONSE: Veterans Affairs Canada**

Both disability pension and disability award rates are paid in accordance with the respective legislative authorities and adjusted annually. A disability pension provides financial compensation for service-related disability or death. It is not intended as income replacement nor to account for regular salary increase. Disability awards are paid in recognition of pain and suffering and provide benefits for the non-economic impact of a service-related disability.

The rates for disability benefits paid under the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, commonly known as the *New Veterans Charter (NVC)*, are adjusted each year on the first day of January by whichever is greater - the percentage increase in the consumer price index or the increase in the average composite wage of a representative group of federal public servants.

Currently, VAC's maximum disability award rate is \$285,319.47. In the event a disability worsens over time, the condition can be re-assessed. In the case of a disability pension, a higher assessment can result in an increase to the monthly amount paid. In the case of a disability award, a higher assessment can result in an additional lump sum payment.

The recommendation to provide yearly increments would require authority changes and at this time, there has been no commitment to seek authority to do so.

Recent NVC improvements, that are currently part of the *Enhanced New Veterans Charter Act*, Bill C-55, include choices for a Veteran to receive the disability award as a lump sum, in annual payments or a combination of each. Interest would also be earned and paid on the annual payment.

**LEGION'S POSITION:**

The Legion will monitor the implementation of measures introduced in the Enhanced New Veterans Charter.

**19. End the Insurance-Based Approach to Economic Benefits**

**VSS 13**

**WHEREAS** SISIP- Long Term Disability (LTD) is a mandatory program to provide coverage for service-related disabilities and while in the Canadian Forces, members pay 15% of their insurance premiums and the Government pays 85%;

**WHEREAS** in the event they are injured, regular force members are assessed by SISIP-LTD and, if deemed eligible for long-term disability, may receive up to two years of disability payments from SISIP-LTD equal to up to 75% of their income while serving in the Canadian Forces;

**WHEREAS** regular force members who, because of their injury, end up having to medically release from the Canadian Forces also become eligible for benefits under the *New Veterans Charter* which is a needs-based approach to economic benefits. However, the programs themselves continue to be limited by the requirement that they be consistent with the Service Income Security Insurance Plan (SISIP) an insurance based program;

**WHEREAS** the relationship with SISIP leads to arbitrary time and benefit limits which prevent VAC from developing the seamless, transparent, equitable and easy-to-navigate system of benefits it wants to offer Veterans and families; and

**WHEREAS** Veterans report that they have to work with two distinct systems and programs which is confusing, and that they do not receive enough help to work through the process;

**THEREFORE BE IT RESOLVED** that the Department of National Defence (DND) revamp SISIP. The full cost of disability insurance in the Canadian Forces should be borne by the Government, not by serving members; and

**BE IT FURTHER RESOLVED** that VAC no longer be required to align its programs and benefits with SISIP.

**RESPONSE: National Defence**

It should be noted that while the SISIP LTD program is an insurance-based program, 100 percent of the premium for this insurance protection is paid by the Government of Canada for service-related disabilities. Only the premium paid for coverage for non-service related disabilities is cost shared between insured CF personnel (15 percent) and the Government of Canada (85 percent). Regarding the points made about the alignment of SISIP and VAC programs, I am advised that direct proactive intervention with the members is being carried out through the Joint Personnel Support Units Integrated Personnel Support Centres system from the moment the decision to medically release is made. This intervention is provided by the CF with collaboration from VAC to ensure that subsequent VAC support remains consistent with the plan initiated by the CF.

The SISIP LTD program is mandated to be first payer of income replacement benefits and vocational rehabilitation, and as such works closely with CF personnel who have been notified of their pending medical release. To that end, SISIP develops and implements vocational rehabilitation plans in conjunction with releasing members up to six months prior to release. A collaborative effort exists between the CF, SISIP, and VAC, and when VAC is brought in to coordinate the continuity of medical and psychosocial care post-release, there is a fairly seamless transition from the CF to VAC for member support in these areas. Once the SISIP benefits have run their course, VAC continues what SISIP provided in vocational rehabilitation and income replacement support to the extent that



there still exists a service-related rehabilitation need. Therefore it is important that the SISIP and VAC programs be in alignment and provide continuity of support while the injured member transitions out of the CF into civilian life.

I am advised that DND and SISIP are working with VAC to further strengthen the exchange of information and the coordination of rehabilitation plans to achieve consistent rehabilitation services.

**RESPONSE: Veterans Affairs Canada**

SISIP Long-term Disability is a Canadian Forces (CF) program. Questions regarding SISIP should be referred to my colleague, the Minister of National Defence.

VAC does work with the CF to ensure continuity of support between programs so that members have coordinated transition to civilian life. For example, the Integrated Personnel Support Centres (IPSCs) have been created jointly between VAC and DND to ensure better co-ordination of services and to ensure an easy to navigate system of benefits on the transition to civilian life and vocational rehabilitation program.

In addition, when the NVC was implemented in 2006, the Earnings Loss (EL) benefit was designed to mirror the SISIP LTD income replacement in order to ensure consistency and to prevent Veterans from being disadvantaged. VAC has the authority to supplement SISIP programs and benefits through the NVC. We work closely with DND to ensure timely connections and interventions and joint care planning. For example, Veterans eligible for SISIP LTD may also be eligible for additional financial benefits from VAC (i.e. the Permanent Impairment Allowance and/or the Supplementary Retirement Benefit). In addition, Veterans eligible for SISIP LTD who have medical and/or psycho-social needs may receive medical and/or psycho-social services through VAC's Rehabilitation Program while they are in receipt of SISIP LTD.

Veterans who are not eligible for SISIP LTD or who have completed SISIP LTD may be eligible for VAC's Rehabilitation Program and the associated financial benefits if, at any time after release, they have a rehabilitation need which is primarily related to their service.

**LEGION'S POSITION:**

The Legion will continue to advocate for a stand-alone approach in defining economic benefits for Veterans and families separate from and more generous than the requirements defined in SISIP LTD.

**20. Ensure Disabled Veterans Receive a Fair, Equitable Income Consistent with a Normal Military Career**

**VSS 14**

**WHEREAS** Veterans are eligible for the Earnings Loss Benefit (equal to up to 75% of their military salary and taxable) while they participate in rehabilitation and search for a job;

**WHEREAS** Veterans who are permanently and totally incapacitated can receive the Earnings Loss Benefit until they reach age 65;

**WHEREAS** the program as it is currently designed and administered (based on 75% of salary at time of medical release and taxable) means a significant loss in income for all eligible Veterans and families;

**WHEREAS** it is particularly devastating for Veterans who are injured at a young age because they will continue to be compensated at an entry level salary throughout their lives; and

**WHEREAS** economic hardship is created for Veterans who reach age 65 and have been unable (because of their injury) to build up their Canada Pension or save for retirement:

**THEREFORE BE IT RESOLVED** that to ensure disabled Veterans while undergoing rehabilitation and searching for a job receive a fair equitable income consistent with a normal military career, VAC should set the Earning Loss Benefit at 100% of earnings, which is taxable; and

**BE IT FURTHER RESOLVED** for long-term recipients, VAC should: (1) use a probable earnings approach to reflect what the Veteran would have earned over a normal military career and set the minimum at the salary level of a corporal; (2) either continue to provide the benefit after age 65 or use the benefit as a basis to calculate the Veteran's pensions; and (3) increase the Supplementary Retirement Benefit and make it non-taxable.

**RESPONSE: Veterans Affairs Canada**

VAC continues to review the Earnings Loss (EL) and financial benefits programs to ensure that they meet the needs of our Veterans.

For example, Bill C-55 *Enhanced New Veterans Charter* received Royal Assent on March 24, 2011. The legislation still has to go through a number of regulatory steps before coming into force, which is anticipated to happen this fall.

This new Legislation, along with regulatory changes, will: establish a minimum pre-tax income of \$40,000 per year for Veterans participating in VAC's Rehabilitation Program, expand eligibility for monthly PIA allowances for seriously injured Veterans, and provide an additional monthly supplement of \$1,000 (for life) for Veterans who are unable to be suitably and gainfully employed in spite of their rehabilitation efforts.

In addition, eligible Veterans will be able to qualify for either the PIA benefit or the Exceptional Incapacity Allowance (payable under the *Pension Act*) by combining both their Disability Award and Disability Pension conditions for benefit eligibility purposes.

While the EL benefit does not include a loss of promotion factor, the PIA and the additional PIA supplement for the most severely injured or ill Veterans, was designed to compensate those with a permanent and severe impairment for economic loss associated with the loss of employment potential and career progression opportunities.

The EL benefit is intended to provide income replacement to Veterans participating in VAC's Rehabilitation Program or for those Veterans who, because of the severity of their injuries, are not capable of obtaining suitable, gainful employment in spite of their rehabilitation efforts. Because the Earnings Loss benefit is an income replacement benefit, it was designed to cease at age 65 when traditionally, individuals retire and retirement benefits become available from other sources (e.g., the Canada Pension/Quebec Pension Plan and Old Age Security).

Although the EL benefit itself ceases at age 65, the *New Veterans Charter* supports CF Veterans post age 65 through the payment of other financial benefits such as:

- Income support through the Canadian Forces Income Support (CFIS) program for Veterans in receipt of EL benefits at age 65;
- The Permanent Impairment Allowance (PIA) (maximum of \$1631/month for 2011) which is a lifetime monthly benefit that is payable to those Veterans who have permanent and severe injuries for which they have received a Disability Award and been approved for a Rehabilitation Plan to address the injury. PIA is payable in recognition of lost career advancement and employment opportunities; and,
- A lump sum Supplementary Retirement Benefit (SRB) in recognition of the lost opportunity to contribute to a retirement fund for those Veterans deemed to be totally and permanently incapacitated. The SRB is a one-time, taxable cash award that the Canada Revenue Agency has determined to be a wage replacement benefit and subject to taxation pursuant to the *Income tax Act*.

With respect to setting the EL benefit at 100%, our analysis to date has indicated that raising the EL benefits to 100% would be inconsistent with the principles of modern disability management as well as the design of other Government-administered income replacement programs (e.g., Canada Pension Plan/Quebec Pension Plan and Old Age Security).

#### **LEGION'S POSITION:**

Though satisfied with improvements associated with the *Enhanced New Veterans Charter*, the Legion will continue to advocate for higher EL benefits equivalent to 100% of salary at release and for a Cost of Living Adjustment higher than the current 2% cap.

#### **21. Disability Award VSS 15; ONT 11**

**WHEREAS** some Veterans and families find it difficult to manage a large lump sum of money wisely and would benefit from financial counselling and support; and  
**WHEREAS** VAC provides \$500 for financial counselling; this is not sufficient to buy ongoing financial counselling services:

**THEREFORE BE IT RESOLVED** that VAC develop options for paying out the Disability Award, including making a series of payments over time or allowing the lump sum to be converted into an annuity; and

**BE IT FURTHER RESOLVED** that VAC provide appropriate funding (i.e., >\$500 currently allowed) to allow Veterans and families to hire qualified financial advisors.

#### **RESPONSE: Veterans Affairs Canada**

The Disability Award is a tax-free payment of up to \$285,319.47 based on the extent of the disability. Veterans are counselled about the importance of getting independent financial advice to assist them in managing their award. The cost for financial advice may be covered by Veterans Affairs Canada, to a maximum of \$500, for each Disability Award received that is greater than a 5% assessment. Therefore, depending on how many disability awards the Veteran may receive in his/her lifetime, (resulting from re-assessments or new awards), the amount of money for financial counselling could exceed \$500. At this time, there is no plan in place to increase this coverage.

On November 17, 2010, VAC and the Department of National Defence jointly announced new payment options for CF members and Veterans in receipt of a Disability Award of 5% or greater. Once legislation is passed, recipients will have the option of receiving:

1. a single lump sum payment;
2. annual payments over a set number of years of the recipient's choice; or
3. an amount of the recipient's choice as a lump sum and the remainder as annual payments.

In addition, under the new payment proposal, at any time while receiving annual payments, a recipient may choose to be paid a lump sum in place of the remaining annual payments.

**LEGION'S POSITION:**

The Legion is satisfied with the improvements associated with the *Enhanced New Veterans Charter*. However, the current allotment of \$500 (maximum) for financial advice is inadequate.

**22. Services and Benefits for Commonwealth Veterans**

**BC/Yukon 3/C**

**WHEREAS** Canadian troops and their Commonwealth counterparts served side by side in World War I & II, Korean, on various UN and NATO operations;

**WHEREAS** many Commonwealth service people later settled in Canada;

**WHEREAS** British war Veterans were eligible for services and benefits through the Department of Veterans Affairs until 1995;

**WHEREAS** Commonwealth service people receive no services or benefits from the Department of Veterans Affairs; and

**WHEREAS** Canadians settling in other Commonwealth countries receive no services or benefits from the Department of Veterans Affairs or its Commonwealth counterparts:

**THEREFORE BE IT RESOLVED** that The Royal Canadian Legion lobby the Federal Government to seek reciprocal arrangements with its Commonwealth counterparts whereby Commonwealth veterans receive equivalent services and benefits wherever in the Commonwealth they settle;

**BE IT FURTHER RESOLVED** that The Royal Canadian Legion lobby its Commonwealth counterparts to support the quest for similar reciprocal arrangements through their respective governments; and

**BE IT FURTHER RESOLVED** that this be a priority for The Royal Canadian Legion so that all Commonwealth veterans receive appropriate and necessary assistance while they are still alive.

**RESPONSE: Veterans Affairs Canada**

Canada's treatment of Allied Veterans who demonstrate a strong attachment to this country is one of the most generous of all the Commonwealth countries. Canada is one of the only countries in the world that recognizes Allied Veterans as being eligible for Veterans' benefits. In fact, Allied Veterans can access the many benefits and services provided by Veterans Affairs Canada on virtually the same level as Canada's wartime Veterans.

### **War Veterans Allowance**

Allied Veterans are currently eligible to receive income support under the War Veterans Allowance (WVA) program. In fact, expanded eligibility to WVA came into effect on January 1, 2010, restoring WVA to Allied Veterans of the Second World War with at least 10 years post-war residency in Canada and who currently reside in Canada. For the first time, eligibility was granted to Allied Veterans who served during the Korean War, who meet pre-war domicile or have at least 10 years post-war residency in Canada and who currently reside in Canada. Recipients of the WVA program have access to the Assistance Fund program in the event of an emergency financial need. Such Allied Veterans also enjoy a comparable access to the very broad range of Veterans health care benefits and services, including Treatment benefits, the Veterans Independence Program, and Long-term Care beds, as Canadian Veterans. Financial assistance is also available for a dignified funeral and burial.

### **Disability Benefits**

In terms of disability pensions under the *Pension Act*, provision is also made to allow for a supplementary pension to be paid to an Allied Veteran living in Canada with pre-war domicile. A supplementary disability pension could be paid if the pension payment from the Allied country is provided at a rate lower than that which would otherwise be available to a member of the Canadian Forces.

### **Reciprocal Agreements**

Veterans Affairs Canada has a reciprocal agreement with the United States' Department of Veterans Affairs, which has been in force since 1956. As well, there are reciprocal arrangements with the British Veterans Agency, Australia's Commonwealth Department of Veterans Affairs, New Zealand's Work and Income, and the South African Department of Social Development; all of these arrangements have existed since 1923. These reciprocal agreements provide health care on a cost recovery basis, supplementary benefits, and pension exams to Veterans with conditions accepted as service-related by an allied country with whom VAC has a reciprocal agreement.

### **Expanding Eligibility**

Veterans Affairs Canada has no plans at this time to further extend program eligibility to Allied Veterans.

### **RESPONSE: Veterans' Affairs New Zealand**

I note the resolution recently agreed to at the 43rd biennial Dominion Convention. Decisions of this nature are negotiated at a Government to Government level and any approaches made by the Canadian Government to the New Zealand Government will of course be considered.

### **RESPONSE: Veterans' Affairs Australia**

I understand that as of January 2010, the Canadian Government amended the *War Veterans Allowance Act* to provide eligible low-income Allied Veterans of the Second World War and the Korean War with access to war veterans allowances and health benefits. These include the war veterans allowance which is an income support payment, assistance fund, funeral and benefit assistance, treatment benefits, veterans independence program and long term care in a facility.

The Australian Repatriation system is based primarily on the principle of providing compensation to veterans and their dependants for the effects of service with Australia's Defence Force. Over the years successive Australian Governments have been mindful that each nation should bear the responsibility for providing compensation and compensatory assistance to former members of its own forces, irrespective of where they later choose to reside.

The fundamental notion behind the concept of compensation is that the country that employed the veteran is responsible for the law which placed the person in the circumstances whereby he or she suffered the injury. Therefore, the country responsible for the law which affected the person should be liable to pay compensation for that injury. The fact that a person is now an Australian citizen has no legal or moral effect on the liability of Australia to pay compensation for injury suffered during military service for another country.

Nevertheless, the Australian Government recognises the contribution of British Commonwealth and Allied (BCAL) veterans to Australia during and post Second World War. In recognition of this, the Australian Government provides service pension under the *Veterans' Entitlements Act* 1986 (VEA) to those BCAL veterans who have qualifying service and satisfy the residency requirements. Qualifying service is service in which a veteran incurred danger from hostile forces of the enemy. This pension is an income support payment which is means tested and paid five years earlier than the age pension which is available to members of the Australian general community.

Recipients of the service pension are also issued with a Pensioner Concession Card (PCC) which provides them with concessions on a range of services provided by the relevant Australian Government, State authorities and businesses. For example, PCC holders can access the Australian Government Hearing Service Program at no cost.

In addition, BCAL veterans who served during the Second World War and were domiciled in Australia immediately prior to their enlistment in the BCAL forces are entitled to the same range of benefits from the Department of Veterans' Affairs (DVA) as Australian veterans.

Assistance with health treatments and pharmaceuticals is also provided to BCAL veterans. BCAL veterans living in Australia may also be eligible for a White Card. For example, a White Card is issued to Canadian ex-service personnel who are eligible for treatment for their accepted disabilities under agreements between the Australian and Canadian Governments.

I would mention that BCAL veterans who are Australian residents may be entitled to services provided through the Home and Community Care Program. This program provides services such as domestic assistance, personal care as well as professional allied health care and nursing services for the elderly and their carers, to be more independent at home and reduce the potential or inappropriate need for admission to residential care.

Second World War BCAL veterans may also be eligible for a Repatriation Pharmaceutical Benefits Card (Orange Card) which entitles them to purchase pharmaceutical items at concessional prices through the Repatriation Pharmaceuticals Benefits Scheme.

The Australian Repatriation system is among the most generous in the world and provides benefits under legislation which is interpreted beneficially. I note that many of the benefits that the Canadian Government now provides to allied veterans have been provided by the Australian Government for some time.

There are no plans to change the current eligibility provisions concerning the care of Canadian veterans who have elected to live in Australia.

**LEGION'S POSITION:**

The Legion is satisfied with the responses provided.

**23. Death Benefit under the New Veterans Charter  
ONT 10**

**WHEREAS** under present Legislation single members of the Canadian Forces killed in action are not always eligible for a death benefit;

**WHEREAS** members of the Canadian Forces who have less than twelve months in a common law relationship at the time of deployment and who are killed in action are not eligible for a death benefit; and

**WHEREAS** such inequities are contrary to the basic democracies for which the members of the Forces died to secure:

**THEREFORE BE IT RESOLVED** that all service persons killed in action in the service of Canada be granted a death benefit provided for under the *New Veterans Charter*; and  
**BE IT FURTHER RESOLVED** that such benefits be retroactive.

**RESPONSE: Veterans Affairs Canada**

The *New Veterans Charter* provided by Veterans Affairs Canada provides a suite of benefits which are meant to work together as a whole to help releasing Canadian Forces members and their families successfully re-establish themselves in civilian life.

The death benefit is just one of this integrated suite of benefits. It is a tax-free, lump sum payment (2011 rate - \$285,319.47) paid to a spouse or common-law partner, and/or dependent children, if a Canadian Forces member is killed while in service or injured while in service and dies within 30 days of the injury. Although other family members, such as parents or siblings, also suffer from the loss due to the sudden death of the Canadian Forces member, they would not have the same re-establishment need.

Canadian Forces members may choose to obtain life insurance coverage from the Department of National Defence that allows them to designate a beneficiary, such as a parent, sibling or other family member.

In order to qualify as a "common-law partner," the legislation requires an individual to have cohabited with the CF member in a conjugal relationship for at least one year. Previously, in situations where a CF member was deployed, the individual must have actually cohabited with that member for one year prior to the deployment in order to qualify for benefits purposes. Our Department is now implementing a new policy to recognize individuals as

common-law partners in certain situations where a couple's cohabitation is interrupted because of Special Duty (military) Service, such as a deployment to Afghanistan.

**LEGION'S POSITION:**

The Legion is satisfied with this response regarding common-law relationships and recognizes the challenges and flexibility required to deal with issues of co-habitation. However, we remain unsatisfied with the lack of compensation to parents of single members who were not in common-law relationships.

## **VETERANS INDEPENDENCE PROGRAM (VIP) AND HEALTH BENEFITS**

**24. Rationalization of Health Care Benefits**

**VSS 16**

**WHEREAS** the current policies covering the delivery of Health Care Benefits are very complex and, for that reason, very difficult to understand, even from the perspective of those that administer these benefits;

**WHEREAS** these policies are even more complex from the perspective of recipients who are often frail;

**WHEREAS** the cost of drugs and remedial appliances are continually rising;

**WHEREAS** the Health Benefits provided, especially VIP and treatment benefits are insufficient to meet the needs of Veterans and caregivers; and

**WHEREAS** because of the complexity associated with various entry gates, Veterans are often wary to even ask for benefits, let alone understand their eligibility requirements:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada (VAC) undertake a comprehensive rationalization of Health Care benefits to facilitate the streamlining of business processes and policies that determine service delivery parameters, to increase benefits grids, and to communicate the same to potential and actual recipients in a simple, easy to understand manner.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada has a five-point plan to make the Department more efficient, more effective and more responsive to our Veterans' needs and expectations. As part of the plan, the Treatment Benefits Program is being re-engineered so that processing is streamlined and well supported with revised policies and practices. The re-engineering will result in an improved level of service delivery to Veterans and their families. The former Minister, Jean-Pierre Blackburn publicly announced the Department's plan and commitment to improve service delivery and reduce complexity.

The Department has an interdisciplinary Benefit Review Committee comprised of health professionals and program experts. The committee is a recommending body that reviews and researches submissions for timely and appropriate grid changes.



Commencing in mid April 2011, Veterans Affairs will begin posting program policies on the Veterans Affairs' external website. In addition, if a Veteran has questions about Treatment Benefit eligibility, he/she may call Veterans Affairs using the toll free number which appears on their Health Care Card or call the toll free number for the National Client Contact Centre and a representative will get back to him/her to address personal needs.

**LEGION'S POSITION:**

The Legion is satisfied with the progress in the area of rationalization of Health Care Benefits within VAC.

**25. VIP for RCMP**

**VSS 17**

**WHEREAS** recent changes to eligibility for the Veterans Independence Program (VIP) now allow Canadian Forces members to qualify while still serving or after release when qualified as a result of their pensioned condition; and

**WHEREAS** the Royal Canadian Mounted Police are eligible for disability pension payments while still serving or after release, with funding allocated from the Solicitor General's fiscal envelope:

**THEREFORE BE IT RESOLVED** that the Veterans Independence Program be made available to members of the RCMP on the same basis as for members of the Canadian Forces with required funding allocated from the Solicitor General's fiscal envelope, with full support of the RCMP Commissioner.

**RESPONSE: Veterans Affairs Canada**

The Royal Canadian Mounted Police still-serving and former members are not included in the *Department of Veterans Affairs Act*, and therefore, do not fall under the mandate of the Minister of Veterans Affairs. The *RCMP Act*, *RCMP Superannuation Act* and the *RCMP Pension Continuation Act* provide for health services to members, and disability pensions for injuries sustained as a result of their service.

Although Veteran Affairs Canada does not have legislative authority for the RCMP, Veterans Affairs Canada has been partnering with this organization for more than 60 years and has entered into a Memorandum of Understanding (MOU) to administer a number of programs and services to their members at the request of, and on behalf of, the RCMP.

It remains the responsibility of the RCMP to determine whether or not it will continue to explore the issue of extending VIP to its members. Veterans Affairs Canada will continue to provide what support it can in the furtherance of this issue.

**LEGION'S POSITION:**

The Legion is satisfied that the RCMP has the means to implement VIP availability for its members but possibly not the will to do so. We also recognize that RCMP members may be eligible for Attendance Allowance though the parameters of Attendance Allowance need to be better communicated to RCMP retired members.

**26. VIP Benefits for Frail Veterans**

**VSS 18; NB 3/C**

**WHEREAS** Veterans who apply for VIP benefits are often frail and are approaching end of life; **WHEREAS** the processing of applications for VIP benefits for frail Veterans is only considered when these Veterans have established eligibility for a disability, resulting in long delays and often increased expenditures for VAC; and

**WHEREAS** in these instances, surviving spouses are often victimized:

**THEREFORE BE IT RESOLVED** that all frail Veterans be deemed eligible for VIP benefits irrespective of their having established disability entitlement.

**RESPONSE: Veterans Affairs Canada**

VAC is the first-payer of health care for Veterans with a service related injury/disability where the health care need is a result of the Disability Pension/awarded medical condition. As a result, VIP was designed to meet the needs of Veterans who fell within the legislative responsibility of VAC. While Veterans are not excluded from the *Canada Health Act* (CHA), section 2 of the CHA, which describes “insured health services”, does not include any health services that a person is entitled to, and eligible for, under any other act of Parliament.

Veterans in receipt of a Disability Pension/Award are excluded from provincial/territorial health care plans for health care related to the Disability Pension/Award because they are covered directly under other federal legislation (*Department of Veterans Affairs Act*, the *Veterans Health Care Regulations* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*). Determination of eligibility for VIP, as a result, has been linked to a health care need flowing from the Disability Pension /Award.

This approach also respects the provincial responsibility for the health care of Veterans for non-service related injuries/diseases or illnesses associated with the aging process. There is no consideration at this time to expand VIP eligibility to all frail Veterans irrespective of their having established disability entitlement.

**LEGION’S POSITION:**

The Legion will continue to advocate strongly for this measure which would save dollars for health care providers at all levels.

**27. Portability of Services**

**VSS 19**

**WHEREAS** a Veteran who is on the Veterans Independence Program (VIP) and is living in a condominium/co-op type of housing does not qualify for a reimbursement for groundskeeping from Veterans Affairs Canada VAC; and

**WHEREAS** a Veteran on VIP residing in condominium/co-op type of housing pays a monthly maintenance fee to cover the costs of grass cutting and snow removal, that is to say, groundskeeping:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada (VAC) pay the Veteran on VIP residing in a condominium or a co-operative type of retirement housing his respective share of the groundskeeping either monthly or yearly.

**RESPONSE: Veterans Affairs Canada**

The intent of the Veterans Independence Program (VIP) is to assist eligible clients by providing a contribution towards services which enables them to remain independent in their own homes and communities. Under the VIP, a contribution toward grounds maintenance may be made for clients unable to live independently at their principal residence due to an inability to perform routine grounds maintenance which they would normally be responsible for.

Clients who live in a condominium, Co-operative, or other establishments where grounds maintenance is provided as part of their rental, lease or purchase agreement are not required to perform grounds maintenance activities; therefore, these clients are not eligible for this VIP element as their inability to perform these activities is not a factor in their independence.

Veterans Affairs Canada continues to review its programs and services. The department is reviewing its health care programs to ensure they address the evolving needs of our veteran clients.

**LEGION'S POSITION:**

The Legion is concerned that VAC is not showing sufficient flexibility in addressing the financial needs of Veterans and their families. We will continue to advocate for portability of services.

**28. Guidelines for Use of Chemical Restraints**

**VSS 20**

**WHEREAS** chemical restraints are often used in Long Term Care facilities; and  
**WHEREAS** chemical restraints should not be used to lighten staff load without first investigating more humane and proactive programs:

**THEREFORE BE IT RESOLVED** that national guidelines be developed for the use of chemical restraints in Long Term Care facilities. These guidelines should include guidance to facility Directors and staff to first examine needs of residents and to provide adequate programs and adequate staffing. Chemical restraints should only be used as a last resort.

**RESPONSE: Veterans Affairs Canada**

It is the province's responsibility to set care standards and ensure the delivery of quality care in long-term care facilities. VAC has no authority to produce guidelines for use of chemical restraints. The Department's role is to provide assurance that Veterans are receiving quality care and that the level of care is meeting their health care needs. VAC conducts quality assurance activities including client satisfaction questionnaires, nursing assessments, facility reviews and monitoring of provincial standards.

**LEGION'S POSITION:**

The Legion is satisfied with this response.

**29. Allocation of Veterans' Beds**

**VSS 21**

**WHEREAS** the Minister of Veterans Affairs has responsibility for Long Term Care for Veterans in Canada and most Long Term Care facilities, except Ste. Anne's hospital, have a mix of Veteran and non Veteran residents;

**WHEREAS** the allocation of beds in specific areas must balance the needs of Veteran and non Veteran populations and it is desirable to accommodate Veterans near families and familiar community support; and

**WHEREAS** it is frequently desirable for spouses of Veterans to have the opportunity to reside in the same facility:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada work closely with the Veterans' organizations, provincial and municipal authorities to define appropriate criteria for the allocation of beds to Veterans to ensure that their needs are met and that the criteria include the provision for accommodating the spouses of Veterans when that would be appropriate at all facilities, including Ste. Anne's hospital, providing the needs of Veterans are given priority.

**RESPONSE: Veterans Affairs Canada**

As part of transfer and master agreements with provinces and facilities, eligible veterans have priority access to approximately 3,300 long-term care beds (contract beds). Some of these agreements allow for use of contract beds by civilians if the beds are not required by eligible veterans. In addition, most facilities with contract beds have adjoining community bed capacity that allows for placement of non-veteran residents, including spouses.

The Department also supports eligible Veterans in 446 departmental beds at Ste. Anne's Hospital and in approximately 1900 community facilities across Canada. A key benefit of supporting Veterans in community facilities is that Veterans are able to continue to be in close proximity of family, friends and social supports. Veterans Affairs Canada's primary commitment is to ensure appropriate long-term care for Veterans, however, departmental staff work with provincial staff to ensure spouses are co-located wherever possible.

**LEGION'S POSITION:**

The Legion is satisfied with this cooperative approach; we will however continue to monitor the allocation of beds as this is an essential element of Legion advocacy.

**30. Oversight for Transition from Acute Care**

**VSS 22**

**WHEREAS** Veterans Affairs Canada is responsible for Veterans in Priority Access Beds (PABs) and a number of Long Term Care facilities across the country;

**WHEREAS** from time to time Veterans in those facilities require acute care;

**WHEREAS** Veterans Affairs Canada through the Veterans Independence Program provides health care to Veterans at home;

**WHEREAS** some of these Veterans from time to time also require acute care;

**WHEREAS** there is no comprehensive program conducted by Veterans Affairs Canada to ensure the needs of Veterans are met when they are in a state of transition to or from acute care, whatever the circumstances; and

**WHEREAS** cases have arisen where Veterans have been released from acute care and have found themselves in perilous circumstances as a result of the lack of such a program: **THEREFORE BE IT RESOLVED** that Veterans Affairs Canada institute a transitional care program to meet the needs of those Veterans who transition to or from acute care. This transitional care program should ensure the safety and dignity of the veteran.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada currently has two programs to assist Veterans transitioning to and from acute care: the Veterans Independence Program (VIP) and the Long-term care Program. In cases where a Veteran transitions from a long-term care facility to acute care, the Department will continue to support the eligible Veteran with the financial costs of care at the long-term care facility until such time as the Veteran can return. If a Veteran transitions from acute care to home, the VIP provides a variety of services, including personal care, to eligible Veterans.

**LEGION'S POSITION:**

The Legion will continue to monitor the transition of Veterans from acute care to Long Term Care.

**31. Palliative Care of Veterans**

**VSS 23**

**WHEREAS** Canadian Norms of Practice for Hospice Palliative Care prepared by the Canadian Hospice Palliative Care Association sets out current societal standards for timely access to comprehensive, coordinated, quality care to relieve suffering and improve the experience of living and dying;

**WHEREAS** numerous Veterans entitled to care in accordance with Veterans Health Care Regulations are in the latter stages of life; and

**WHEREAS** many major Veterans care facilities and community Long Term Care facilities accommodating Veterans under contractual and other arrangements established by Veterans Affairs Canada have limited palliative care capacity and resources:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada enter into partnership agreements with provincial health authorities and contract facilities to ensure Veterans receive a common level of palliative care that meets current societal standards; and

**BE IT FURTHER RESOLVED** that Veterans Affairs Canada establish practical arrangements for the delivery of appropriate palliative care services to Veterans in community facilities and ensure that these programs are made known to eligible Veterans via a proactive communication campaign.

**RESPONSE: Veterans Affairs Canada**

Palliative care is provided primarily through provincial or municipal programs. However, Veterans Affairs Canada may add to these programs by funding a range of health care benefits, Veterans Independence Program services, and long-term care services designed to meet the unique needs (physical, mental, emotional and social) of eligible Veterans, regardless of place of residence.

In order to urgently implement services, the Department expedites the approval process. In most cases, the response time is within 24 hours and reportedly highly satisfactory to Veterans and staff. These services are made known to Veterans through proactive communication tools including publications in the *Salute!*, our toll-free telephone line, and one-on-one support through out national network of client service staff.

**LEGION'S POSITION:**

The Legion is satisfied that progress has been made in providing and communicating the availability of palliative care for Veterans and their families. We will however continue to monitor their essential element of Long Term Care.

**32. Ensuring Quality Long Term Care for Veterans**

**VSS 24**

**WHEREAS** the recognized obligation of the people and Government of Canada to Veterans requiring Long Term Care has been affirmed in the June 2003 report of the Standing Committee on National Defence and Veterans Affairs entitled Honouring the Pledge: Ensuring Quality Long Term Care for Veterans;

**WHEREAS** The Royal Canadian Legion had the privilege of addressing the committee and highlighting shortcomings in Veterans care which arose in large part through the administration of contracts with provincial health authorities by which the Minister of Veterans Affairs discharges his responsibilities for the Long Term Care of Veterans;

**WHEREAS** The Royal Canadian Legion fully endorses the 25 recommendations contained in the report but is concerned that the implementation of the recommendations may be hindered and the Minister's responsibility obscured by contract administration processes; and

**WHEREAS** the recommendations are collectively directed at ensuring a common high standard of care for Veterans irrespective of provincial jurisdiction:

**THEREFORE BE IT RESOLVED** that the Minister of Veterans Affairs affirm the Department's responsibility for the Long Term Care of Veterans and that Veterans Affairs Canada promulgate and institute its national standard for Long Term Care of Veterans everywhere in Canada, including an update on the status of implementing the 25 recommendations of the Standing Committee Report.

**RESPONSE: Veterans Affairs Canada**

The Government responded to the 25 recommendations of the Standing Committee on National Defence and Veterans Affairs June 2003 report entitled Honouring the Pledge: Ensuring Quality Long-term Care for Veterans by tabling in the Government's response on November 7, 2003. In this Memorandum to Cabinet, the Government reconfirmed its commitment to ensuring that Veterans across Canada receive the quality long -term care that they deserve.

To date, 17 recommendations have been completed, three recommendations are in progress and five recommendations have been partially completed within the federal government's legislative authority.

To further ensure the delivery of quality long-term care nationally, the Minister approved a National Long-term Care Strategy in 2008. An integral part of the Strategy is the Quality Assurance Framework which consolidates and strengthens the various quality assurance

initiatives utilized by the Department. The Framework was developed by a National Quality Assurance Committee which included membership from the National Gerontological Advisory Council, the Royal Canadian Legion and VAC Health Care and Residential Care Staff.

**LEGION'S POSITION:**

The Legion will continue to monitor the quality of Long Term Care for Veterans.

**33. Employment of Full Time Employees in Long Term Care Facilities**

**VSS 25**

**WHEREAS** Long Term Care facilities should be mandated to provide a high level of care to Veterans and other residents;

**WHEREAS** quality care is often a function of the quality of staffing. Part time staff may be less engaged in providing high quality care as their continuing employment is often uncertain and they do not benefit from comprehensive benefits; and

**WHEREAS** quality care should be a priority for Veterans in Long Term Care facilities, especially as they become frail and approach end of life:

**THEREFORE BE IT RESOLVED** that all Long Term Care facilities providing services to Veterans should be encouraged to hire permanent staff. VAC should provide incentives to achieve this aim.

**RESPONSE: Veterans Affairs Canada**

Most facilities where Veterans reside are legally constituted by the province where they exist and are approved, as required by law, for the level of care they provide. Although the provincial government is responsible for setting care standards and providing health care services to all its citizens, including Veterans within its respective jurisdiction, the Department strives to ensure that Veterans receive equitable quality care across the country. With the exception of Ste. Anne's Hospital, Veterans Affairs Canada has no jurisdiction over staffing within long-term care facilities.

**LEGION'S POSITION:**

The Legion is satisfied with the response provided.

**34. Support for Survivors and Families of Wounded or Deceased**

**VSS 26**

**WHEREAS** despite the number of members of the Canadian Forces who fall in the line of duty, there is no formal, funded bereavement policy or program for survivors;

**WHEREAS** because there are no formal bereavement services, some military and Veteran families are using private bereavement counselling services for which they have to pay themselves. This situation creates both emotional and economic hardship; and

**WHEREAS** with the death of a member, families often lose access to Canadian Forces services, such as child care, at a time when they may need it the most:

**THEREFORE BE IT RESOLVED** that VAC and CF should develop programs to cover the cost of professional bereavement support services; and

**BE IT FURTHER RESOLVED** that VAC extend VIP benefits to surviving spouses and families for at least one year, and tailor VIP services to meet surviving families' needs (e.g., child care services).

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada (VAC) is committed to providing Veterans and their families with all the benefits and services possible within existing authorities.

Authorities respecting VIP are used to the greatest extent possible. Current legislation does not extend to all surviving spouses and families.

Surviving spouses and common-law partners of CF members or Veterans whose death is related to service are eligible for Financial Benefits from VAC to compensate for the loss of military income. They are also eligible for vocational assistance services to help them establish themselves as the primary wage earner of the family. While accessing vocational assistance, survivors can receive child care support.

In terms of bereavement support, VAC has an Operational Stress Injury Social Support (OSISS) Bereavement component which is offered to still-serving members, Veterans and their families. Following casualty notification from National Defence, the OSISS Bereavement coordinator connects with the family and offers bereavement peer support through OSISS. If accepted, the coordinator matches the bereaved family with a volunteer for support throughout the bereavement process. As of January 2011, there were two salaried peer support bereavement coordinators and 30 trained OSISS bereavement volunteers. Over 200 individuals have accessed this service as of January 2011.

For surviving spouses and families in need, the VAC's Assistance Service is available toll-free 24 hours a day to help. They are only a phone call away from access to short-term professional counselling services.

VAC recognizes the importance of spiritual support in recovery from illness and in maintaining the well being of our Veterans and their families. VAC has revitalized pastoral care through the development of a network of over 200 retired military chaplains who provide non-denominational pastoral care services to Veterans and their families.

**LEGION'S POSITION:**

The support provided to survivors and families of wounded and/or deceased needs additional improvements to eliminate gaps.

**35. Beds in Care Facilities**

**ALTA-NWT 11**

**WHEREAS** Veterans Affairs Canada secures beds in health care facilities across Canada;

**WHEREAS** Veterans Affairs Canada will be eliminating beds in some facilities; and

**WHEREAS** there are a new group of Veterans that will require these beds:

**THEREFORE BE IT RESOLVED** that The Minister of Veterans Affairs Canada review the current and future usage of beds in care facilities and develop a long term solution prior to closing any beds.

**RESPONSE: Veterans Affairs Canada**

VAC's Long-term Care Program originated from the Department's provision of acute and rehabilitative care to Veterans returning from war. As provincial care options were



limited at that time, the Department addressed the care needs of War Service Veterans (WSV) through departmental facilities. With the introduction of health care as a provincial responsibility, the 1963 Glasco Commission recommended the transfer of facilities to the provinces. All facilities were transferred with the exception of Ste. Anne's Hospital in Montreal. In keeping with Government's commitment to WSVs, a fixed number of beds were reserved for priority access for Veterans in select facilities.

Due to the changing needs and demographics of our clients, the Department has undertaken a careful analysis of Veteran-designated beds. The demand for these beds is decreasing, as the number of War Service Veterans is declining. Where there are ongoing vacancies, no wait lists and sufficient community long-term care beds, Veteran-designated beds will be considered for transition. Additionally, the vast majority of Veterans are choosing to live in community facilities closer to their homes and families, rather than Veteran-designated beds.

Veterans Affairs Canada will continue to offer long-term care support to eligible Veterans when and where it is needed. Canadian Forces Veterans are eligible for departmental support for the full cost of long-term care in a community bed where the need for long-term care is linked to a service-related pension or disability award condition.

**LEGION'S POSITION:**

The Legion will closely monitor the allocation of beds in Long Term Care (LTC) facilities as the demand diminishes in coming years. We will advocate for greater access to LTC for modern Veterans in their own right, at least those that served in Special Duty Areas.

**36. Treatment of Macular Degeneration**

**ONT 3/C**

**WHEREAS** many Veterans are experiencing problems with their eyesight;

**WHEREAS** many problems are caused by Macular Degeneration, for which there is no cure;

**WHEREAS** treatment for same is costly and continuous for the Veteran's remaining years; and

**WHEREAS** such treatment is not covered by OHIP:

**THEREFORE BE IT RESOLVED** that Veterans Affairs Canada add the cost of treatments for Macular Degeneration to their schedule of payment for health benefits.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada provides treatment for macular degeneration to eligible Group "A" and Group "B" Veterans. Group "A" Veterans receive treatment if they hold VAC disability entitlement for macular degeneration. Group "B" Veterans would receive treatment for macular degeneration based on a demonstrated health need when the health care benefit is not covered through provincial or private health coverage. Issuance of prescription drugs would require a prescription and a diagnosis confirmed by an angiography. Veterans Affairs Canada could also provide low vision aids for eligible Veterans with this condition.

**LEGION'S POSITION:**

The Legion is satisfied with this response.

**37. Escort Fee**

**ONT 12**

**WHEREAS** the present policies of Veterans Affairs Canada (VAC) regarding ‘escort fee’ payments only allows for the immediate family members of a Veteran that do not live with the Veteran, to be recipients of the ‘escort fee’ payment;

**WHEREAS** any person other than a member of the immediate family that lives with the Veteran can be a recipient of the ‘escort fee’ payment; and

**WHEREAS** the VAC policies regarding ‘escort fees’ does by the very nature of the context and intent of the wording only serves to discriminate against a specific category of people namely the ‘immediate family members’ that reside with a Veteran:

**THEREFORE BE IT RESOLVED** that the immediate family member of a Veteran that resides with a Veteran and that serve as an ‘escort’ for the Veteran shall be recognized by VAC as qualified recipients of all benefits and entitlements provided by VAC under the provisions of the ‘escort fee’ policy.

**RESPONSE: Veterans Affairs Canada**

VAC’s authority to pay for escorts pertains to travel related costs and remuneration for time. The objective of the policy is to enable the veteran to attend medical appointments when he/she does not have the assistance of a spouse, partner or family member, and where remuneration is required to purchase this service.

This applies in situations where the Veteran would be at risk of not attending essential medical care, or put themselves at risk in making the attempt alone.

Where the Veteran has the assistance of a spouse, partner, or family member willing and able to provide these services, their needs are already being met. It is expected that providing these types of services is what family members would normally do in support of one another.

Veterans Affairs Canada is currently reviewing all policies and modifying, where required and within regulatory authority, to better meet the needs of the aging and modern Veterans.

**LEGION’S POSITION:**

The Legion is satisfied with this response.

**38. VAC Personal Care Services Policy**

**ONT 14**

**WHEREAS** the present policies of Veterans Affairs Canada (VAC) regarding “personal care services” states under VPPM Vol. 2, 3.2.3 par. 3, 4 and I quote, “relatives of the client who resides in the client’s home cannot be paid for personal care serves. However, relatives of the client living outside the client’s home can be paid to provide these services and are to be treated like any other service provider in the community (reference policy on client relatives VPPM vol. 2,3.2.3.1.9.) end of quote. This VAC policy only allows for the immediate family members of a Veteran that, do not live with the Veteran, to be recipients of the “personal care services” payment;

**WHEREAS** any person other than a member of the immediate family that, lives with the Veteran can be a recipient of the “personal care services” payment;

**WHEREAS** the VAC policies regarding “personal care services” does by the very nature of the context and intent of the wording prove to discriminate against a specific category of people namely the “immediate family members” that reside with a Veteran; and

**WHEREAS** said VAC policies place a severe financial burden on the immediate family members to employ someone outside of the immediate family to serve as a “personal care service provider”:

**THEREFORE BE IT RESOLVED** that the immediate family member(s) of a Veteran that resides with a Veteran and serves in the capacity of a “personal care service provider” for the Veteran shall be recognized by VAC as qualified recipients of all benefits and entitlements provided by VAC under the provisions of the “personal care services” policy.

**RESPONSE: Veterans Affairs Canada**

Personal care services include services required in the performance of the activities of daily living such as: eating, dressing, washing, grooming, adjusting prosthetic appliances, attending to the wants of nature, ambulation, as well as, supervision of Veterans who cannot be left unattended.

Normally, relatives of the Veteran living in the Veteran’s residence, are capable of assisting the Veteran with many of the tasks required to carry out their activities of daily living and facilitating their independence at home. VAC considers this to be a normal aspect of “family” responsibilities; therefore, not subject to payment.

However, in exceptional circumstances, consideration may be given to approving payment to relatives who reside with the Veteran when that relative has had to terminate full-time employment or move to part-time employment in order to care for the Veteran. The relative needs to have the necessary training to provide the personal care services to the Veteran and is also required to produce proof that they have experienced a loss of earnings. In such cases, a contribution arrangement may be established to pay for the services provided by the relative.

Veterans Affairs Canada is currently reviewing all VIP policies and modifying, where appropriate, and within regulatory authority, to better meet the needs of the aging and modern Veterans.

**LEGION’S POSITION:**

The Legion is satisfied with this response.

#### 404. Ste-Anne-De-Bellevue Hospital

##### QUE 8

**WHEREAS** Veteran's Affairs Canada (VAC) and the Department of National Defense (DND) have defined a Veteran as a former member of the Canadian Forces or Reserve Force who has met the military occupational classification requirements and has been honorably discharged from the Canadian Forces;

**WHEREAS** The Royal Canadian Legion has recognized any person who has honourably served in the Armed Forces of Canada, the Commonwealth and its wartime allies or who have served in the Merchant Navy or Ferry Command during wartime;

**WHEREAS** Ste-Anne-de Bellevue Hospital is designated as the Long Term Care hospital for Veterans of Canada and has now become internationally known;

**WHEREAS** apart from the Veterans of World War II and the Korean War, other Veterans will need help with hospitalization in the future because of their services in NATO and many other UN commitments;

**WHEREAS** many Veterans do and will need hospitalization for Operational Stress injuries and disabilities caused by their military service; and

**WHEREAS** the status of the ownership of the hospital has been put into jeopardy by possible transfer to the Province of Quebec and therefore causing anguish and concern to Veterans and their dependants since it is not clear how these people will be looked after:

**THEREFORE LET IT BE RESOLVED** that The Royal Canadian Legion defend the position that the Ste-Anne-de Bellevue Hospital remain a Federal Government institution under VAC to allow for all Veterans as defined by VAC, DND and the Royal Canadian Legion;

**BE IT FURTHER RESOLVED** that VAC institute services for Operational Stress Injuries and handicapped Veterans for their rehabilitation;

**BE IT FURTHER RESOLVED** that sufficient space be available for all future Veterans who require full time Long Term Care hospitalization; and

**BE IT FURTHER RESOLVED** that if the hospital is administered by the Province of Quebec, the Government of Canada will ensure that allocation of space will be in priority given to all Veterans and it will make certain that the high quality of care now offered by Veterans Affairs Canada will be continued.

##### **RESPONSE: Veterans Affairs Canada**

Since the introduction of the *Canada Health Act* and Medicare in the 1960s created provincial responsibility for health care, it has been a long-standing policy of the Government of Canada to transfer hospitals to the provinces. Ste. Anne's Hospital is the last remaining federally owned veterans hospital.

All the other facilities transferred by VAC to the provinces have continued to provide first-rate care to our veterans while becoming non-federal entities, and that is what we are going to do at Ste. Anne's.

An important priority of the Government of Canada is ensuring that our Veterans at Ste. Anne's continue to receive priority access to the exceptional care they have earned and deserve.

A potential transfer of Ste. Anne's would provide long-term benefits to Veterans, Hospital staff and Quebec residents alike.

There is a declining demand for long-term care beds for traditional Veterans at the Hospital. Transferring Ste. Anne's to the Government of Quebec would maintain and maximize the Hospital's expertise in geriatrics and psychogeriatrics, and increase bed availability for other Canadians in need.

The National Centre for Operational Stress Injuries (NCOSI) is an integral component of VAC's Mental Health Program. The Department will continue to operate the NCOSI and will maintain the expertise developed in the field of mental health.

Key considerations for the Government of Canada are priority access to quality care and services for Veterans in the official language of their choice.

**LEGION'S POSITION:**

The Legion will continue to monitor closely the transfer, the protocols and the arrangements put in place for the eventual transfer of Ste. Anne's to provincial authorities.

## **CF / RCMP**

### **39. Determination of CFSA Survivor Pensions**

**VSS 27**

**WHEREAS** career members of the Canadian Forces and their dependants rely largely on superannuation (pension for service) to provide the main portion of their retirement income; **WHEREAS** CFSA provides for a survivor allowance paid at only 50% of the members superannuation pension based on a formula conceived in different economic times; and **WHEREAS** a survivor faces many lifestyle adjustments, particularly with regard to basic living expenses typically exceeding 50% of the expenses borne by a couple prior to the pensioners death:

**THEREFORE BE IT RESOLVED** that CFSA survivor allowances be paid in an amount equivalent to at least 70% of the member's pension, which is closer to the norm in various private pension plans.

**RESPONSE: National Defence**

In many jurisdictions, pension standards legislation provides that the pension, at the time of retirement, must be taken in the "joint and survivor" form. This means that the contributor's basic pension benefit is reduced to ensure that the funds are set aside to cover the cost of a survivor benefit that would be paid should the retiree predecease his or her spouse. With this type of plan, the survivor is entitled to 60% of the member's reduced pension benefit. By contrast, the CFSA does not require a member to reduce his or her own pension in order to provide a survivor benefit.

Survivor benefits under the CFSA are generally described as being 50% benefits; however, this is not an accurate description in all cases. The benefit formula is under Part I of the CFSA, the Regular Force Plan, actually provides for a surviving spouse's allowance equal

to 50% of the member's basic or unreduced pension. In instances where a member is in receipt of a reduced pension such as where the member has chosen to retire early or Canada Pension Plan (CPP) benefits have become payable, the calculation of the survivor's allowance does not take the reduction into account and may result in a survivor's benefit that is more than 50% of the amount that the member was receiving at the time of death. Under the Reserve Force Plan, the survivor's pension is calculated as one percent of the greater of the member's total pensionable earnings and his or her total updated pensionable earnings and provides a benefit similar to the benefit under the Part 1 plan.

When evaluating the benefits payable under the CFSA, one must also consider the total benefits available to survivors. In addition to the basic allowance payable to the survivor, qualifying children are entitled to benefits as prescribed in the Act. Furthermore, the allowances provided under the Act are adjusted annually to reflect increases in the cost of living.

There is actually no difference in the formula for calculating survivor benefits under the PSSA, the RCMPSA and Part 1 of the CFSA. In other words, spouses of military members are in no way disadvantaged when their benefits are compared to the survivor benefits payable under the terms of the other two major federal public sector plans.

When considering the level of benefits provided to plan members, it is also important to keep in mind that benefits are directly related to the contribution rate. Therefore, any increase in the level of benefits would require an increase in the contributions by present contributors, the federal government, or both. As contribution rates are already substantial, it is unlikely that current contributors would support an increase. Furthermore, any increase in the employer's share would have to come from the taxpayers, many of whom do not have a pension plan or participate in a less generous one. Therefore, there is no current intention to enrich existing benefit entitlements.

#### **LEGION'S POSITION:**

The Legion believes strongly that CFSA survivor pensions should be increased from 50% to at least 70% of the member's pension. We will continue our advocacy in this issue.

#### **40. Elimination of the Canada Pension Plan (CPP) offset at age 65**

##### **VSS 28**

**WHEREAS** Canadian Forces members who retire with *Canadian Forces Superannuation Act* pension benefits are subjected to an abatement in these benefits when they reach age 65 and are eligible to receive Canada Pension Plan (CPP) benefits;

**WHEREAS** this in effect reduces CFSA benefits when these benefits are most needed;

**WHEREAS** CF members have in effect contributed to both the CPP and the CFSA, and that the CFSA Pension Fund has accrued a large surplus; and

**WHEREAS** CF members were never asked whether or not they wanted a "stacked approach" to CFSA and CPP benefits:

**THEREFORE BE IT RESOLVED** the CPP offset at age 65 be eliminated and that CFSA surplus funds be used to pay "stacked benefits" similar to the benefits provided to Members of Parliament.

## **RESPONSE: National Defence**

The CFSA provides for good pension plans and operates as it was designed to do since 1966. Unfortunately, the integration of the Regular Force and Reserve Force pension plans with the CPP that happens at age 65 is not well understood. This misunderstanding results in perceiving as unfair the switch from one source of pension income prior to age 65 to two sources afterward.

The decision to integrate the CPP with the then-existing Regular Force pension plan was made when the CPP was first introduced by Parliament in 1966. Parliament chose not to stack the public sector plans, and virtually all other employer-sponsored plans in Canada adopted the same model. If a stacked approach had been adopted (CPP paid on top of a continuous bridge benefit), the pension benefits would have been greater, but the resulting increased contributions by Canadian Forces (CF) members and the Canadian government would have been significantly higher.

The integrated approach meant that the contributions collected under the CFSA would be lower for that portion of members' earnings covered by the CPP. In addition, it was necessary to adjust benefits payable to members under the CF plan accordingly. Simply stated, the pension benefit was divided into two parts, namely, a benefit payable for the lifetime of the plan member and a top-up or bridge benefit. The lifetime components of the military pension that Regular Force members receive act as intended and pay exactly the same amounts before and after the members reach age 65. A bridge benefit exists to ensure a stable retirement income and is paid from the day of retirement until replaced, generally at age 65, by an amount paid by CPP. When the Reserve Force pension plan was established on March 1, 2007, the same integrated approach was taken.

The bridge benefit is set out in a formula found in each of the CF plans and is related to the specific member's earnings or earnings and pensionable service while in the CF, not to the amount the member is entitled to receive under the CPP, since the provisions and the calculation formula on the CPP benefit are different from those of the CF plans. As a result there may be variances in the amount of the bridge benefit paid. However, in the great majority of cases, the total monthly pension income for a CF annuitant is the same before and after the annuitant reaches age 65.

With the *Budget Implementation Act 2006*, the Government approved an amendment to the CF, PS and RCMP pension arrangements. This amendment will operate in the plan member's favour, altering the formula used to calculate the pension adjustment for those reaching age 65 in 2008 and beyond. This changes the calculation of the lifetime benefit in that the adjustment factor will be lowered from .7% to .625%, resulting in an increase in the lifetime pension.

In summary, the CFSA provides for two excellent plans, which include generous basic pension formulas, full pensions after 20 to 25 years of service, benefits payable to survivors, and full cost-of-living indexing. These features easily make the plans under the CFSA some of the best pension plans in the country.

### **LEGION'S POSITION:**

Notwithstanding the long explanation, the Legion feels very strongly that no pensioner should receive a smaller annuity at age 65 because of the bridge arrangement between CFSA benefits and CPP. This is unfortunately a possible outcome of the current arrangement. The Legion feels also very strongly that CF members were not consulted when the Government and the CF made the decision to adopt the bridge rather than the stacked approach to pension benefits. This is a simple issue of fairness for which we will continue to advocate strongly.

#### **41. VAC Benefits for Canadian Civilian Police Who Serve on UN Missions VSS 29**

**WHEREAS** the Canadian Government through the Royal Canadian Mounted Police recruited Police Officers from Canadian Civilian Police Departments to assist by participating in Peace Making missions in order for our Government to meet its mandate to the United Nations;

**WHEREAS** the Peace Keeping and Peace Making missions have resulted in participating Peace Officers being killed and injured;

**WHEREAS** at the present time Civilian Police Officers who wear the Canadian flag on their shoulder and serve in these missions on behalf of Canadians are excluded from coverage by Veterans Affairs Canada; and

**WHEREAS** The Royal Canadian Mounted Police receive all benefits while Civilian Police performing the exact same duties while in missions are excluded:

**THEREFORE BE IT RESOLVED** that the Canadian Government provide all benefits and privileges under the Department of Veterans Affairs to all Canadian Civilian Police officers who volunteer to serve on any United Nations mission.

#### **RESPONSE: Veterans Affairs Canada**

The *Department of Veterans Affairs (DVA) Act* was enacted on June 30, 1944. This Act of Parliament provides authority for the care, treatment or re-establishment in civil life of any person who served in the Canadian Forces or merchant navy or in the naval, army or air forces or merchant navies of Her Majesty, of any person who has otherwise engaged in pursuits relating to war, and of any other person designated by the Governor in Council, as well as the care of their dependants or survivors.

There is no authority under the *DVA Act* to provide benefits to civilian police officers.

The International Peace Operations Branch (IPOB) of the RCMP has been deploying personnel on peacekeeping missions worldwide since 1989. The objective of the program is to help rebuild police services in countries experiencing political upheaval or civil unrest. Approximately 2500 police officers from both the municipal and provincial Police Partners, as well as RCMP members, have participated in the program and have been deployed to 50 peacekeeping missions around the world since its inception.

Currently, each Police Partner is responsible for procuring coverage for their members prior to their departures as stated in the Memorandum of Understanding (MOU) between the RCMP and the Police Partners involved. The RCMP will reimburse \$2500 per member per quarter for the Police Partner to secure coverage for their employee going on a mission with IPOB.



There is no consideration at this time to include Canadian Civilian Police officers under the *DVA Act*.

**LEGION'S POSITION:**

The Legion is satisfied with this response.

**401. Legislation for Pension Protection**

**ONT 30**

**WHEREAS** many large corporations are in financial trouble and peoples pensions are at risk; and

**WHEREAS** the Canadian Government is able to pass legislation to modify pension, corporation and bankruptcy laws:

**THEREFORE BE IT RESOLVED** that the Canadian Government enact legislation to better protect peoples pension.

**RESPONSE: Finance**

Our Government understands the importance of a secure and dignified retirement for people who have spent their lives building Canada through their hard work. We have undertaken a very serious and public discussion with Canadians on retirement income adequacy and security.

Recognizing that retirement income issues have both federal, provincial and territorial dimensions, we set up a joint federal-provincial research working group with respected academic Dr. Jack Mintz as director of research – to conduct an in-depth examination of retirement income adequacy. The findings of this group were presented at the Finance Ministers Meeting in December 2009 and can be found on the Department of Finance Canada website at [www.fin.gc.ca/activity/pubs/pension/riar-narr-eng.asp](http://www.fin.gc.ca/activity/pubs/pension/riar-narr-eng.asp).

Based on the working group's findings, federal, provincial and territorial Finance Ministers agreed to proceed with analysis of options to improve Canada's retirement income system. From March to May 2010, we invited public comment to gather input directly from Canadians. Minister Flaherty and I participated in roundtable discussions, expert conferences and public town-hall meetings across the country. We also received hundreds of written letters and online submissions on the issue.

This research and public consultations strongly suggested we explore opportunities to build further on the strengths of Canada's retirement income system. Specifically, there was serious concern that a segment of Canada's population is not sufficiently saving for retirement.

At the December 2010 Finance Ministers Meeting, Minister Flaherty, myself, and our provincial and territorial colleagues agreed on a framework for defined contribution Pooled Registered Pension Plans (PRPPs). These plans will assist Canadians, including the self-employed, in meeting their retirement objectives by providing access to a new, low-cost pension option.

Ministers tasked federal, provincial and territorial officials to work collaboratively to implement PRPPs, and agreed to take into account the perspectives of employers, employees and those

that may offer PRPPs in developing legislation to implement these plans. The Government of Canada will also develop modifications to the tax rules to accommodate PRPPs.

Ministers agreed that a high level of harmonization of pension regulations across jurisdictions would be instrumental in increasing the scale of PRPPs and achieving lower costs.

Our Government also remains committed to improving financial literacy for Canadians, particularly to help those who are saving for retirement make informed decisions. We have received the recommendations of the Task Force on Financial Literacy, and a Financial Literacy Leader will soon be appointed to promote national efforts.

Budget 2011 proposes to provide \$3 million per year to undertake financial literacy initiatives. Federal, provincial and territorial governments are also continuing work on options for a modest enhancement to the CPP. Any changes would require a consensus among governments and reflect the need to protect Canada's economic recovery. Finance Ministers will discuss options and concerns further at their next meeting.

It is important to remember that this work builds on considerable action that our Government has already taken.

In recognition of their contributions and our Government's belief that Canadians should keep more of their hard-earned money, we have dramatically lowered the federal tax bill for seniors and pensioners. In fact, our record to date includes more than \$2 billion in annual targeted tax relief:

- The 2006 Tax Fairness Plan for Canadians introduced pension income splitting for 2007 and subsequent taxation years, and increased the Age Credit amount by \$1,000 for 2006 and subsequent taxation years.
- Budget 2006 doubled the amount of income eligible for the Pension Income Credit (to \$2,000 from \$1,000) as of 2006.
- Budget 2007 increased the age limit for maturing pensions and Registered Retirement Savings Plans (RRSPs) to 71 from 69 as of 2007.
- Budget 2008 introduced the Tax-Free Savings Account, which is particularly beneficial to seniors, as it helps them to meet their ongoing savings needs on a tax-efficient basis after they are no longer able to contribute to an RRSP.
- The 2008 Economic and Fiscal Statement reduced the required minimum Registered Retirement Income Fund (RRIF) withdrawal for 2008 by 25 percent, providing \$200 million in tax assistance to RRIF holders and allowing retirees to keep more of their savings in RRIFs.
- Budget 2009 increased the Age Credit amount by \$1,000 for 2009 and subsequent taxation years.

Our record also includes important improvements to several specific retirement income supports:

- Budget 2008 increased the amount that can be earned before the Guaranteed Income Supplement (GIS) is reduced to \$3,500, so that GIS recipients will be able to keep more of their hard-earned money without and reduction in GIS benefits.
- Budget 2008 increased flexibility for seniors and older workers with federally regulated pension assets that are held in Life Income Funds.
- In May 2009, along with provincial and territorial governments, we completed the triennial review of the CPP. The reforms will increase flexibility and fairness in the Plan and allow it to better reflect the way Canadians live, work and retire. These reforms began to take effect on January 1, 2011.
- In October 2009, based on the results of extensive cross-country and online public consultations, our Government released an important reform plan to further improve the federal private pension legislative and regulatory framework. To implement this reform, all the necessary legislative amendments received Royal Assent and a number of regulatory amendments have already been brought into force. Remaining regulatory amendments will be brought forward at the earliest opportunity.

Our Government shares the concerns of Canadians about retirement income adequacy and security. We will continue to take the actions needed to reinforce the strength of Canada's retirement income system.

**LEGION'S POSITION:**

The Legion will continue to advocate for strong legislation to protect pension benefits through our membership in the Common Front for Retirement Security (CFRS).

**402. Canada Pension Plan and Death Benefits  
ONT 31**

**WHEREAS** the Federal and Ontario Governments both tax this death Benefit reducing the amount awarded by over \$500.00 in its present form;

**WHEREAS** this creates a further financial hardship to most seniors and Veterans spouses who receive it:

**THEREFORE BE IT RESOLVED** that the benefit be awarded tax free.

**RESPONSE: Finance**

With respect to The Legion's resolution regarding the Canada Pension Plan (CPP) and death benefits, premiums paid under the CPP qualify for a tax credit. As such, it is appropriate that the benefits received under the CPP are taxable, including death benefits.

This treatment ensures that people with comparable incomes pay comparable amounts of tax and receive similar amounts of income-tested benefits.

**LEGION'S POSITION:**

The Legion will continue to advocate for this issue.

## FUNERALS AND BURIALS

### 42. Immediate Increase of Funeral and Burial Benefits for Veterans

#### VSS 30

**WHEREAS** the funeral and burial benefits for Veterans funeral services have not been updated since November 2001 at which time the allowable maximum was increased from \$2,993 to \$3,600;

**WHEREAS** average costs of funeral services have steadily increased every year since 1995 while the Canadian Funeral Services Association and Veterans families are complaining that the Veterans Funeral and Burial Program allowable maximum cost benefit for funeral services has not kept pace with annual inflationary increases since 1995;

**WHEREAS** the Royal Canadian Mounted Police (RCMP) and the Canadian Forces (CF) have had their allowable maximum costs recently increased to \$12,700 in recognition of the prevailing higher funeral services; and

**WHEREAS** many Veterans who now lack of sufficient funds, are being denied a dignified funeral and burial because of increased cost of funeral services:

**THEREFORE BE IT RESOLVED** that the Minister Veterans Affairs take necessary action immediately to increase the Veterans Funeral and Burial Program funeral services allowable maximum to an equivalent level established for the RCMP and CF.

#### **RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada (VAC) is committed to meeting the needs of our Veterans and their families by giving them the care, services and financial support they deserve.

Funeral and burial assistance is provided to Veterans who die of a service-related disability, and to Veterans with service eligibility, who cannot afford a dignified funeral and burial, regardless of military rank or decoration.

We will continue to listen to and meet with stakeholders in an effort to understand and respond to their priorities.

#### **LEGION'S POSITION:**

The Legion will continue to advocate for an increase of Funeral and Burial Benefits for Veterans.

### 43. VAC Funeral & Burial Benefits

#### VSS 31

**WHEREAS** it appears that funeral and burial benefits may only apply to Canadian Forces Veterans who qualified for Loss of Earnings Benefits or the Income Support Program;

**WHEREAS** the eligibility criteria for these benefits are likely to be very restrictive since eligibility for Income Support will require the successful completion of a rehabilitation program, following which these Veterans would have been deemed unemployable, would have reached age 65, and would have a low income;

**WHEREAS** there is the potential that a large number of Veterans who served after the Korean War who do not have enough money in their estate to pay for funeral and burial benefits will not qualify because they have not qualified for Loss of Earnings and Income Support benefits; and

**WHEREAS** there is currently a discrepancy between funeral and burial benefits provided by the CF and VAC, with the CF providing more generous benefits:

**THEREFORE BE IT RESOLVED** that Last Post Fund funeral and burial benefits equal to those provided to CF members killed on duty be made available to all those CF Veterans who have insufficient financial means without complex eligibility requirements which are contrary to the “need principles” enshrined in the *Canadian Forces Military and Veterans Re-establishment and Compensation Act (CFMVRCA)*.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada (VAC) is committed to meeting the needs of our Veterans and their families by giving them the care, services and financial support they deserve.

Funeral and burial assistance is provided to veterans who die of a service-related disability, and to Veterans with service eligibility, who cannot afford a dignified funeral and burial, regardless of military rank or decoration.

We will continue to listen to and meet with stakeholders in an effort to understand and respond to their priorities.

**LEGION'S POSITION:**

The Legion will continue to advocate for wider eligibility to Funeral and Burial Benefits for Canadian Forces Veterans.

**44. Increase of Survivor/Dependant Estate Exemption**

**QUE 5/C**

**WHEREAS** the Survivor/Dependent Estate Exemption is the key parameter for approval or denial of Funeral and Burial benefits for Veterans;

**WHEREAS** in February 1995 the Government of Canada reduced the estate exemption from \$24,030 to \$12,015 as part of budget reduction of all departments;

**WHEREAS** the reduced exemption is considerably less than the poverty level and it has not been adjusted since 1995;

**WHEREAS** the end result is that hundreds of the poorest of our Veterans have been denied Funeral and Burial benefits during the past 13 years;

**WHEREAS** the current situation is causing much grief and burden on families of Veterans when they discovered that they cannot obtain financial support for funeral and burial benefits although the estate is valued at less than the poverty level;

**WHEREAS** prior to 1995 the estate exemption were subject to an indexing formula based to annual changes to the CPI; and

**WHEREAS** the estate exemption has not been increased, the number of Veterans applying for Funeral and Burial benefits has increased, particularly by World War II Veterans who in many cases have limited financial resources but are above the estate exemption reduced in 1995:

**THEREFORE BE IT RESOLVED** that the Minister of Veterans Affairs take the necessary action to restore and increase the Survivor / Dependent Estate Exemption to a level not less than the poverty level as determined by Statistics Canada; and

**BE IT FURTHER RESOLVED** that each year thereafter, to introduce a Cost of Living Allowance (COLA) equal to Statistics Canada's annual adjusted CPI for this exemption.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada (VAC) is committed to meeting the needs of our Veterans and their families by giving them the care, services and financial support they deserve.

Funeral and burial assistance is provided to Veterans who die of a service-related disability, and to veterans with service eligibility, who cannot afford a dignified funeral and burial, regardless of military rank or decoration.

We will continue to listen to and meet with stakeholders in an effort to understand and respond to their priorities.

**LEGION'S POSITION:**

The Legion will continue to advocate for a greater estate exemption for Funeral and Burial benefits.

## PHYSICAL/MENTAL HEALTH

**45. Improved Mental Health Care for CF Members, Veterans and Families**

**VSS 32**

**WHEREAS** Veterans Affairs Canada (VAC) administers Operational Stress Injury(OSI) clinics for Veterans;

**WHEREAS** the Canadian Forces administers Operational Trauma and Stress Support Centres (OTSSC) for Canadian Forces members;

**WHEREAS** Veterans must change over to different practitioners and different models of care when they retire while CF members and families cannot access VAC OSI clinics in a seamless fashion; and

**WHEREAS** there is a definite capacity problem to meet the growing needs for Mental Health Care while families cannot access this care in their own right:

**THEREFORE BE IT RESOLVED** that the Canadian Forces (CF) and Veterans Affairs Canada (VAC) harmonize the delivery of Mental Health Care for CF members and veterans suffering from Operational Stress Injuries and modify the regulations to provide Mental Health Care for families in their own right.

**RESPONSE: National Defence**

This resolution recommends “that the CF and VAC harmonize the delivery of mental healthcare for CF members and veterans suffering from operational stress injuries and modify the regulations to provide mental healthcare for families in their own right.”

Since October 2006 a memorandum of understanding (MOU) has existed between the CF, VAC, and the RCMP to work in partnership in developing a joint network of mental-health services. As a result of this MOU, a common suite of services is now available to CF, VAC, and RCMP clients and includes a common list of core services. Based on clinic capacity, clients from any of the three organizations are able to access mental-health services for operational stress injuries in any of the CF Operational Trauma Stress Support Centres and the VAC Operational Stress Injury clinics.

The significant contribution and sacrifices that CF families make to support CF members in their professional roles is well recognized, and CF policy and programs related to supporting the needs of CF families have been continually evolving. Recognition of the importance of families in supporting CF members has led to the development of several family-focussed CF service initiatives. The CF Member Assistance Program is a confidential advisory and referral service external to the CF that is available to all CF personnel and their families 24 hours a day, 7 days a week. The Operational Stress Injury Social Support network provides confidential family peer support to CF families affected by an operational stress injury. Military Family Resource Centres located on each base also provide information, support and programs to meet the needs of the military families across the CF.

While the CF Health Services is not responsible for providing clinical services to families (except in isolated locations), services are available to help families deal with a member's illness in the form of psycho-educational and short-term counselling at all CF mental health clinics across the country.

**RESPONSE: Veterans Affairs Canada**

Both the Department of National Defence and Veterans Affairs Canada are responsible for the care of Canadian Forces members, veterans and their families. The two departments work closely to ensure continuous care and, at time of release, a seamless transition for the member and his/her family from the Canadian Forces to Veterans Affairs. Generally, National Defence provides all required health care and other services while a member is still in uniform. Veterans Affairs provides for their care once they release from the Forces.

A Memorandum of Understanding between Veterans Affairs, National Defence, and the Royal Canadian Mounted Police helped to establish a framework for the Joint Network for Operational Stress Injuries. The Joint Network of 17 Operational Stress Injury Clinics now consists of 10 VAC specialized clinics, of which 9 are out-patient clinics located in Fredericton, Montreal, Quebec City, Ottawa, London, Winnipeg, Calgary, Edmonton and Vancouver. The tenth is the Residential Treatment Clinic for Operational Stress Injuries (OSIs) located in Ste. Anne's Hospital in Montreal that provides intensive care to those Veterans suffering from the most severe operational stress injuries. The seven DND Operational Trauma Stress Support Centres are located in Halifax, Valcartier, Ottawa, Edmonton and Esquimalt, Gaagetown and Petawawa. Canadian Forces members and Veterans may access and receive treatment at either a VAC or DND clinic.

A VAC initiative is currently underway which is aimed at maximizing the access and utilization of Operational Stress Injury Clinics (OSIC's). Capacity building is happening to offer psycho education, individual, couple, family, and child focussed services to family members impacted by OSI's. These services are offered either directly by OSIC's or via collaborations and partnerships with appropriate resources in the community.

VAC is working closely with DND to harmonize policies and programs throughout the Joint Network of Operational Stress Injury Clinics to ensure continuity of support during transition to civilian life.

In addition to the clinics, Veterans Affairs has more than 2,000 registered mental health professionals in communities throughout the country who are available to help Veterans with operational stress injuries and their families.

Veterans Affairs also recognizes the need for family members to also receive mental health services independent of the member's status. At this time, access to mental health services for families (spouse and children) remain largely dependent on the member's eligibility and participation in programs. However, Operational Stress Clinics do provide psycho-educational services to families impacted by OSIs independently and the VAC Assistance Service continues to be available to all CF Veterans and their families. The service provides confidential, short term mental health services at no charge and community referrals as needed. The toll free line can be reached on a twenty-four hour basis. The service may also be accessed by members and their families prior to or after release. Veterans Affairs continues to look for ways to enhance support for Veterans and their families within its existing authorities.

Veterans Affairs and National Defence have also established 24 Integrated Personnel Support Centres located on CF Bases and Wings. There are more than 100 Veterans Affairs staff at 32 sites working side by side with National Defence staff to provide one stop support and to co-ordinate services to CF members and their families to ensure continuity of support on transition to civilian life.

Veterans Affairs staff are also conducting transition interviews with every releasing Canadian Forces member. Family members are encouraged to attend this interview where identification of the transition needs of the entire family are discussed and case plans developed to address them through Veterans Affairs and community/ provincial services and programs.

**LEGION'S POSITION:**

The Legion is satisfied with the responses. However, we are concerned that there are still gaps in the health care provided to families. We will monitor this very closely.

**46. Funding for Canadian Military and Veterans Transition Clinics  
VSS 33**

**WHEREAS** a primary mandate of The Royal Canadian Legion is the welfare of our Veterans;

**WHEREAS** many Veterans suffer from post traumatic stress disorder;

**WHEREAS** it is imperative that these Veterans maintain their privacy; and

**WHEREAS** there seems to be a shortage of funds available for the Canadian military and Veterans transition program clinics:

**THEREFORE BE IT RESOLVED** that The Royal Canadian Legion advocate for appropriate government agencies for help in funding the Canadian military and Veterans transition program clinics.

**RESPONSE: Veterans Affairs Canada**

The transition from military to civilian life can be challenging and this can be compounded if the individual is suffering from a mental health condition such as Post Traumatic Stress



Disorder (PTSD). Veterans Affairs Canada (VAC) has put a strong emphasis on the need for a seamless and successful transition, and has implemented a number of services and programs to assist. For example, VAC case managers are co-located with Department of National Defence (DND) staff at the Integrated Personnel Support Centres (IPSCs) across the country, and are working to ensure all medically releasing Canadian Forces (CF) members have a Transition Interview solely focussed on their transition. The family are also invited to participate. This leads to early identification of needs, including those of the CF member's family, and timely referrals to specialized mental health professionals in the community for assessment, diagnosis and treatment.

VAC has in place a number of programs and services with an emphasis on wellness. The *New Veterans Charter* provides both immediate and ongoing support through services and benefits such as: rehabilitation, financial support, mental health services, case management, family support, and career transition services. VAC can put in place through this suite of services and benefits, a rehabilitation plan that focuses on a seamless and successful transition, with the right service being put in place at the right time, for as long as they need them; and in the manner that supports the veteran's recovery, career transition, and reestablishment in the workforce and his/her community.

Social support is available through the partnership VAC-DND Operational Stress Injury Social Support (OSISS) program to help Veterans and their families suffering from operational stress injuries (OSIs) and its impacts to provide assistance in the transition from military to civilian life. This support is provided by peers who have also lived the experience of an OSI, as well as transition. VAC and DND have established 17 specialized clinics to assist CF members, Veterans and their families who are dealing with operational stress injuries such as PTSD.

VAC continues to keep abreast of new evidenced based practices, services and programs including those that address transition and make Veterans and their families aware of such services available in their communities. The Departmental approval process for new treatment proposals for Veterans living with mental health conditions require that the treatment is evidence-based, supported in recent peer reviewed and published literature, and led by approved and registered health professionals. Such a process ensures that Veterans receive safe, effective and well evaluated treatment services.

The department has a number of health care providers who are registered to provide care to Veterans. Any service provider who is interested and has the necessary qualifications is required to register with Medavie-Blue Cross. This registration process for potential health care providers includes the verification of credentials and assessment according to the established criteria. The Department is always interested in identifying health care providers who are interested in working with Veterans and their families.

### **LEGION'S POSITION:**

The Legion will continue to advocate for recognition and funding of the Veterans Transition Program operating under the auspices of BC/Yukon Command.

**47. Provisions for Health Care in New Veterans Charter**

**VSS 34**

**WHEREAS** The *New Veterans Charter* includes provisions for health care for Veterans;  
**WHEREAS** income qualified Veterans and civilians, meaning those persons who receive the War Veterans Allowance benefit, or would receive it if not for also receiving *Old Age Security Act* benefits are eligible to receive Group “B” health benefits on demonstrated health need;

**WHEREAS** Prisoners of War (POW) in receipt of services through the Veterans Independence Program are eligible to receive Group “B” health benefits on demonstrated health need;

**WHEREAS** Veterans, civilians, and special duty Veterans who are receiving services through the Veterans Independence Program are eligible to receive Group “B” health benefits on demonstrated health need;

**WHEREAS** Canada Service Veterans, meaning Veterans who served in Canada only during WWI or WWII, are over age 65 and who are income qualified and are receiving services through the Veterans Independence Program, are eligible to receive Group “B” health benefits on demonstrated health need; and

**WHEREAS** the term ‘Veteran’ has been expanded and is accepted by VAC to also include those who served during peacetime:

**THEREFORE BE IT RESOLVED** that peacetime military service pensioners or award recipients shall be included and covered in the provision for Group “B” health benefits or services.

**RESPONSE: Veterans Affairs Canada**

Canadian Forces (CF) Veterans without Special Duty Service, referred to as Military Service pensioners, are fully eligible for treatment related to their pensioned/awarded conditions. CF Veterans with Special Duty Service, referred to as Special Duty Service pensioners, who require support from the Veterans Independence Program (VIP) for a pensioned/awarded condition arising from Special Duty Service are eligible for B-line health benefits, to the extent that they are not available as insured services by the province. Rehabilitation participants are also eligible for the Public Service Health Care Plan through Veterans Affairs Canada (VAC). This plan provides health insurance coverage for releasing CF Veterans and their families who do not have coverage through DND or otherwise.

B-line coverage was extended to Special Duty Service pensioners to recognize that a condition attributable to Special Duty Service was comparable to a condition attributable to war-time service. B-line coverage was never intended for clients whose disability pension is related to regular force service (i.e. not related to war-time service). While these clients, known as Military Service pensioners, are eligible for VIP, they are not eligible for B-line health benefits under the *Veterans Health Care Regulations (VHCR)*.

In conclusion, while VAC is responsible for meeting the service related health needs of Veterans as a result of war-time and peace-time service, VAC also has to respect the provincial role in providing non-service related health coverage to Veterans.

In view of the foregoing, there are no considerations at this time to extend B-line coverage to Military Service Pensioners.

**LEGION'S POSITION:**

The Legion will continue to advocate for consideration to extending "B" card coverage to Military Service Pensioners who received disability benefits when assessment reaches or exceeds 78%. This would then show that this Military Service Pensioner has become severely disabled in accordance with VAC policies as afforded WWI and WWII Veterans.

**48. Canada Seniors Independence Program**

**VSS 35**

**WHEREAS** Canadian seniors generally value their independence and prefer to age in their own familiar home and community;

**WHEREAS** age-related physical limitations or health needs, which restrict a senior's ability to maintain a home or live without support, prematurely drive seniors into care facilities; and

**WHEREAS** the cost effectiveness of providing properly administered support services to defer the institutionalization of seniors with the desire and capacity to remain independent in their own familiar home and community has been demonstrated through the Veterans Affairs Canada, Veterans Independence Program:

**THEREFORE BE IT RESOLVED** that the Government of Canada follow up on a recommendation of The Royal Canadian Legion adopted by the Prime Minister's (PM) Task Force on seniors that a national Seniors Independence Program be implemented to assist seniors to live independently in their own homes and communities for as long as they are able.

**RESPONSE:**

No reply received at the time of publication of the Green Book.

**LEGION'S POSITION:**

The Legion is satisfied that the VIP model is being adopted in a number of provinces.

**49. Seniors Bill of Rights**

**VSS 36**

**WHEREAS** seniors are increasing in number while those contributing to their social benefits are decreasing;

**WHEREAS** seniors are the group most likely to be at risk as they approach end of life; and

**WHEREAS** seniors need to be treated humanely and with civility by their country and their government:

**THEREFORE BE IT RESOLVED** A federal Seniors Bill of Rights be enacted to protect all Canadian seniors in a standardized manner irrespective of jurisdictional boundaries within the country as a whole and within provincial agencies.

**RESPONSE: Human Resources and Skills Development**

The Government of Canada is committed to improving the well-being of seniors and has made significant investments to enhance their lives on many fronts.

In regards to the Seniors Bill of Rights, the House of Commons adopted the Seniors Charter of Canada on June 20, 2006. In 2007, the Government appointed a Minister of State (Seniors) to ensure that the concerns of older Canadians were being heard and voiced within the federal government. The Honourable Alice Wong, Minister of State (Seniors), brings key seniors' issues to the federal cabinet table, works towards ensuring the well-being of Canadian seniors and promotes the sharing of their skills, knowledge and experience in their communities.

The Government of Canada also created the National Seniors Council in 2007 to provide advice to the federal government on matters related to the well-being and quality of life of seniors.

The following provides concrete examples of initiatives undertaken by the Government to enhance the lives of seniors:

- \$2.3 billion of tax relief in 2011-2012 for seniors and pensioners through tax measures, including the age and pension income tax credits;
- Increasing funding, announced in Budget 2011, of \$10 million over two years to the New Horizons for Seniors Program's existing budget of \$40 million. This program helps ensure that seniors can benefit from, and contribute to, the quality of life in their communities;
- Enhancement to the Guaranteed Income Supplement (GIS), announced in Budget 2011, for seniors with little or no income other than Old Age Security benefits. This investment of more than \$300 million per year for more than 680,000 seniors across Canada represents the largest increase for the lowest-income GIS recipients in a quarter century; and,
- Introduced the new Tax-Free Savings Account, which allows seniors to increase their savings without affecting their income-tested GIS benefits.

As you may know, the Government also established an official day for Canadians to celebrate seniors. Bill C-40, *An Act to establish National Seniors Day*, received Royal Assent on November 18, 2010. Through this legislation, October 1st is recognized as National Seniors Day. Now, October 1st provides all Canadians an opportunity to reflect on the many contributions of older Canadians and appreciate them for the ways in which they continue to shape our lives.

In terms of suitable, affordable housing for seniors, the Government of Canada, through Canada Mortgage and Housing Corporation (CMHC), offers a suite of renovation programs designed to assist seniors, including Home Adaptations for Seniors' Independence (HASI), Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D), and Secondary and Garden Suites. HASI enables low-income seniors to undertake mandatory repairs or home modifications that will enable them to remain living independently and safely in their home. RRAP-D offers financial assistance for modification work to eliminate physical barriers and life safety risks, and improve the ability of a person with a disability to meet the demands of daily living within their home. Under the Secondary and Garden Suites program, a homeowner or private entrepreneur can receive funding for the creation

of a secondary or garden suite intended for a low-income senior or adult with a disability, making it possible for these individuals to live independently in their community, close to family and friends. Further information about these programs can be found on CMHC's Web site at [www.cmhc.ca](http://www.cmhc.ca).

As you may know, in September 2008, a five-year investment, from 2009 to 2014, of more than \$1.9 billion in housing and homelessness was made to address the needs of low-income Canadians, those at risk of homelessness, and the homeless. As a result, the Affordable Housing Initiative, the renovation programs, and the Homelessness Partnering Strategy were renewed for two years to March 31, 2011, at current funding levels. The five-year funding provided an opportunity to consider improvements to ensure programs continue to respond to the needs of Canadians.

In the fall of 2009, the federal government engaged all provinces and territories, as well as municipalities and stakeholders, on how best to use federal housing and homelessness investments for the next three years. To this end, funding for affordable housing will continue at current levels of \$253.1 million per year to March 31, 2014. CMHC is working with provinces and territories on affordable housing delivery arrangements to best meet the diverse housing needs of low-income Canadians. Local needs and priorities will be targeted to maximize effecting housing solutions.

*Canada's Economic Action Plan* built on the \$1.9 billion in housing and homelessness funding by taking action to strengthen Canada's economy with a one-time investment of more than \$2 billion over two years building new and repair existing social housing, including \$475 million to build more housing for seniors and people with disabilities.

#### **LEGION'S POSITION:**

The Legion is satisfied with this response.

#### **50. Rehabilitation Programs**

##### **VSS 37**

**WHEREAS** VAC appears to still be using a more traditional, insurance industry approach to rehabilitation and return-to-work;

**WHEREAS** VAC is using a process, rather than an outcome-based approach, counting the number of visits and length of time a client is in the program instead of setting realistic client-centred goals and then assessing progress in reaching those goals;

**WHEREAS** the different components of rehabilitation as medical, psychosocial and vocational are provided sequentially such that the Veteran usually completes his or her medical and psychosocial rehabilitation before beginning any vocational rehabilitation; and

**WHEREAS** the guidelines for the amount of rehabilitation services each client should receive are being interpreted by some VAC staff as hard limits on the program, which may not be appropriate for all Veterans:

**THEREFORE BE IT RESOLVED** that VAC improve its rehabilitation program by adopting best practices, such as integrating physical, psychosocial and educational and vocational rehabilitation rather than providing them sequentially; educating VAC staff; making contact with potential workplaces and employers early in the rehabilitation process; and educating employers on the benefits of hiring Veterans.

## **RESPONSE: Veterans Affairs Canada**

VAC's Rehabilitation Program is based upon the principles of modern disability management and is a needs-based program, as opposed to a program with prescriptive time frames and prescriptive services/benefits. The Program provides medical, psychosocial and vocational rehabilitation services, as required, to meet the program participant's rehabilitation goals.

There is no set time line (for example, a maximum of two years) for completion of the Program. However, rehabilitation, by its very nature, is not a long-term "forever" program. The objective is to assist a client with identifying his/her barriers (be they medical, psychosocial or vocational) and to establish goals and a plan to eliminate or reduce the barriers and improve functioning in order to reintegrate into civilian life. Services are provided as needed, when the participant is ready to participate in any or all three phases of rehabilitation. Outcomes for clients are measured and monitored by VAC's Case Managers and by VAC's Program Management.

The components of the VAC's Rehabilitation Program are not always or necessarily provided sequentially. In some cases, a sequential approach is the right approach (for example, when a client's medical condition needs to be stabilized before he/she can actively participate in vocational rehabilitation). In other cases, all three components of the Program work together as an integrated plan. How this is done depends upon the client's needs and barriers and the case plan developed in conjunction with the Case Manager, taking into account not only the input of the client but also the input of the health and vocational professionals involved with the client.

Generally, our services and benefits do not have limits. When there are limits, these have been established in accordance with industry standards, best practices and/or are prescribed in Regulations. However, in most cases, individual client circumstances can be reviewed, owing to the needs-based nature of the Program.

VAC educates staff on a continuous basis and is active in outreach activities to promote its programs and services, including the Rehabilitation Program. VAC conducts outreach activities to targeted audiences such as CF members and their families, veterans and their families, specific groups associated with the field of rehabilitation, and to the general public in order to disseminate information on VAC's Rehabilitation Program, its functioning and its objectives.

## **LEGION'S POSITION:**

The Legion is satisfied with progress made on this issue.

### **51. Access to VAC Rehabilitation Services**

#### **VSS 38**

**WHEREAS** rehabilitation is most effective when it begins early and is consistent and ongoing;

**WHEREAS** needs vary, depending on the individual, therefore the length of a rehabilitation program should be based on need rather than an arbitrary time limit;

**WHEREAS** there is often a delay between the time when members of the Canadian Forces are injured and when they are referred/linked to the VAC rehabilitation program. In some cases, members remain too long in CF rehabilitation programs, when it is clear that they will be unable to return to work in the Canadian Forces; and

**WHEREAS** even when members do make the transition from the Canadian Forces to VAC, there has not been a standard approach to sharing information, assessing needs, involving family members and establishing a timeline for action:

**THEREFORE BE IT RESOLVED** that eligibility requirements be changed to ensure that all Veterans and families with a health condition can apply for rehabilitation services, and to make it easier for participants whose needs change to re-enter the program at any time.

**RESPONSE: Veterans Affairs Canada**

*The Canadian Forces Members and Veterans Re-establishment and Compensation Act* stipulates those eligible for the Rehabilitation Program.

Policy has been clarified to indicate that still serving members can apply for the program before they release but they cannot receive benefits until after they leave the military.

Veterans who have a rehabilitation need which resulted primarily from their military service can apply for the Rehabilitation Program at any time after their release from the Forces. Those who apply for the program can expect to know within two weeks if they are approved.

The Rehabilitation Program is part of the social safety net that is always there for Veterans after their release. If, after participating in the Rehabilitation Program, a Veteran's situation changes and the Veteran has a new rehabilitation need which results primarily from their military service or has a re-occurrence of a previous need which results primarily from their military service, the Veteran may re-apply for the Rehabilitation Program and receive benefits and services as a result of this new need or re-occurrence.

**LEGION'S POSITION:**

The Legion is satisfied with this reply.

**52. Access to Skilled, Knowledgeable Health Care Providers**

**VSS 39**

**WHEREAS** VAC staff are responsible for case management services and for providing funding for services, Veterans and their families will receive most of their primary care, counseling and rehabilitation services from service providers in their community;

**WHEREAS** there is a shortage of primary care providers and mental health professionals in most provinces and territories and there is a smaller proportion who understand the mental health and other issues facing members of the CF and Veterans;

**WHEREAS** VAC has taken steps to develop networks of skilled mental health service providers, but Veterans and families still report that providers are not as aware of operational stress injuries and mental health stressors associated with life in the Canadian Forces; and

**WHEREAS** Veterans and families are critical of the VAC policy to cover only the cost of providers who are registered with Blue Cross or meet VAC's criteria for professional training:

**THEREFORE BE IT RESOLVED** that VAC explore a range of strategies such as contracting with family physicians, paying to train and employ physician assistants and nurse practitioners, developing training programs for service providers on the impact of military service on health, and ensuring Veterans and families have access to a wide range of health providers and benefits.

**RESPONSE: Veterans Affairs Canada**

The Department is developing and implementing a national strategy for service provider knowledge exchange in the domain of operational stress injuries. The objectives are to promote access and optimal clinical delivery to Veterans with operational stress injuries; promote the transfer of operational stress injury knowledge into practice including the impact of military service on health; promote awareness of VAC services and establish effective relationships with service providers. The Department is also collaborating with the national organizations of the major mental health professions such as psychiatry, psychology and social work.

While Veterans Affairs Canada shares the Legion's concern that Canada's Veterans have access to trained health professionals, the recruitment and employment of such professionals is a provincial responsibility. The Department's current role is one of reimbursing qualified health providers and not as a direct provider of these services.

There are currently 21 health practitioner groups recognized by Veterans Affairs Canada, including chiropractors, nurses, optometrists, dentists, physiotherapists, psychologists, dentists and social workers. In addition to the 21 recognized health practitioner groups, the Department also recognizes the following practices that operate at the professional or technical level: addiction counsellors, art therapists, music therapists, rehabilitation biomedical engineers and vocational counsellors.

The list of approved professions continues to be updated to include new and modern therapies once evidence supporting their effectiveness becomes known

**LEGION'S POSITION:**

The Legion is satisfied with this reply.

## **POPPY AND REMEMBRANCE**

**53. Poppy Trust Fund – Military Family Resource Centre  
P&R 1; NFLD/LAB 3/C; ATLA-NWT 6/C**

**WHEREAS** Provincial Commands and/or Branches should reach out to Canadian Forces members and modern Veterans as part of the DEC approved "We Care" Program; and **WHEREAS** Canadian Military Family Resource Centres (MFRC) are independent, not-for-profit centres that, even though partially funded, are called upon to support non-funded site-specific programs that benefit families only, such as child care, through donations:

**THEREFORE BE IT RESOLVED** that a Command, or subject to the prior approval of the Provincial Command, a District, Zone, Branch or group of Branches, may, for the purposes



of supporting Canadian MFRC's non funded family oriented programs, expend a portion of the monies in its Poppy Trust Account, not exceeding ten percent of the total available in the account on the thirtieth (30<sup>th</sup>) day of September in the year preceding the expenditure, for site specific non-funded programs.

**RESPONSE:**

Has been implemented.

**LEGION'S POSITION:**

This has been incorporated with Sub section 402.q. of the Poppy Manual.

**54. Auction of Commemorative Items from the Memorial Cup**

**ONT 15**

**WHEREAS** the Memorial Cup originated in 1919 as a memorial to the Canadian dead of WW I and represents the true meaning of Remembrance in Canadian Junior Hockey;

**WHEREAS** the Memorial Cup Tournament is played throughout the Provinces of Canada and internationally throughout many northern States;

**WHEREAS** terms of reference have been established by Dominion Command for the use of the poppy symbol, the wearing of the poppy, the incorporation of Remembrance and the sale of the commemorative sweaters and helmets by the Canadian Hockey League (CHL);

**WHEREAS** the host Branch(es) is responsible for much of the preliminary work in preparation of the tournament;

**WHEREAS** the branches donate most of their Poppy Trust Funds to assist Veterans and their dependents, hospitals and bursaries, etc; and

**WHEREAS** the Dominion Command Poppy and Remembrance Committee has decided that all proceeds from the sale of the commemorative sweaters and helmets be directed to the Dominion Poppy Trust Fund:

**THEREFORE BE IT RESOLVED** that all proceeds from the sale of the commemorative items such as sweaters and helmets be directed to the local Branch(es) Poppy Trust Fund.

**RESPONSE:**

Action will be taken.

**LEGION'S POSITION:**

This will be the practice for 2011 (Mississauga) and in subsequent years.

**215. Use of Poppy Trust Funds For A Reading Program For Students**

**NS/NU 1/C**

**WHEREAS** sixty-five years have passed since young Canadian men and women went off to free the citizens of other countries from oppression;

**WHEREAS** various schools throughout Nova Scotia/Nunavut Command commemorate the sacrifices made by those who gave their lives on our behalf;

**WHEREAS** many of our young fighting men and women were lacking at the time in the basic skills of reading and writing;

**WHEREAS** to encourage young people to read by presenting school libraries with suitable reading matter would stimulate the development of a more literate society;

**WHEREAS** it has been our experience that a close involvement with students in such a manner has led to a greater appreciation of the Legion by the youth of the community and by their parents; and

**WHEREAS** it has been further noted that young people who are familiar with such work in the community tend to give greater consideration to Legion membership as they become young adults:

**THEREFORE BE IT RESOLVED** that Nova Scotia/Nunavut Command petition Dominion Command to allow, subject to prior approval by a Provincial Command, the use of a portion of Branch Poppy Trust Funds to fund a Veterans' Reading program for students.

**BE IT FURTHER RESOLVED** that such portion not to exceed 5% of excessive funds after all expenses are paid for fiscal year.

**RESPONSE:**

This has been implemented.

**LEGION'S POSITION:**

This has been incorporated into Sub section 402.p. of the Poppy Manual.

**305. Poppy Trust Funds**

**ALTA-NWT 14**

**WHEREAS** Article XI of The Royal Canadian Legion General By-Laws provides for the direction necessary to operate the Poppy Campaign and lists the ways in which funds that have been collected may be used;

**WHEREAS** The Poppy Manual provides amplification of fund utilization;

**WHEREAS** The Poppy Manual also provides guidance on numerous subjects, one of which is disbursement of funds for bursaries to children or grandchildren of Canadian ex-service persons who are in need of this assistance, this assistance may be awarded at any stage of a college or university program;

**WHEREAS** Many Canadian ex-service persons are now in their seventy's or older and their children and grand-children are now in their life and may not require educational program assistance; and

**WHEREAS** Great Grand-children of Canadian ex-service persons may be in need of bursary assistance, but the existing rule regarding the disbursement of Poppy funds does not presently allow for this action:

**THEREFORE BE IT RESOLVED** that Great Grand-children be included in the disbursement of Poppy funds and allowed to receive bursaries in the same manner as already established for Grand-children;

**BE IT FURTHER RESOLVED** that the Poppy Manual be amended to reflect this resolution; and

**BE IT FURTHER RESOLVED** that the General Bylaws of The Royal Canadian Legion be amended as required to reflect this resolution.

**RESPONSE:**

This has been implemented.

**LEGION'S POSITION:**

The Poppy Manual Sub section 401.e. has been amended to include great-grandchildren.

**310. Poppy Trust Fund Expenditures – Public Notice**

**NS/NU 4**

**WHEREAS** Section 606 of the Poppy Manual states that “Branches SHALL provide the public with a financial statement through the local media showing the amount collected, the disbursements and any other relevant information of the previous year campaign”;

**WHEREAS** the cost of doing this can be very costly to Branches, \$1,000.00 or more in some areas; and

**WHEREAS** many of our Branches are not following the instructions of the Poppy Manual because of the cost the local media may be charging:

**THEREFORE BE IT RESOLVED** that the Dominion Command Poppy Committee make changes to paragraph 606 of the Poppy Manual that will make it less costly for Branches to get this information out to the public, such as handouts at Poppy Outlets, posting on public notice boards and at Legion Branches, etc.

**RESPONSE:**

This has been implemented.

**LEGION’S POSITION:**

Section 606 of the Poppy Manual has been amended as follows:

**PUBLIC NOTICE**

606. Prior to commencing the annual Poppy Campaign, branches shall provide the public with a financial statement through local media either by paid advertising or through a public service announcement or on their locally advertised website. Branches can also co-share such requirements with other branches, Districts and Zones to minimize expenses.

**405. Section 1109 General By-Laws Cadet Funding**

**ONT 33**

**WHEREAS** The Royal Canadian Legion at all levels, has been a strong and long time supporter of cadets in Canada;

**WHEREAS** within the past several years all cadet league’s and corp’s in Canada have seen significant cuts in funding from The Department of National Defence;

**WHEREAS** these cuts have had a severe impact in areas such as training, meal support, insurance and other programs; and

**WHEREAS** without adequate funding league’s and corp’s may be forced to close:

**THEREFORE BE IT RESOLVED** that Section 1109 of the General By-Laws be amended by removing the following:

“not exceeding ten percent”

and replacing it with:

“up to 20%”.

**RESPONSE:**

This has been implemented.

**LEGION’S POSITION:**

Incorporated in the General By-Laws as amended to September 2010.

## MEMBERSHIP

### 55. Ladies Auxiliary Years of Continuous Service BC/Yukon 6

**WHEREAS** the General By-laws of The Royal Canadian Legion authorize the formation of Ladies Auxiliaries, and Auxiliaries were formed nationwide;

**WHEREAS** the General By-laws of The Royal Canadian Legion place the Ladies Auxiliaries under the jurisdiction of the Provincial Command and the local Branch;

**WHEREAS** Auxiliaries have assisted Provincial Commands and Branches with operations and supported the aims and objects of The Royal Canadian Legion;

**WHEREAS** members of the Auxiliaries were recognized for their contributions by way of service medals, pins and membership card denoting years of continuous service;

**WHEREAS** declining membership in the Auxiliaries has led to the surrendering of Charters and the loss of Auxiliaries;

**WHEREAS** members of the Auxiliaries surrendering their Charters have the option of transferring to another Auxiliary to retain membership in the Ladies Auxiliary;

**WHEREAS** members of Auxiliaries, through no fault of their own due to geographic location and proximity to an existing Auxiliary, cannot exercise the option of transferring to another Auxiliary and remaining an active participant;

**WHEREAS** members of Ladies Auxiliaries are permitted to be members of a Branch, but upon joining the Branch lose the recognition of their years of continuous service; and

**WHEREAS** Provincial Commands and local Branches are desirous of implementing a means of providing recognition for their years of continuous service:

**THEREFORE BE IT RESOLVED** that Provincial Commands and local Branches jurisdiction over their Ladies Auxiliaries be recognized to include the ability to develop and implement a policy to provide recognition for their years of continuous service; and

**BE IT FURTHER RESOLVED** that in the event of a Ladies Auxiliary surrendering its Charter, and a member of the Auxiliary joining the local Branch, that the member's years of verified continuous service be carried over to the Branch; and

**BE IT FURTHER RESOLVED** that the years of continuous service be reflected on the Branch membership card by means of a numerical sticker as approved by the Provincial Command.

### **RESPONSE:**

Resolution #55 provides Provincial Commands and/or branches with the jurisdiction to develop a policy and /or implement a program to recognize years of continuous service for LA members who belonged to LA charters that have been surrendered.

As specified in the resolution: in the event that a Ladies Auxiliary surrenders its charter and the LA member becomes a member of the local branch, and the years of service can be verified, the LA years of service can be carried over to the branch and displayed on the membership card by means of a numerical sticker. Any programs or policies pertaining to the recognition of LA years of service must be developed and/or approved by the appropriate Provincial Command. Dominion Command does not record or track any information on LA members and is unable to verify LA years of service. Provincial Commands will also be responsible for the design and production of stickers used to display the years of service for LA members within their jurisdiction.

It is important to note that LA years of service cannot be combined with Legion years of service. The LA years of service for those members whose charters have closed can be displayed on the membership card by means of a sticker only.

**LEGION'S POSITION:**

Issue has been clarified.

**221. Associate Membership  
MAN&NWO 1/C**

**WHEREAS** Section 207 of the General By-Laws recognizes only members of Fire Services, which in most urban centers includes Emergency Response Services (i.e. Rescue, Emergency Medical/Paramedic and Hazardous Materials personnel), Office Staff, Telephone Operators, Radio Dispatchers, Maintenance and Mechanics, as persons acceptable for "Associate Membership";

**WHEREAS** under the existing By-Laws an anomaly exists in that all personnel attached to a "city, municipal, volunteer, unorganized territories or federal Fire Service" are acceptable as Associate Members while personnel of provincial Fire Services and Emergency Response Services (not attached to a "Fire Service") are only acceptable as Affiliate Members; and

**WHEREAS** Emergency Response Personnel place their safety and lives at risk for the protection of people and property on a regular basis:

**THEREFORE BE IT RESOLVED** that Associate members, Subsection 207.h. of the General By-Laws of The Royal Canadian Legion be deleted and replaced with:

- h. served in a city, municipal, volunteer, unorganized territories, provincial or federal Emergency Response Service for not less than one year.

**RESPONSE:**

Has been implemented.

**LEGION'S POSITION:**

Incorporated in the General By-Laws as amended to September 2010.

## SPORTS

**56. Legion Eight Ball (Pool)  
ONT 8; NB 9/C**

**WHEREAS** Legion Eight Ball is a popular sport throughout Canada and that interest in this sport is high within most Provincial Commands;

**WHEREAS** Eight Ball is already played on a competitive basis within many Legion Commands;

**WHEREAS** Eight Ball is played in many branches across Canada;

**WHEREAS** Eight Ball is a sport that can be played within Legion branches; and

**WHEREAS** such an event can help promote a higher interest in the membership of all Legions and promote comradeship among Legion members:

**THEREFORE BE IT RESOLVED** that Dominion Command of the Royal Canadian Legion sponsor an annual national Eight Ball Tournament within the same parameters and with the same support afforded the other current Dominion sports.

**RESPONSE:**

Issue will be resolved in the future.

**LEGION'S POSITION:**

Legion Eight Ball at the national level will be introduced as a national Legion sport in May 2012.

## DEFENCE

**57. Service Pin For Members With Less Than 12 Years Service**

**Defence 1**

**WHEREAS** the current Canadian Forces Decoration is awarded after a minimum 12 years of service in the regular and reserve force;

**WHEREAS** upon release a member having served 12 to 21 years receives a Bronze Tri Service pin, 22-31 receives a Silver Tri Service pin and 32 plus receives a Gold Tri Service pin;

**WHEREAS** many current and previous serving regular and reserve force personnel do not serve the 12 years required to receive the decoration or pin; and

**WHEREAS** many regular and reserve force personnel who have served their country but have not served the required 12 years to be awarded a Canadian Forces Decoration or Tri-Service pin receive no recognition of service whatsoever:

**THEREFORE BE IT RESOLVED** that the Department of National Defence be requested to review their "Depart With Dignity" program and support the creation of a pin to be awarded to members who have served but did not meet the current minimum 12 year requirement.

**RESPONSE: National Defence**

You request that the Depart with Dignity (DWD) program be reviewed and that a new CF service pin be created and awarded to members who do not meet the minimum 12-year requirement.

The intent of the DWD program is to formalize the departure process and ensure that all CF members are given appropriate recognition upon completing their military service. A minimum standard is established within the scope of the DWD program, as originally announced by the Chief of the Defence Staff in 2003, and the program was reviewed and updated on January 16, 2009. The DWD program applies to all members who have completed basic recruit training or basic officer training and who are being honourably released from the CF. As a minimum, the Certificate of Service and the Environmental Certificate are presented in a suitable manner during the DWD ceremony. Therefore, all CF members who have completed basic training, regardless of their length of service, will receive an official recognition of service at the time of their release.

The creation of a new service pin would result in an additional level of acknowledgement of service and would not be in line with CF objectives. The aim of the CF in offering acknowledgements of service such as CF service pins is twofold: to recognize a good and faithful member's career and to highlight the period during which a member has

volunteered to contribute to the success of CF operational requirements in peace or conflict environments, at home or in foreign theatres of operation. The last amendment to the Acknowledgement of Service Instruction was implemented on March 1, 2009, and reviewed in May 2010, and the Instruction is considered to be completely in line with the CF's aim. Also, in accordance with Canadian Forces Administration Orders 18-23 –Canadian Forces Service Pins, the type of service pin awarded is determined by the status of a member's Canadian Forces Decoration (CD), including any clasps, held at the time of release. The service pin provides eligible former CF members with a means by which they may be identified and thereby encourages the continued observance of the military ethos in civilian life. Since the eligibility criteria for the CF service pins are linked to the awarding of the CD, offering a fourth CF service pin for those who do not qualify would be improper.

The DWD program and the Acknowledgement of Service Instruction that were implemented in 2009 are still appropriate. Consequently, your request to create a new service pin for those who do not meet the length of service requirement to qualify for a CF service pin is not supported.

**LEGION'S POSITION:**

The Legion will continue to advocate for this important issue. Any Veteran who has served his country voluntarily and has completed his Occupation Classification training successfully is highly deserving of being awarded a visible recognition of his service. (Less than 12 years, CF Service Pin – red in colour)

**58. The Canadian WWII Volunteer Service Medal – Reduction In Qualifying Time  
Defence 3**

**WHEREAS** the Canadian Volunteer Service Medal is granted to persons of any rank in the Naval, Army or Air Forces of Canada who voluntarily served on Active Service and have honourably completed eighteen months (540 days) total voluntary service from September 3, 1939 to March 1, 1947; and

**WHEREAS** there are veterans who voluntarily enlisted in the Canadian Armed Forces after November 1943 and who were involuntarily discharged in mid 1945 and whom Canada fails to recognize as volunteers by denying them the Canadian Voluntary Service Medal:

**THEREFORE BE IT RESOLVED** the Legion support the granting of the Canadian Volunteer Service Medal to all of those who volunteered without limiting time criteria.

**RESPONSE: Veterans Affairs Canada**

The Canadian Volunteer Service Medal (CVSM) was established on October 22, 1943. As with all campaign medals and stars, specific eligibility requirements were set for the award of the CVSM. The medal was granted in recognition of 18 months of voluntary service to persons of any rank in the naval, army or air forces of Canada, who served on active service from September 1939 to March 1947 and were honourably discharged, retired from service or killed in action (the medal was awarded posthumously). In addition, those who served outside of Canada for a total of 60 days, continuous or intermittent, were awarded silver bars with a maple leaf.

The Governor General is responsible for the administration of all honours in Canada. The Chancellery of Honours, part of the Office of the Secretary to the Governor General, is

responsible for administering the Canadian Honours System on behalf of the Governor General. It provides support to the Honours Policy Committee, which is chaired by the Privy Council Office and made up of a group of senior public servants from various government departments who assist in administering Canadian honours.

Any change(s) to the established eligibility requirements for the CVSM would require the approval of the Honours Policy Committee, followed by an order-in-council specifying the terms of the change(s). Therefore, this resolution would be more appropriately addressed to the Chancellery.

**LEGION'S POSITION:**

The Legion will consider making a formal request to the Chancellery of Honours.

## RITUAL AND AWARDS

**60. Branch Service Medals**

**R&A 1**

**WHEREAS** there would seem to be sufficient Medals in the Branches and Ladies Auxiliaries to the Branches to recognize service on Branch and L.A. Executive Committees and Committee Chairs;

**WHEREAS** while there are Certificates and Plaques available to recognize the significant efforts of members who, for their own reasons, have not yet sought leadership positions as Chairs of Committees or as members of the Branch /L.A. Executive, the Legion and the L.A. lack a tangible, visible method of recognizing the value of these many hard-working, behind-the-scenes volunteers; and

**WHEREAS** from time to time, the Legion issues Commemorative Medals to recognize Legion Anniversaries, such as: 50<sup>th</sup>, 60<sup>th</sup> and 75<sup>th</sup> Anniversaries, however, in many instances, these valued Anniversary Medals don't reach the behind-the-scenes volunteers:

**THEREFORE BE IT RESOLVED** that Convention authorize the creation of Branch and L.A. Service Medals for members of the Branch and of Ladies Auxiliaries to the Branch to recognize the significant work accomplished by their many members, outside of or prior to their acceptance of leadership positions; and

**BE IT FURTHER RESOLVED** that the Service Medal be senior to all Commemorative Medals and junior to the Branch and/or L.A. Office Medal and that the authorizing/approving authority be the Branch or L.A. Executive Committee and/or General Membership Meeting.

**RESPONSE:**

Issue has been resolved.

**LEGION'S POSITION:**

The Ritual and Awards Committee authorized the Supply Department to produce and sell Branch Service/L.A. service medals in both official languages. They are now circulating in Legion Branches. The Committee also published criteria for awarding the Medals in The Honours and Awards Manual, revised in January 2011.



**61. Secretary Treasurer Bar at District and Zone Levels**

**BC/Yukon 7**

**WHEREAS** the Executive Officer positions of Secretary and Treasurer are often combined; and

**WHEREAS** there are Secretary Treasurer bars available at Provincial and Branch Executive levels, but not at District or Zone:

**THEREFORE BE IT RESOLVED** that a Secretary Treasurer bar be struck for presentation at the Legion District and Zone levels; and

**BE IT FURTHER RESOLVED** that a similar Secretary Treasurer bar be struck for presentation at the Ladies Auxiliary District and Zone levels.

**RESPONSE:**

Issue has been resolved.

**LEGION'S POSITION:**

The Ritual and Awards Committee authorized the Supply Department to produce and sell these bars through the Supply Branch Catalogue. They are now in use in all Commands.

**62. Honouring Aboriginal Veterans - Pin**

**ONT 4/C**

**WHEREAS** there were some 4000 Canadian Aboriginal men who joined the Allied Forces on the European Battlefield during World War I and more than 3000 Canadian Aboriginal peoples served during the World War II; and

**WHEREAS** it has been the practice of the Royal Canadian Legion to strike a different commemorative pin each year:

**THEREFORE BE IT RESOLVED** that the Royal Canadian Legion approach Veteran's Affairs Canada (Canada Remembers Division) and suggest consideration be given to striking a pin to honour the First Nations, Metis and Inuit Veterans of Canada.

**RESPONSE: Veterans Affairs Canada**

Veterans Affairs Canada (VAC) recognizes the service of all Veterans, including Aboriginal Veterans. Aboriginal Canadians have demonstrated time and again their great service and sacrifice for our country through their participation in Canada's military.

The Department has recognized Aboriginal Veterans in many ways, including the organization of the Aboriginal Spiritual Journey in 2005 to recognize the contribution of Canada's Aboriginal community in times of war; the production of various information products that highlight their service, such as the commemorative booklet *Native Soldiers - Foreign Battlefields*; providing partnership funding to support Aboriginal community remembrance activities in Canada; and posting interviews with Aboriginal Veterans on the Heroes Remember Web feature.

From time to time, Canada Remembers has produced pins to commemorate significant events in Canadian military history and to support the ideal of peace and promote remembrance. For example, VAC has produced pins to mark the 80th anniversary of the

Battle of Vimy Ridge, the 55th anniversary of the Battle of the Gulf of St. Lawrence, the 80th anniversary of the First World War Armistice and the Year of the Veteran in 2005. Since 2005, VAC has been using only the Canada Remembers pin to support remembrance. It is no longer the practice of the Department to strike a new commemorative pin for each anniversary and VAC has not produced pins to honour any particular segment of the Veteran population. VAC has no plans to alter this approach.

Should the Royal Canadian Legion wish to continue their practice of striking a new pin each year, VAC has no objections.

**LEGION'S POSITION:**

The Legion will reconsider this issue internally.

**232. Wearing Cadet Medal on Legion Uniform**

**SASK 1/C**

**WHEREAS** The Royal Canadian Legion proudly sponsors the Cadet Legion Medal of Excellence to deserving cadets across Canada each year;

**WHEREAS** the Cadet Legion Medal of Excellence currently may only be worn on the cadet uniform; and

**WHEREAS** many of the Cadet recipients of the Cadet Legion Medal of Excellence are currently members of The Royal Canadian Legion:

**THEREFORE BE IT RESOLVED** that the Cadet Legion Medal of Excellence be authorized to be worn on the right hand side of the Legion uniform.

**RESPONSE:**

Issue has been resolved.

**LEGION'S POSITION:**

The Ritual and Awards Committee has revised both the Ritual and Insignia Manual and the Honours and Awards Manual to indicate that this Medal may now be worn on Legion Dress.



