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Canadian Policy towards Veterans – From WWI to Afghanistan

Abstract

The aim of this paper is to present and analyze legislative and social solutions introduced in Canada from 1917–2011, aiming at creating conditions allowing veterans to re-enter their post-mission life maintaining their dignity. Special emphasis is placed on various forms of protective and aid programs provided for veterans on the basis of the 2006 *Canadian Forces Members and Veterans Re-establishment and Compensation Act* known also as *New Veterans Charter*.

Résumé

Le présent article présente et analyse les mesures sociales et légales introduite au Canada entre 1917 et 2011 afin de permettre aux anciens combattants de réintégrer la vie civile après leur mission et de préserver leur dignité. L'article porte une attention plus particulière aux différents programmes de protection et d'aide offerts dans le cadre de l'application de la *Loi sur les mesures de réinsertion et d'indemnisation des militaires et vétérans des Forces canadiennes* également connue sous l'appellation de *Nouvelle Charte des anciens combattants*.

When the war ends they are welcomed home under arches of flowers, with all the girls leaping for their necks – and within six months they are expected to vanish into thin air, keep out of the public-houses and give no trouble.

(Leacock, *My Remarkable Uncle and Other Sketches*).

This bitter but apt comment by Stephen Leacock, a careful observer and witty commentator of the reality around him, presents a typical veterans' lot. In Canada, just like in the majority of other countries in the world, the easiest and relatively quickest way to recognize the sacrifice of the soldiers fighting in various wars was to commemorate them through maintenance of historic battlefield places, establishment of military graveyards and creation of various monuments like the National War Memorial in Ottawa or the Canadian National Vimy Memorial in France. Additionally, in order to honor veterans and keep their notable achievements in national memory, war records are preserved, National Books of Remembrance created and Remembrance Day celebrated ("The Origins" 2). However, the creation of an efficient network

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of tangible benefits, which would help to provide for the families of the dead and re-establish the returned veterans, turned out to be a much more difficult task.

Demobilization of armies has always posed a very serious social problem throughout the centuries, rarely taken up in historical discourse where more attention has always been paid to the process of their formation and use. Certain institutional experience in management of veterans' affairs was possessed by the countries whose substantial military force was based on conscription (for example, Prussia or Russia), yet, even in those countries, veterans hardly ever received comprehensive and sufficient protection. As military service was compulsory and treated as natural part of citizenship, the distinction between soldiers and civilians was largely blurred (Morton and Wright ix).

Prior to WWI Canada had rather meager experience in catering for veterans. In the War of 1812 the majority of battles were fought by regular British army, and Canadian militiamen constituted only a fraction of forces fighting against the USA. The situation was similar during the Lower and Upper Canada rebellions and during the Fenian raids in 1864, 1866 and 1870. The militia units were also used to suppress the Red River Rebellion of 1869–70 and the North-West Rebellion in 1885. As a member of the British Empire, Canada also sent its voyageurs to the Nile Expedition in 1885 and a contingent to the South African War of 1899–1902.

Traditionally able-bodied veterans of all of the above mentioned conflicts had been paid off in land grants. In order to provide for the disabled veterans and the families of the fallen soldiers Patriotic Funds were usually chartered under some eminent patronage (Morton and Wright 10). Additionally, after the war of 1812–14, the system of military pensions which were to support disabled militiamen was introduced in British North America and it was retained until WWI. It was based on the experience of the British army and reflected class divisions of the British society, with officers entitled to receiving a one-year's pay as a gratuity, followed by half pay for the rest of their life. Private soldiers "rendered incapable of earning their livelihood" were awarded up to 20 pounds a year (Roland 81–82).

Thus, in Canada the problem of veterans had no comparable precedent before WWI, as never before had such a huge contingent of soldiers been organized there. In some vital respects no other countries, like France, Prussia or Russia, had it. Although the horrifying death toll of the battlefields in the period 1914–1918 can be comparable to the Napoleonic Wars fought in Europe at the beginning of the 19th century, yet the survival rate of the wounded at the beginning of the 20th century turned to be much higher. By the beginning of the 20th century medicine still did not have sufficient means to heal the majority of the wounds inflicted by the modern weapons, but better nursing care and introduction of rigid antiseptics rules helped to cure diseases which once used to annihilate armies, typhoid and dysentery being the best example (Morton and Wright 9). In this way much larger number of the sick and wounded survived, needing further hospital treatment, care of convalescence homes and finally disability pensions.

With the scale and duration of the conflict surpassing all the expectations of the government and society at large, preparations for bringing home combatants of WWI and reintegrating them into civil society began too late. Only in October 1917 the government-formed cabinet committee on reconstruction and in subsequent months Department of Civil Soldiers



Re-Establishment was created, whose aim was to prepare medical care and vocational training for the returned men, as well as a system of disability pensions and benefits together with Soldier's Land Settlement Scheme. The preparations turned out to be inadequate as long term costs of helping veterans and their families were immense – health problems surfaced and the number of people qualified for disability pensions rose from 43,000 in 1919 to 78,000 in 1933 (Finkel and Conrad 217). It happened despite the fact that Canadian authorities were very careful with awarding pensions, being afraid of the “pension evil” which the USA had experienced when the notorious Arrears Act of 1879¹ was passed (Hunt). Boards of military experts who were to assess disability rate and subsequent pension were warned against overprotective treatment of ex-soldiers: “They have been accustomed to having everything done for them, they lose all ambition and have no desire to help themselves” (Morton and Wright 1).

For able-bodied veterans soldier settlement scheme was prepared, but its foundations were too optimistic as it later on turned out. Ex-soldiers who had been found eligible as far as experience and aptitude was concerned, could be awarded dominion land grant or buy land from private owners for a grant of maximum \$7,500, which had been lent to the veterans by the Soldier Settlement Board (SBB). According to the report issued by SSB in 1922, 25,433 veteran-settlers had benefited from the program (Morton and Wright 144–150). Yet, over the subsequent five years it became clear that the foundations of the soldiers settlement program had been miscalculated and it was not a bonus at all. Soldier settlers began their farming too late to profit from wartime prices of agricultural produce, paid high wartime prices for their land and stock but had to pay off their credits when the farm incomes rapidly went down. In consequence, 80% of farming veterans broke within the first five years (Kershen 64).

In the years following the Great War official propaganda, especially in the form of publications issued by Department of Soldiers' Civil Re-establishment (DSCR), released optimistic data about generous pensions, retraining courses and employment possibilities available for all the veterans. When ex-soldiers complained about the substandard quality of such services, such complaints were treated as ungrounded and a clear sign of demanding attitude. Having met with incomprehension of their problems both from officials and major part of the society, many veterans, especially from the working class background, vented their dissatisfaction with “feeble government efforts to ease their reintegration into civilian life” (Kershen 64) turning to organization of strikes. Being disappointed with the help they had been provided, the veterans also began to organize themselves in the interest of remembrance, comradeship and mutual aid. In 1917 the Great War Veterans' Association was established and in subsequent years together with other ex-soldiers organizations it gave rise to formation of Canadian Legion of the British Empire Service League, which lobbied for the revision of veteran related legislation. In the atmosphere of general disenchantment of the majority of veterans visible in the 1920s, a new War Veterans' Allowance Act was passed in 1930, improving the system of benefits, but twelve years after the end of hostilities for many veterans it came too late.

1) On the basis of Arrears Act of 1879 pensions for Union Civil War veterans were increased due to the fact that they could be calculated from the day of the discharge from the army and not from the moment when the claim was placed. By 1880 it had nearly doubled prior annual pension expenditure.



In the eye of demobilization experience after WWI, during WWII preparation for postwar reconstruction began already in November 1939, when Ian Mackenzie, Minister of Pensions and National Health and Great War veteran, suggested to Prime Minister Mackenzie King that planning process for postwar reintegration of soldiers should be commenced immediately (Kershen 64). In 1940 General Committee on Demobilization and Rehabilitation was established. Canadian authorities did learn the lesson from the turbulent 1920s and decided to devise veteran benefit programs in such a way so as not to repeat the mistakes of the poorly organized, ad-hoc programs for the veterans of the Great War. In 1944 the Department of Veterans Affairs (DVA) was established and Veterans Charter was passed.

There was general public and government support for state intervention in the field of social security legislation concerning veterans, which resulted from the desire to appreciate the sacrifice of the soldiers fighting in that conflict better than it had been done after WWI, and partly also from fear that dissatisfied veterans can pose social problem destabilizing the country. Even before the end of the conflict DVA began informing soldiers about the opportunities and benefits awaiting for the veterans after their return, organizing lectures for the troops, distributing leaflets and preparing special radio broadcasts.

The Veterans' Charter offered many opportunities for ex-soldiers: The Reinstatement in Civilian Employment Act guaranteed returning to the old jobs or obtaining a comparable job with one's former employer. Vocational retraining courses or free university education were offered to those who could not (because of disabilities) or did not want to resume old employment. Ex-soldiers could also get subsidized loans to establish their own business or could get loans up to \$4,500 for land, plus \$1,200 for equipment on the basis of the Veterans' Land Act. Additionally they were given access to job counselling, preferences for employment in civil service posts and unemployment insurance benefits for the period of one year (Kershen 66). The main aim of veteran protective legislation, however, was returning them to normal life, with complete maintenance provided only in the case of totally disabled soldiers (Aiken and Buitenhuis 6). It had been made clear in an information booklet *Back to Civil Life*, the aim of which was to present to veterans government program devised for them: "The object of Canada's plan for the rehabilitation of her armed forces is that every man and woman discharged from the forces shall be in position to earn a living" (Neary and Granatstein 249). Generally, thanks to extensive wartime planning and favorable economic position, reception of huge groups of returning veterans (approximately 250,000 before VE-Day, 395,000 in 1945 and 381,000 in 1946) proceeded smoothly and veterans' benefits largely helped to keep up country's purchasing power ("The Origins" 13).

Benefits of Veterans' Charter, through adoption of Veterans Benefits Acts of 1951 and 1953, were extended to the veterans of another conflict in which Canadian forces participated i.e. Korean War. Korean War soldiers, theoretically took part only in a UN "police action," yet in practice faced brutal reality of full scale, bloody war, which claimed lives of 516 of them and left another 1,042 wounded out of roughly 25,000 member Canadian contingent (Bercuson xv). After the war, however, interest of ex-soldiers in the programs offering retraining and re-establishment was rather moderate, yet the majority of the wounded soldiers were awarded disability pensions ("The Origins" 19–20).



In the late 1960s the system of veterans' benefits was re-examined and reorganized. By that time the majority of WWI veterans were facing the problem of old age and a huge group of WWII ex-soldiers was about to approach retirement. The main aim of the changes and new programs (i.e. Veteran Independence Program VIP) introduced at that time was to provide necessary support to the aging veterans at home (home adaptations, ambulatory health care of geriatricians, allowances for housekeeping etc.) instead of placing them in long-term care facilities (Aiken and Buitenhuis 7). In 1979 the Department of Veterans' Affairs (DVA) was also reorganized and renamed to Veterans Affairs Canada (VAC) as it is known at present.

In the 1990s two new groups of veterans began to emerge, namely those who had served in Special Duty Areas – e.g. the peacekeepers, whose needs were different and not addressed to in the Pension Act (Aiken and Buitenhuis 7) and a group of those who did not meet the “universality of service” criteria. In the 1990s the number of CF members was undergoing constant reduction, while their commitments grew and the principle of the “universality of service” was more rigorously enforced. It requires every member of CF to be continually ready for deployment to any place in the world, keeping the required level of physical fitness. Thus, soldiers who in other circumstances would remain in the military, but would be transferred to less health-demanding posts, were released on medical grounds but were unable to qualify for disability pensions or career retraining (“The Origins” 54). The group of veterans of various operations taken under the UN and NATO mandate was also constantly increasing throughout the 1990s as Canada was engaged in a large number of the world's hot spots: Lebanon, Angola, Persian Gulf, Somalia, Cambodia, Rwanda, Nicaragua, the Balkans, Sudan, just to name a few (Holloway 105–107).

Because of great intensity of operations taken by CF, the “old” Veterans Charter suite of programs was unable to provide proper coverage for the needs of the new groups of veterans. “Disenchantment with inadequate care and treatment simmered for the rest of the decade; it reached the boiling point with the Canadian commitment of troops to combat in Afghanistan” (Cox). In October 2002 Canadian troops were deployed to Afghanistan as part of US-led Operation Enduring Freedom. The aim of the operation was to dismantle the Al-Qaeda terrorist network in Afghanistan and to remove the Taliban regime from power. In August 2003, under the mandate of Operation Athena, Canadian Forces deployed to Kabul to take part in the International Security Assistance Force's (ISAF) mission to help maintain security in Kabul and the surrounding areas. In August 2005, Canada assumed leadership of the Kandahar Provincial Reconstruction Team and command of a challenging military mission: securing a large rural province (Kandahar) the size of Nova Scotia with just 2,500 soldiers (“History of Canada's Engagement”). In December 2011, the last rotation of troops returned to Canada from Kandahar after completing the closeout of military operations in Kandahar Province as part of Mission Transition Task Force (MTTF). In May 2012 during the NATO Summit in Chicago, Illinois, Prime Minister Stephen Harper issued a statement and confirmed that Canada's military mission in Afghanistan will come to a firm and final end once the training mission concludes on March 31, 2014 (“History of Canada's Engagement”).

Whether the objectives of the whole operation were achieved is a highly debatable question, thoroughly discussed in the Fourteenth and Final Report to Parliament on Canada's Engagement in Afghanistan which was released at the end of March 2012. Definitely operation in Af-



ghanistan constitutes the largest Canadian military deployment since the Second World War. Statistical data compiled on the basis of information from Department of National Defence, Veterans Affairs Canada and Office of the Veterans Ombudsman are the following: the number of Canadian Afghan mission veterans (defined by having spent 30 or more days in-country) has already reached 39,558. During the mission 158 Canadian soldiers were killed, 635 wounded in action between 2001–2011 and 1,412 injured in non-battle situations within the same time span. As of December 31, 2011, 4,181 veterans were receiving disability benefits awarded because of disabilities directly related to their service in the Afghanistan mission (Berthiaume).

The above mentioned numbers help to illustrate the impact the 10-year combat mission has had on Afghan vets, their families and their communities. It is something that the country will have to confront over the incoming years and increased awareness of the human price of war is supposed to create greater understanding of the wounds of war (hidden and visible) by families, friends, therapists, employees and the society at large. Such understanding, as aftermath of many earlier conflicts had proved, is indispensable in the attempts at healing the wounds of war and reintegrating the veterans into civil society (Hendin and Pollinger Hass xi).

Of course not all veterans do have problems. As is evident from the above mentioned data, the majority of those who served in Afghanistan returned, remained in the Canadian Forces and are awaiting their next assignments. Some left the military to pursue jobs, using their experiences and applying them to the civilian world – taking the posts of police officers, paramedics, technicians and mechanics or pursuing their education. For many, however, the battle did not stop with the official end of the combat mission – they fight with physical and mental wounds, family breakdown and various addictions. So far, apart from numerical data and descriptions of various programs offered to the returning soldiers, the research on the experience of Afghan mission veterans is rather scarce. One of the reasons is the fact that in the case of anyone exposed to life-threatening combat some time is required to master/digest the experience sufficiently for participants to talk or write about it.

Currently all aid programs for veterans (insurance payments, disability benefits, transition benefits, etc. are conducted on the basis of the Act passed on April 1, 2006 known as *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, commonly known as *New Veterans Charter*, which brought substantial changes to the 50-year-old Pension Act, previously determining veterans' services and benefits. Under the provisions of the Pension Act the benefits for disabled veterans consisted of a monthly pension and a number of allowances. The sum of money received by such ex-soldiers depended on the nature of his/her disability (through the disability assessment), marital status, and number of children (Aiken and Buitenhuis 1). The main aim of the program, then, was rather to compensate for disability sustained during the service and it provided little help with the integration of veterans into civilian life after release.

According to Veterans Affairs Canada, the main aim of the introduction of the New Veterans Charter (NVC) is to shift the philosophy of veteran support from one of compensation to one of wellness, rehabilitation and facilitation of the re-entry of veterans into civilian life which is particularly important for the fast increasing number of very young veterans, who are released from the Canadian Forces at the average age of 36. Apart from financial benefits, it is to offer physical and psychological rehabilitation services, vocational assistance and one-



on-one case management. Another novelty is that NVC extended some of its programs also to cater for the needs of veterans' families and the eligibility criteria for certain programs have been broadened. NVC has also been pronounced to be a living document that will be amended and adjusted as circumstances require ("New Veterans Charter – the Facts").

The following outline of assistance provided for veterans was prepared on the basis of information from the official website of Veterans' Affairs Canada, section entitled *An Introduction: The New Veterans Charter – A Modern Approach for Modern-day Veterans*. The most fundamental principle of NVC is to build on the programs already available, especially as far as early medical intervention and long-term disability benefits are concerned. Utmost priority is to be given to the cases of the most seriously injured veterans, thus those who had suffered the so called catastrophic injuries.

Currently, the basic part of the system constitutes of the so called Disability Award – one time, a tax-free payment which is to compensate for disability resulting from military service. Its amount depends on the degree to which one's disability is related to service (entitlement) and the extent of one's disability (assessment). Military rank or years of service of the soldier eligible have no connection to the amount paid. As of November 13, 2012, the maximum of Disability Award was \$293,308.42. The plan offers flexible payment options: a lump-sum payment, annual payments over the number of years of choice, or a combination of these two payment options. It is the major change in comparison to the old Pension Act, on the basis of which injured veterans released prior to the year 2006 were paid a Disability Pension – monthly tax-free payments to eligible veterans as well as qualified spouses and dependants, the amount of which depended on the disability rate and the number of dependents.

Apart from the above mentioned disability award, particular veterans usually also qualify for additional allowances and benefits depending on the degree of bodily harm and deterioration of life quality. Among them there are the following health allowances: Exceptional Incapacity Allowance – for veterans left in helpless condition and/or in continuing pain, discomfort and/or shortened his/her life expectancy; Attendance Allowance – for veterans in "need of attendance" – defined as the need for assistance or supervision of another individual with feeding, bathing, dressing, toileting, mobility or medication administration and Clothing Allowance – to cover costs of purchase of specialist clothing and rehabilitation aids – especially important for veterans who suffered large scale burns and amputations.

Another group of financial benefits supplementing the monthly income are payments aiming to compensate for partial or total loss of job opportunities. Earnings Loss Benefit is a taxable income replacement allowance ensuring that veterans' income does not fall below 75% of gross pre-release military salary. It is paid to the veterans during the time when they take part in rehabilitation or vocational assistance programs and comprises also survivors of the fallen soldiers. Permanent Impairment Allowance is monthly taxable allowance payable for those who, due to the level of their disability, are not capable of finding suitable, gainful employment. Additionally, in order to compensate for lower pension contributions, veterans are offered a one-time, taxable cash award called Supplementary Retirement Benefit. Those veterans who successfully complete rehabilitation program, yet are not able to find a job or have a low-paying one, can also apply for a special tax-free payment known as Canadian Forces Income Support.



New Veterans Charter offers also a new and updated rehabilitation program aiming at restoring wounded soldiers' health so as they could resume their military duties. If the extent of injuries makes it impossible, the program is to provide support needed in transition from military to civilian life. Through rehabilitation program three types of services are available: medical, psycho-social and vocational. Medical services are aimed at stabilization of soldier's condition and restoring his/her health to the fullest extent possible. Within the scope of psycho-social services, soldiers are especially offered counsellors' help and advice which is to help them overcome mental barriers (anger management, pain management strategies, regaining lost life-skills, etc.) Vocational Rehabilitation program is devised to help in transfer of skills from the military sector to the civilian one, so it helps to cover costs of various training courses as well as the costs of child care.

With all of the above mentioned programs, benefits and allowances, Canada's most seriously injured Veterans, those who "dared to die but survived" as the official website of Veteran Affairs Canada states, are to receive a guaranteed minimum income of \$58,000 a year, in addition to Disability Award of up to \$293,308 and comprehensive health and social support ("An Introduction"). In case of the death of a member of the Canadian Forces in the course of service or due to injuries inflicted during the service, there is a comprehensive system of care of the relatives of such fallen soldiers which comprises not only spouses, children and occasionally also other members of the family (parents requiring care or disabled siblings) but also common law partners. Throughout the first year after a soldier's death, which resulted from service related injury or disease, surviving spouse or common-law partner is entitled to 100% of payments to which the member of the Canadian forces was entitled when alive. After one year, survivor pension is calculated in the amount of 75–50% of earlier earnings. Additionally the Death Benefit is paid to a spouse or common-law partner and dependent children of a Canadian Forces member, in the same amount as the maximum Disability Award, i.e. \$293,308.42 tax-free. Children of the fallen soldiers, apart from orphan benefits, are also entitled to participation in the Education Assistance Program, which provides financial assistance for post-secondary education for 4 years or 36 academic months, on the condition that the person commences studies before turning 25 and finishes before 30 ("An Introduction").

On the basis of the above description, it is visible that the New Veterans Charter was devised in such a way so as to meet veterans' needs and "provide a holistic approach to treat Veterans and their families with respect and provide services and benefits in acknowledgement of their service and sacrifice to our country" ("An Introduction"). Yet, after six years of its operation it is clearly visible that still there is quite a lot of room for improvement in various areas of veterans' care. One of them seems to be the fight with the so called hidden wounds: Operational Stress Injuries (OSIs) and Post Traumatic Stress Disorder (PTSD), which afflict large, yet not precisely defined number of veterans and their families.

Historically, from WWI to Afghanistan mission it has always posed the most difficult problem in veteran care (Cook 18). In theory, before the end of their mission abroad all soldiers get information concerning potential psychological and psychical problems which they may face upon the return to the country. Additionally, those who participated in the mission for the period longer than 60 days are to have a meeting with a psychologist and fill in a special detailed questionnaire on the basis of which specialists are to diagnose the symptoms of operational



stress injury. Unfortunately, a substantial number of the returning serviceman and service-women underestimate the problem and do not provide sincere answers to the questions. According to estimates made by Veterans Affairs Canada, up to 10% of war zone veterans (including war service soldiers and peacekeeping forces) “experience a chronic condition known as post-traumatic stress disorder (PTSD)” or “at least some of the symptoms associated with this condition” (“Mental Health”). In the majority of cases PTSD-affected veterans are not able to speak intimately to anyone about combat for fear of stigmatization, or they are not able to relate difficulties in work, relationships as well as drug and alcohol abuse to their experiences. In order to address the problem, NVC provides therapeutic programs for both veterans and their families, as well as peer support groups, yet, in order to fight PTSD and OSI successfully, engagement and cooperation of the veterans themselves is the most needed in order to introduce a comprehensive therapy.

Another hotly debated and controversial issue is the replacement of disability pensions with lump sum payment. According to Canadian Veterans Advocacy, a corporation focused on improving the quality of life for Canadian Veterans, payments in the form of lump sum actually “harm an injured soldier, because they are receiving a large amount of money at a time when they may not be equipped to deal with it” (“4 Major Issues”). Very often these payments are put down the drain by veterans inexperienced with handling large amounts of money or suffering from various addictions. Consequently, these former servicemen are deprived of long-term financial security. Additionally, as it is visible from the 2011 study of Defense Management Studies Program and Canadian Institute for Military and Veterans Health Research analyzing financial benefits awarded to veterans with severe disabilities on the basis of both the New Veterans Charter (NVC) and the old Pension Act, the veterans pensioned under the NVC receive 30–40% smaller benefits than those pensioned before 2006 under the Pension Act (Aiken and Buitenhuis 24).

Because of many voices of discontent and substantial criticism of NVC from particular veterans and associations grouping them, an assessment of programs and services available for Canadian Forces members and veterans as they undertake a return to civilian life was made by Auditor General Michael Ferguson. According to a post-assessment report, although there is a broad range of programs tailored to serving veterans comprising education assistance, skills training, peer support, stress clinics and long-term care programs, their implementation is disturbed by bureaucracy, “lack of clear information on support available” and consequently its uneven delivery. Eligible veterans, as well as their families and even staff assigned to help them find the process “complex, lengthy, and challenging to navigate” (“2012 Fall Report of Auditor General”). Equally troubling are the findings of the Report of Veterans Ombudsman. He conducted analysis of the decisions of the Veterans Review and Appeal Board, the main institution “ensuring that Veterans and other clients of Veterans Affairs Canada receive the benefits and services to which they are entitled by determining whether the laws governing the disability benefits program have been properly applied” (“Veterans’ Right to Fair Adjudication”), which have been challenged by dissatisfied veterans and sent to the Federal Court and the Federal Court of Appeal. The outcome of the analysis turned out to be alarming as “in 60 percent of Board decisions reviewed by the Federal Court, the Court ruled that the Board erred in law or fact, or failed to observe principles of procedural fairness” (“Veterans’ Right to Fair Adjudication”).



As visible from the above mentioned data although the Department of National Defense and Veterans Affairs Canada offer a very large variety of programs and services for CF members returning to civilian life, spending an amount of about \$500 million a year on them (McParland) the whole system faces problems of excessive bureaucracy, lack of clarity and uneven delivery. Consequently, timely changes should be introduced to the NVC, to accommodate the needs of veterans of the operation in Afghanistan who should receive “equal, life-long benefits consistent with the standard that the majority of Canadian workers receive under existing, applicable workers’ compensation programs” (Scott 5)

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