

NCVA Legislative Program 2025-26



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Prepared by Paul Baiden and
Derrill Henderson, Vice Chairmen
National Council of Veteran
Associations in Canada

NCVA 
The National Council of Veteran Associations in Canada



The National Council of Veteran Associations in Canada

- 400 Squadron Historical Society (Toronto)
 - Airborne Regiment Association of Canada
 - Aircrew Association
 - The Algonquin Regiment Veterans' Association
 - Armed Forces Pensioners'/Annuitants' Association of Canada
 - The Black Watch (Royal Highland Regiment) of Canada Association
 - The Cameron Association in Canada
 - Canadian Airborne Forces Association
 - Canadian Association of World War II Veterans from the Soviet Union
 - Canadian Corps Association
 - Canadian Forces Communications and Electronics Association
 - Canadian Infantry Association
 - Canadian Merchant Navy Veterans Association Inc.
 - Canadian Military Intelligence Association
 - Canadian Naval Air Group
 - Canadian Naval Divers Association
 - Canadian Paraplegic Association
 - The Canadian Scottish Regimental Association
 - Canadian Tribal Destroyer Association
 - The Chief and Petty Officers' Association
 - The Edmonton United Services Institute
 - First Special Service Force Association
 - Halton Naval Veterans Association
 - Hong Kong Veterans Commemorative Association
 - Jewish War Veterans of Canada
 - Korea Veterans Association of Canada
 - The Limber Gunners
 - Maritime Air Veterans Association
 - Métis Nation of Ontario Veterans' Council
 - The Military Vehicle Hobbyists Association
 - Naval Association of Canada, Montreal Branch
 - Naval Club of Toronto
 - Nova Scotia – Naval Association of Canada
 - Nursing Sisters' Association of Canada
 - Operation Legacy
 - The Polish Combatants' Association in Canada
 - PPCLI Association
 - The Queen's Own Rifles of Canada Association
 - Royal Canadian Air Force Association
 - Royal Canadian Air Force Pre-War Club of Canada
 - The Royal Canadian Army Service Corps Association
 - Royal Canadian Naval Association
 - The Royal Canadian Regiment Association
 - Royal Winnipeg Rifles Association
 - The Sir Arthur Pearson Association of War Blinded
 - The South Alberta Light Horse Regimental Association
 - Submariners Association of Canada (Central Branch)
 - Toronto Police Military Veterans Association
 - Toronto Scottish Regimental Association
 - United Federation of Canadian Veterans
 - Veterans with Cancer Inc.
 - The War Amputations of Canada
 - The Warriors' Day Parade Council
 - War Veterans & Friends Club
 - Wren Association of Toronto
- Legacy Associations:**
- 1st Canadian Parachute Battalion Association
 - 14th Canadian Field Regiment Association
 - 435-436 Burma Squadrons Association
 - Bomber Command Association Canada
 - Burma Star Association
 - Canadian Fighter Pilots Association
 - Dieppe Veterans and Prisoners of War Association
 - The Dodo Bird Club of Ex-RCAF Flight Sergeants
 - Ferry Command Association
 - KLB (Konzentrations Lager Buchenwald) Club
 - National Prisoners of War Association of Canada
 - The Overseas Club – Canadian Red Cross Corps (Overseas Detachment)
 - RCAF Prisoner of War Association
 - Royal Air Forces Escaping Society
 - Royal Naval Association – Southern Ontario Branch
 - War Pensioners of Canada
 - White Ensign Club Montreal

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Tribute to the Late Brian Forbes

We respectfully acknowledge the passing of the National Council of Veteran Associations in Canada (NCVA) Chairman Brian Forbes, whose valuable contributions and professional legacy have had a lasting influence on the veterans' community for almost 50 years.

Brian served as Chairman of the NCVA from 2010 until his passing in December 2024 and as Association Solicitor for The War Amps since 1975, later to become Chairman of the Executive Committee in 2009.

Brian was a leading expert in veterans legislation. He made numerous submissions to parliamentary committees and took several successful appeals to the Federal Court of Appeal of Canada, which had significant relevance to the interpretation of the Pension Act as affecting the pension entitlement of seriously disabled veterans and a substantial expansion of the definition of Exceptional Incapacity Allowance.

Furthermore, Brian made several appearances before the United Nations Commission on Human Rights in Geneva and presented petitions to the UN Human Rights Committee on behalf of Canada's Hong Kong and Indigenous veterans. In addition, he authored numerous articles to inform and educate important stakeholders and the public on the need for a reform in veterans legislation.

He was also a member of the Executive Committee of the Canadian War Museum and a member of the Veterans Ombudsman Advisory Committee.



The late Brian Forbes, former chairman, National Council of Veteran Associations in Canada

In relation to the development of veterans health-care reform and the New Veterans Charter, Brian sat as a member of the Gerontological Advisory Council, the Canadian Forces Advisory Council, the New Veterans Charter Advisory Group and various veterans consultation groups established by Veterans Affairs Canada (VAC) to advise the department on the need for new legislation to address the concerns of traditional and modern-day veterans and members of the Canadian Forces and their families.

We will continue to honour the memory of Brian, whose dedication and contributions left a lasting impact on the veterans' community and all who had the privilege to work with him.

Introduction

Upon evaluation of the past year, the NCVA and our 72 member associations continue to have significant concerns with respect to veterans legislation, regulations and policies. Our Legislative Program for 2025-26 underlines the essential steps required of the Government and VAC to address and correct the persistent inequity and injustice affecting veterans and their families.

In 2025, there were many political changes with the appointment of the Right Honourable Mark Carney, prime minister of Canada, and the new cabinet of ministers. We welcome the Honourable Jill McKnight as the new minister of veterans affairs/associate minister of national defence, who we hope to work alongside in 2025-26 after many different ministerial shuffles in the previous years.

We are hopeful that under new leadership we will see meaningful change that will work toward remedying the long-standing inequities and systemic injustices that have adversely impacted veterans and their families, ensuring they receive the recognition, support and benefits they rightfully deserve.



The NCVA continues to assert that considerable progress is still required to improve federal legislation impacting Canada's veterans, particularly in addressing the comprehensive financial and wellness needs of this diverse and often vulnerable population.

While some measures have been introduced in recent years, NCVA remains especially concerned with the ongoing limitations of the Pension for Life (PFL) provisions – first announced in December 2017 and officially implemented on April 1, 2019. Despite their intent to simplify and enhance support for veterans, these provisions have not fully addressed key gaps in compensation, support services and long-term care, especially for seriously disabled veterans. We believe that a more thorough and inclusive legislative review is essential to ensure veterans and their families receive equitable treatment, adequate financial security and access to meaningful wellness programs.

In our considered opinion, the PFL policy falls short of fulfilling the former prime minister's original commitment made in 2015 following the Equitas lawsuit to comprehensively address the significant inadequacies and shortcomings that are inherent in the New Veterans Charter and the Veterans Well-being Act (NVC/VWA).

Despite the intentions expressed at the time, the PFL policy does not effectively resolve the fundamental issues that have long been recognized within these legislative frameworks. Prior to 2006, under the Pension Act, disabled veterans received a lifetime indexed disability

pension that integrated both economic and non-economic compensation into a single benefit stream. This pension was provided in addition to any military service pension, without any offset or reduction.

Moreover, the PFL policy under the NVC/VWA continues to overlook the critical and persistent challenges that have consistently overshadowed and complicated the discourse surrounding veterans' compensation and support. This omission undermines the policy's ability to deliver meaningful improvements for veterans, particularly those with serious and complex disabilities, and highlights the urgent need for a more robust and transparent approach to reform.

As stated in our many submissions to VAC and Parliament, the Government has not met veterans' expectations regarding the fundamental mandated commitment to "re-establish lifelong pensions" under the Charter to ensure that a comparable level of financial security is provided to all disabled veterans and their families over their lifetimes regardless of where or when they were injured. The financial disparity between the Pension Act and NVC/VWA compensation was fully validated by the Parliamentary Budget Office's report issued on February 21, 2019, which clearly underlined this long-standing discrimination.

The challenges facing Canada's veterans are complex and deeply rooted, and previous initiatives have not always met the full range of needs experienced by the veterans' community. We remain cautiously optimistic that, with the appointment of the new

Minister of Veterans Affairs Jill McKnight and Prime Minister Mark Carney, the new Liberal government will bring renewed attention and a practical commitment to improving veterans' support systems. At the same time, we will continue to closely monitor policy developments and engage constructively with the Government to ensure that commitments lead to meaningful, lasting outcomes for those who have served and sacrificed for our country.

In this context, it is important to remember that during the Conservative government of former prime minister Stephen Harper, substantial cuts were made in veterans' programs for the purposes of decreasing the federal deficit by closing departmental district offices and dramatically cutting back staff, to the detriment of veterans and their families. It will be of significant interest to see if Prime Minister Carney will prioritize veterans' issues in his term as prime minister with the announcements of upcoming cuts within the federal government. Indeed, the prime minister has already announced a proposal for an increase in spending on Canada's defence, yet we await announcements for meaningful change within veterans legislation.

We intend to work closely with the new minister and underline that much more is required from VAC to fully respond to our ongoing legislative agenda for the betterment of veterans and their families. Our 2025-26 NCVA Legislative Program sets forth our "plan of action" for VAC, including the following fundamental NCVA recommendations with respect to major topics of concern:

1. Our essential proposition that veterans legislation should equate to a “one veteran – one standard” approach. We have strongly recommended that the best parts of the Pension Act and the NVC/VWA should be utilized to produce a comprehensive compensation/pension and wellness model for all disabled veterans, regardless of where or when they were injured.

NCVA takes the position that VAC, working together with relevant ministerial advisory groups and other veteran stakeholders, should think “outside the box” by jointly striving as an ultimate objective to create a program model that would essentially treat all veterans with parallel disabilities in the same manner as to the application of benefits and wellness policies – thereby resulting in the elimination of artificial cut-off dates that arbitrarily distinguish veterans based on whether they were injured before or after 2006.

2. NCVA continues to have a fundamental concern as to whether the Department of National Defence (DND) Service Income Security Insurance Plan (SISIP) policy for service-related disabilities should be continued at all, or whether it should be completely replaced by parallel VAC programs due to the multiple restrictive standards that exist not only with the SISIP Long Term Disability (LTD) program

but also with the SISIP Vocational Rehabilitation (VOC-REHAB) program. These negative distinctions are fully delineated in this chapter of our NCVA legislative report.

One of the priority recommendations of NCVA, the Ministerial Policy Advisory Group, the Standing Committee on Veterans Affairs (ACVA) and the Office of the Veterans Ombud for many years has been to suggest that the insurance culture needs to be removed from the compensation made available to veterans and their families. The compensation of veterans and their dependants should not be a function of the insurance industry whose mandate, in many situations, is to minimize exposure of the insurer’s policy when applied to injured or disabled individuals.

As a matter of background, a fundamental commitment made by the Government at the time of the enactment of the New Veterans Charter in 2006 was the recognition that the SISIP LTD program should be eliminated and fully replaced by a liberalized income replacement loss benefit administered by VAC for all disabled veterans.

It is to be noted that the “wellness program” strongly advocated by VAC is clearly impacted by the fact that the greater majority of medically released Canadian Armed Forces

(CAF) members are compelled to utilize the SISIP VOC-REHAB program as a first responder. In effect, VAC does not have the capacity to control and operate this portion of the VOC-REHAB program and is left with little accountability as to the impact the SISIP program will have on veterans in regard to this essential element of the VWA.

3. (i) The need to replace the current inadequate Caregiver Recognition Benefit by introducing a new caregiver allowance based on the eligibility criteria from Attendance Allowance in the Pension Act, together with the DND Attendant Care Benefit as to the amount payable to informal caregivers. This fine-tuned caregiver allowance would better recognize and more generously compensate veteran caregivers for their significant effort and economic loss in supporting injured veterans. This is particularly so in circumstances where the seriously disabled veteran requires



their spouse to be a primary caregiver who in turn must relinquish their employment with the consequential negative impact on the overall family revenue.

- (ii) The adoption of the Ombud's recommendation as endorsed by the ACVA that family members and caregivers should have an independent right to benefits and well-being provisions rather than the restricted derivative rights that have existed in veterans legislation for many years.

The further implementation of an independent right for family members and caregivers to gain access to the Education and Training Benefit and the Veterans Independence Program (VIP) benefits, as supported by the findings of the 2024 joint ministerial policy and family advisory groups.

As well, the adoption of two new recommendations from the Ombud's 2025 report. These include amending the Veterans Well-being Regulations to include discretion to exceed the maximum rate when circumstances warrant for Additional Dependant Care for clients attending rehab services other than training, and ensuring that the regulatory provisions for Additional Dependant Care maximum rates do not result in clients bearing more of the cost over time.

- (iii) The creation of a new family benefit for all veterans in receipt of

Pain and Suffering Compensation to parallel the Pension Act provisions relating to spousal and child allowances, so as to recognize the impact of the veteran's disability on their family.

4. The establishment of a new Career Impact Allowance for life based on the future loss of income strategy employed for many years by the Canadian courts in lieu of the current VAC Income Replacement Benefit or the CAF SISIP income policy. The fundamental principle that should be followed by the department lies in the monetary evaluation as to what the disabled veteran would have earned in their military career if they had not been injured.

A number of members of NCVA have strongly indicated a serious concern that the current income replacement program leaves lower-ranked CAF members at a minimal level of income replacement for life. This is a particularly significant concern where a seriously disabled veteran is deemed to be permanently incapacitated and where such a veteran qualifies for the VAC Diminished Earning Capacity (DEC) program or the SISIP LTD benefit. In these circumstances, we would underline that the overall income of such a family is often doubly impacted in the event the spouse of such a veteran is a primary caregiver and is compelled to give up their employment income to take care of the veteran.

In conjunction with the implementation of a future loss of income philosophy, VAC should fully revamp the DEC post-65 policy so as to establish a formula that does not reduce the amount of the income replacement from 90 per cent to 70 per cent (of 90 per cent) at age 65, with accompanying setoffs. It is quite clear that the financial requirements of a seriously disabled veteran in receipt of DEC do not decrease at the age of 65 and the parallel to private pension plans, as often posited by VAC, is not an acceptable justification for this reduction.

5. A recognition that systemic change is essential to tackle the backlog/wait-time crisis, including the adoption of fast-tracking protocols and a form of automatic entitlement for common disabilities. Notwithstanding slight improvements over recent months, the latest Auditor General's report and the Parliamentary Budget Officer's report of 2020 make clear that increased temporary staffing and augmented digitization alone are not sufficient to resolve this ongoing problem. It is to be noted that our 2025-26 Legislative Program, in addressing the totally unacceptable backlog and wait times for veterans' disability claims, contains the essential elements of our proposals to alleviate this intolerable situation sooner rather than later.

The fact that more than 80 per cent of veterans with physical injury

claims and more than 94 per cent of post-traumatic stress disorder claims are ultimately approved at first level and that more than 90 per cent of appeals are granted by VAC or the Veterans Review and Appeal Board supports our call for systemic change.

6. For many years, Canadian veterans with cancer conditions have faced significant challenges when applying for VAC disability and health-care benefits with regard to demonstrating that their cancer is related to their military service, which involved exposure to toxic chemicals, burn pits, aircraft exhaust fumes, carbon tetrachloride and similar noxious agents.

Unfortunately, it has been NCVA's experience going back decades that the greater majority of veterans with cancer have been unsuccessful with their disability or health-care claims or, alternatively, the cases have taken months, if not years, to obtain proper entitlement due to the stringent evidentiary requirements imposed by VAC. In 2025, the U.S. and U.K. are taking steps to provide automatic entitlements for different exposures during service instead of requiring veterans with cancer to prove their condition is service-related.

NCVA takes the position that these readily apparent obstacles and delays need to be addressed by VAC to ensure that the claims of these veterans with cancer who have been exposed to toxic environments while

serving Canada are recognized as service-related.

It is our recommendation that the presumptive provisions of Section 50, sub (g) of the Regulations to the VWA be immediately expanded to create a form of automatic entitlement for veterans with cancer (and other enumerated conditions) who have served in conflict zones or operational duty areas where environmental hazards are known to exist, including toxic elements, burn pits and other noxious agents.

Members of the NCVA spoke with Trudie MacKinnon, director general, centralized operations division, service delivery of VAC, who stated that disability applications submitted on behalf of veterans for cancer claims do not require the burden of proof to demonstrate that their cancer was service-related.

On March 7, 2025, this statement was confirmed by former minister of veterans affairs Darren Fisher, stating "where links have been established through evidence between a military occupation or location, an environmental exposure and a medical diagnosis, it is only necessary for a member or veteran to demonstrate that they served in a given occupation or location for a sufficient period of time and that they have a related diagnosis in order to be eligible for disability benefits."

Therefore, under the new agreement from the director general, case adjudicators are instructed to assess cancer types based on chemical exposure.

7. We have been encouraged by the enactment in April 2022 of an immediate treatment benefit policy for veterans suffering mental health challenges, which has been a major breakthrough in accord with the long-standing position of NCVA in this context. We have also been encouraged to see that, in 2024-25, VAC committed an additional \$6 million over three years to the Veterans and Family Well-being Fund, with a focus on supporting projects for Indigenous, women and 2SLGBTQIA+ veterans.

There is still work to do, though, and going forward, we will continue to pursue an extension of the April 2022 treatment benefit policy so as to ensure that it applies to all disabled veterans in urgent need of treatment or health care.

8. NCVA acknowledges recent steps taken by the DND and the CAF in addressing long-standing concerns related to harassment, sexual misconduct and the broader need for cultural reform within the military.

Over the past year, we have observed encouraging signs of progress, including a fourth and fifth report by Madame Jocelyne Therrien, which



indicates that all 48 recommendations are on track to be addressed by the end of 2025. These developments are critical in laying the foundation for lasting institutional change.

We will continue to press the government to fully implement, without further delay, all of the salient recommendations contained in the Independent External Comprehensive Review report of former justice Arbour in 2021.

We are encouraged that the essential proposal concerning the appointment of an independent external auditor was implemented for the purpose of overseeing the progress required to address this ongoing crisis.

We are further recommending that the minister of national defence:

- i. Extend the appointment of the external monitor for at least three years;
- ii. For the purpose of more meaningful oversight, establish

a fully independent Office of the Inspector General for DND and the CAF reporting to Parliament; and

- iii. Ensure that the Military Justice System Modernization Act enacted in March 2024 is fully enforced, wherein the military will no longer retain legal jurisdiction over individual claims and the civilian/criminal courts will have exclusive authority. In conjunction with this positive legal development, adopt remedial steps to address any challenges encountered by individual claimants in the transition of their cases to the civilian/criminal courts.

While this is a positive step forward in modernizing and enhancing the military justice system, there is more work to be done especially in the area of resolving how the investigation and prosecution of sexual offences committed outside of Canada will be conducted, as well as ensuring that the needs of victims of military sexual trauma come first.

This recommendation continues to gain traction, particularly since the 2024 introduction of Bill C-66, which mandates referring sexual misconduct cases to civilian authorities. While the military retains

jurisdiction, it now defers to civilian systems. The NCVA will monitor developments through 2025-26.

9. In June 2024, the ACVA tabled their study on the experience of women veterans, titled “Invisible No More. The Experiences of Canadian Women Veterans,” in the House of Commons.

This landmark report, the largest study ever carried out by the committee, records for the first time the lived experiences of over 60 women veterans with service from today to over the past 40 years. Their testimony documents the horrific sexual abuse women CAF and RCMP members and veterans endured, the abuse of authority and the discrimination they suffered. Their testimony overwhelmingly highlighted how women veterans have encountered barriers and challenges to have their service-related injuries recognized by VAC for access to care, support and benefits. The lack of acknowledgment of the physical and mental injuries resulting from their service left many women feeling invisible and that they are not a veteran.

The 42 recommendations in the report provide a starting point for the CAF, RCMP and VAC to finally be held accountable for the experiences and life-long injuries that women veterans have endured. Now the

Government must implement these recommendations and begin the process to ensure that all women who have served, are serving and who will serve Canada receive the care and support to meet their unique health needs as a result of injuries from their service.

This report is long overdue and must not, like the many other reports of this committee, sit on a shelf collecting dust. It is too important. Women who serve need to know that they matter, that abuse will not be tolerated, that they will receive care and support if injured, and that the process to receive that care and support shows compassion and respect.

On October 10, 2024, the federal government tabled its formal response to the ACVA report's recommendations, agreeing or agreeing in principle with 38 out of 42 recommendations, taking note of three and disagreeing with one (Recommendation 18). At first glance, the response seems supportive, but without timelines in place to address these recommendations, the NCVA will continue to monitor the ongoing changes.

10. The marriage after 60 dispute and our demand that the so-called “gold digger’s clause” be eliminated from the Canadian Forces Superannuation Act (CFSA) after many years of advocacy. It is noteworthy that the ACVA

recently carried out an extensive study of this long-standing grievance. On balance, the report contains a strong set of recommendations, particularly Recommendation 9, which calls for the Government to repeal the marriage after 60 clause in the CFSA and the RCMP Superannuation Act.

When Parliament is prorogued, all bills that have not received royal assent “die on the order paper.” That includes both government bills and private members’ bills – even those at advanced stages. They must be reintroduced from scratch if pursued again. Currently, no repeal has yet occurred; veterans who marry after age 60 remain ineligible for automatic survivor pension benefits under the current law. The NCVA will continue to monitor whether Prime Minister Mark Carney or Minister of Veterans Affairs Jill McKnight address plans for the marriage after 60 clause. As of today, there is no public address by either regarding this policy.

With respect to the authority and jurisdiction of VAC, we would propose that the Veterans Survivors Fund, initially announced in the 2019 budget in the amount of \$150 million, should be established to address the inequities and injustices created by the current CFSA legislation. The principles to be applied are detailed in this chapter of our NCVA Legislative Program.

11. In relation to the ongoing issue of long-term care, VAC must ensure that the adult residential care needs of the veteran are addressed through the expansion of the current VIP program and long-term care policy of the department so as to provide a continuum of care and financial assistance in this area of intermediary institutionalized care.

In addition, a flexible policy should be implemented immediately to provide veterans with the freedom of choice between a community bed and a priority access bed for purposes of admission to long-term care facilities without distinction between traditional and modern-day veterans.

We will continue to work with the hierarchy of VAC on behalf of Canadian veterans and their families.

In our considered opinion, the new minister and VAC must recognize that time is of the essence for Canadian veterans and their families who continue to wait for this fundamental legislative and policy reform so as to allow them to better cope with their service-related disabilities and injuries.

Our NCVA Legislative Program 2025-26 sets out the essential components of our agenda as we address Parliament, VAC and DND.

“One Veteran – One Standard”

Recommendation

NCVA takes the position that VAC, working together with relevant ministerial advisory groups and other veteran stakeholders, should think “outside the box” by jointly striving over time to create a comprehensive program model that would essentially treat all veterans with parallel disabilities in the same manner as to the application of benefits and wellness policies – thereby resulting in the elimination of artificial cut-off dates that arbitrarily distinguish veterans based on whether they were injured before or after 2006.

Recommendation

NCVA adopts the position that much more is required to improve the New Veterans Charter/Veterans Well-being Act (NVC/VWA) and that the Government needs to fully implement the Ministerial Policy Advisory Group (MPAG) recommendations initially presented to the minister of veterans affairs and the National Stakeholder Summit in October 2016 (and enhanced in subsequent annual reports to various ministers) with particular emphasis on:

- (i) Resolving the significant disparity between the financial compensation available under the Pension Act and the NVC/VWA;
- (ii) Ensuring that no veteran under the NVC/VWA would receive less compensation than a veteran under the Pension Act with the same disability or incapacity in accordance with the “one veteran – one standard” principle;
- (iii) Utilizing a combination of the best provisions from the Pension Act and the best provisions from the NVC/VWA, producing a form of lifetime pension in a much more realistic manner in order to secure the financial security for those veterans who need this form of monetary support through their lifetime; and
- (iv) Addressing the ongoing layering of legislation and incremental changes over the years, ostensibly without consistent objectives and clearly defined outcomes, which has created a complex grid of eligibility criteria, differences in eligibility for benefits depending on when and where served, and inconsistency between policy intent and outcomes and expectations.

Recommendation

In addition to the aforementioned fundamental proposals as to the overriding guiding principles for legislative reform, the following recommendations represent specific statutory and policy amendments in furtherance of this objective:

- (i) Liberalize the eligibility criteria in the legislation and regulatory amendments for the new Additional Pain and Suffering Compensation (APSC) benefit so that more disabled veterans actually qualify for this benefit. Currently, only veterans suffering from a severe and permanent impairment will be eligible. It bears repeating that the greater majority of disabled veterans simply will not qualify for this new component of the proposed lifelong pension.
- (ii) The Pain and Suffering Compensation (PSC) initially granted to the veteran should be a major determinant in evaluating APSC qualifications. In effect, it is the position of NCVA that this employment of the PSC percentage to individual APSC grade levels would produce a more straightforward and easier understood solution to this ongoing issue of APSC eligibility.
- (iii) Create a new family benefit for all veterans in receipt of PSC to parallel the Pension Act provisions in relation to spousal and child allowances to recognize the impact of the veteran’s disability on their family.
- (iv) Incorporate the Exceptional Incapacity Allowance under the Pension Act into the NVC/VWA to help address the financial disparity between the two statutory regimes.
- (v) Establish a new caregiver allowance, payable to informal caregivers, based on the eligibility criteria under the Attendance Allowance of the Pension Act and the amount derived from the DND Attendant Care Benefit so as to better recognize and compensate the significant effort and economic loss to support injured veterans. Moreover, VAC must ensure access reflects consideration for the effects of mental health injuries.
- (vi) Improve the eligibility criteria for the Critical Injury Benefit to include mental health injuries and evolving injuries.
- (vii) Extend eligibility of the death benefit to the families of all deceased veterans.

Recommendation

NCVA continues to support the contention that the seriously disabled veteran should be given the highest priority in the implementation of the Government’s plan of action for legislative reform in regard to the NVC/VWA and other related legislative provisions.

Recommendation

NCVA endorses the position that the federal government’s failure to fully implement a plan of action on reforming the New Veterans Charter so as to rectify the unacceptable financial disparity between the Pension Act and the NVC/VWA violates the social covenant owed to Canadian veterans and their families.

A. Pension for Life

With specific reference to the provisions of the legislation that became effective April 1, 2019, the statutory and regulatory amendments reflect the Government’s inadequate attempt to create a form of “pension for life” (PFL) that includes the following three elements:

1. A disabled veteran has the option to receive the original lump sum disability award in the form of a Pain and Suffering Compensation (PSC) benefit representing a payment in the maximum monthly amount of approximately \$1,392 (as of January 1, 2025) for life. For those veterans in receipt of PSC, retroactive assessment would potentially apply to produce a reduced monthly payment for life for such veterans. In effect, VAC has simply converted the amount of the lump sum disability award into a form of a lifetime annuity as an option for those disabled veterans who are eligible.
2. An Additional Pain and Suffering Compensation (APSC) benefit has essentially replaced the Career Impact Allowance (Permanent Impairment Allowance) under the NVC/VWA, with similar grade levels and monthly payments that reflect a non-taxable non-economic benefit but is substantially limited in its application to those veterans suffering a “permanent and severe impairment that is creating a barrier to re-establishment in life after service.”
3. A consolidated Income Replacement Benefit (IRB), which is taxable, combined four pre-existing benefits with a proviso that the IRB will be increased by one per cent every year until the veteran reaches what would have been 20 years of service or age 60. It is not without financial significance for many disabled veterans that the former Career Impact Allowance and Career Impact

Allowance Supplement have been eliminated from the IRB package.

It is readily apparent that significant amendments to the NVC/VWA are required so as to address the proverbial “elephant in the room” in that the PFL legislation fails to satisfy the priority concerns of the veterans’ community in relation to:

- (i) Resolving the significant disparity between the financial compensation paid to disabled veterans under the Pension Act and the NVC/VWA; and
- (ii) Ensuring that no veteran under the NVC/VWA receives less compensation than the veteran under the Pension Act with the same disability or incapacity in accordance with the “one veteran – one standard” principle.

It is totally unacceptable that we continue to have veterans legislation in Canada that provides a significantly higher level of compensation to a veteran who is injured prior to 2006 (date of enactment of the NVC) when compared to a veteran who is injured post-2006. If applied to the Afghanistan conflict, this discrimination results in veterans of the same war having totally different pension benefits.

During the course of discussions following Budget 2017 leading up to the former minister’s announcement, there was considerable concern in the veterans’ community, which proved to be well founded, that the Government would simply establish an option wherein the lump sum payment (PSC) would be annuitized or reworked



over the life of the veteran for the purposes of creating an unacceptable form of lifelong pension.

It is fair to say that the reasonable expectation of veteran stakeholders was that some form of substantive benefit stream needed to be established that would address the financial disparity between the benefits received under the Pension Act and the NVC/VWA for all disabled veterans.

It has been NCVA’s consistent recommendation to the minister and to the department that VAC should adopt the major conclusions of the MPAG report formally presented to the National Stakeholder Summit in Ottawa in October 2016 (and subsequently to various ministers over the years since) together with the recommendations contained in the NCVA Legislative Programs.

Both of these reports proposed the combining of the best provisions of the Pension Act and the best provisions of the NVC/VWA resulting in a comprehensive pension compensation and wellness model that would:

- (i) Treat all veterans with parallel disabilities in the same manner; and
- (ii) Eliminate the artificial cut-off dates that arbitrarily distinguish veterans based on whether they were injured before or after 2006.

We would reiterate that this analysis is not a question of choosing between wellness and financial compensation, but rather a blending of the overall veterans legislative schemes to harmonize the impact of the re-establishment programs for medically released veterans and their families.

NCVA takes the position that financial security remains a fundamental necessity to successfully adopting any wellness or rehabilitation strategy.

In furtherance of this ultimate goal, we have continually encouraged VAC to prioritize the following long-standing major recommendations of the MPAG as fundamental building blocks in establishing the initial components of our proposed comprehensive pension/compensation/wellness model:

- (i) The enhancement of the IRB as a single stream of income for life based on a progressive future loss of income concept in accord with what the disabled veteran would have earned in their military career if the veteran had not been injured.
- (ii) The addition of Exceptional Incapacity Allowance (EIA), the establishment of a new caregivers allowance and a new monthly family

benefit for life in accordance with the Pension Act, which will ensure all veterans and their families receive the care and support they deserve when they need it and through their lifetime.

In this context, NCVA strongly feels that the current challenge facing the CAF insofar as retention and recruitment of members has been impacted by the current state of legislation for veterans and their families. A number of NCVA members indicated that the adverse reaction to the level of financial support and compensation available to disabled veterans has clearly influenced the willingness of individuals to serve in the CAF.

In specific terms, we would also suggest that the following steps would dramatically enhance the legislative provisions relevant to the present PFL concept and go a long way to satisfying the “one veteran – one standard” approach advocated by NCVA on behalf of the veterans’ community and ostensibly followed by VAC as a basic principle of administration:

1. Liberalize the eligibility criteria in the legislation and regulatory amendments for the new APSC benefit so that more disabled veterans actually qualify for this benefit – currently, only veterans suffering from “a severe and permanent impairment creating a barrier to re-establishment in life after service” will be eligible. It bears repeating that the greater majority of disabled veterans simply will not qualify for this new component of the proposed lifelong pension.

A more generous and readily understood approach is required in the amended regulations for the APSC benefit so as to generate a more inclusive class of disabled veterans.

In NCVA’s Legislative Programs, both before and after the enactment of the PFL, we argued that the veteran’s PSC initially granted should be a major determinant in evaluating APSC qualifications. The ostensible new criteria employed by VAC as set out in the regulatory amendments for APSC qualification represent, in our judgment, a far more restrictive approach when compared to the PSC evaluation.

In effect, it is the position of NCVA that this employment of the PSC percentage would produce a more straightforward and easier-understood solution to this ongoing issue of APSC eligibility. The following would reflect this form of evaluation criteria for APSC:

Veteran Disability Award (PSC)	APSC Grade
78% or over	1
48% - 78%	2
20% - 48%	3

It is somewhat revealing in this regard that it is apparently the VAC position that the APSC should be equated to a form of EIA as found under the Pension Act.

However, the Pension Act provisions for EIA are only triggered following the full application of a much more generous 100 per cent disability pension, potentially supplemented by appropriate spousal and dependent children allowances.

Therefore, the use of a form of EIA through the employment of the current APSC under the NVC/VWA is premature and fails to provide sufficient PFL to the disabled veteran in the post-2006 period.

The adoption of our approach to the APSC would have the added advantage of augmenting the PFL so as to incorporate more disabled veterans and address the fundamental parity question in relation to Pension Act benefits.

2. Create a new family benefit to parallel the Pension Act provision in relation to spousal and child allowances to recognize the impact of the veteran’s disability on their family.
3. Incorporate the EIA under the Pension Act, together with the establishment of a new caregiver allowance, into the NVC/VWA to help address the financial disparity between the two statutory regimes.

In over 40 years of working with The War Amps of Canada, we have literally handled hundreds of special allowance claims and were specifically involved in the formulation of the

EIA and Attendance Allowance (AA) guidelines and grade profiles from the outset. We would indicate that these two special allowances, EIA and AA, represent an integral portion of the compensation available to war amputees and other seriously disabled veterans governed by the Pension Act.

It is of further interest in our judgment that the grade levels for these allowances tend to increase over the life of the veterans as the “ravages of age” are confronted – indeed, non-pensioned conditions such as the onset of a heart, cancer or diabetic condition, for example, are part and parcel of the EIA/AA adjudication uniquely carried out under the Pension Act policies in this context.

We would strongly suggest that VAC pursue the incorporation of EIA and a new caregiver allowance, based on the eligibility criteria of the AA together with the amount found under the DND Attendant Care Benefit, into the NVC/VWA with appropriate legislative/regulatory amendments so as to address these deficiencies in the PFL.

4. Establish a newly-structured Career Impact Allowance that would reflect the following standard of compensation: “What would the veteran have earned in their military career had the veteran not been injured?” This form of progressive income model, consistently used by

the Canadian courts in addressing “future loss of income” for injured plaintiffs, has been recommended by the MPAG and the Veterans Ombud’s Office (OVO). This concept would be unique to the NVC/VWA and would bolster the potential lifetime compensation of a disabled veteran as to their projected lost career earnings as opposed to the nominal one per cent increase provided in the proposed legislation.



As a general observation in relation to the new legislation and the regulatory amendments with regard to the evaluation of the calculation surrounding the new IRB, we would suggest the following concerns are material:

- (i) With reference to the one per cent per year increase in the IRB, it is to be noted that this percentile augmentation ostensibly decreases in financial impact with the higher number of years of military service experienced by the disabled veteran and disappears completely for those veterans who have served for over 20 years prior to suffering their injury or disability.

- (ii) The post-65 benefits of the IRB (the former Retirement Income Security Benefit) are substantially impacted by a multitude of financial offsets that reduce the net amount of this benefit to the disabled veteran. Such financial offsets encompass any other income received by the veteran including Canada Pension Plan, Old Age Security, Canadian Forces Superannuation Act benefits et al. In reviewing the VAC pension model used in the public statements emanating from the department and the examples employed in numerous budget papers, it would appear that VAC has not factored in these offset elements in the overall analysis.

In summary, it is fundamental to understand that it was truly the expectation of the disabled veteran community that the “re-establishment” of a PFL option would not just attempt to address the concerns of the small minority of disabled veterans but would include a recognition of all disabled veterans who require financial security in coping with their levels of incapacity.

As a final observation, VAC consistently talks of the significance that the Government attaches to the wellness, rehabilitation and education programs under the NVC/VWA.

As we have stated on a number of occasions, we commend VAC for its efforts to improve these important policies. NCVA recognizes the value and importance of wellness and rehabilitation programs; however, we take the position that financial security remains a fundamental necessity to the successful implementation of any wellness or rehabilitation strategy. It is readily apparent that this is not a choice between wellness and financial compensation as advanced by the minister and the prime minister, but a combined requirement to any optimal re-establishment strategy for medically released veterans.

Ideally, we would reiterate that the new minister Jill McKnight and the department should pursue the major goal of a “one veteran – one standard” philosophy and create a comprehensive program model that would essentially treat all veterans with parallel disabilities in the same manner as to the application of benefits and wellness policies.

In our judgment, the adoption of this innovative policy objective would have the added advantage of signaling to the veterans’ community that VAC is prepared to take progressive steps to tackle legislative reform beyond the current PFL provision so as to address this fundamental core issue of concern to Canada’s veterans and their families.

B. Financial Comparison: Pension Act and New Veterans Charter/Veterans Well-being Act

As a fundamental tenet of our current Legislative Program, NCVA will continue to pursue the substantive recommendations delineated in this report with Minister Jill McKnight and senior VAC officials to address the discrimination and inequity (the “elephant

in the room”) that exists with respect to the financial compensation available to disabled veterans and their families under the traditional Pension Act and the NVC/VWA.

Let us now actually compare the present pension benefit regimes and then take a look at what VAC legislation would provide to veterans and their families if the aforementioned NCVA proposals were adopted by the Government.

For 100 per cent pensioners (at maximum rate of compensation):

PENSION ACT (2025)

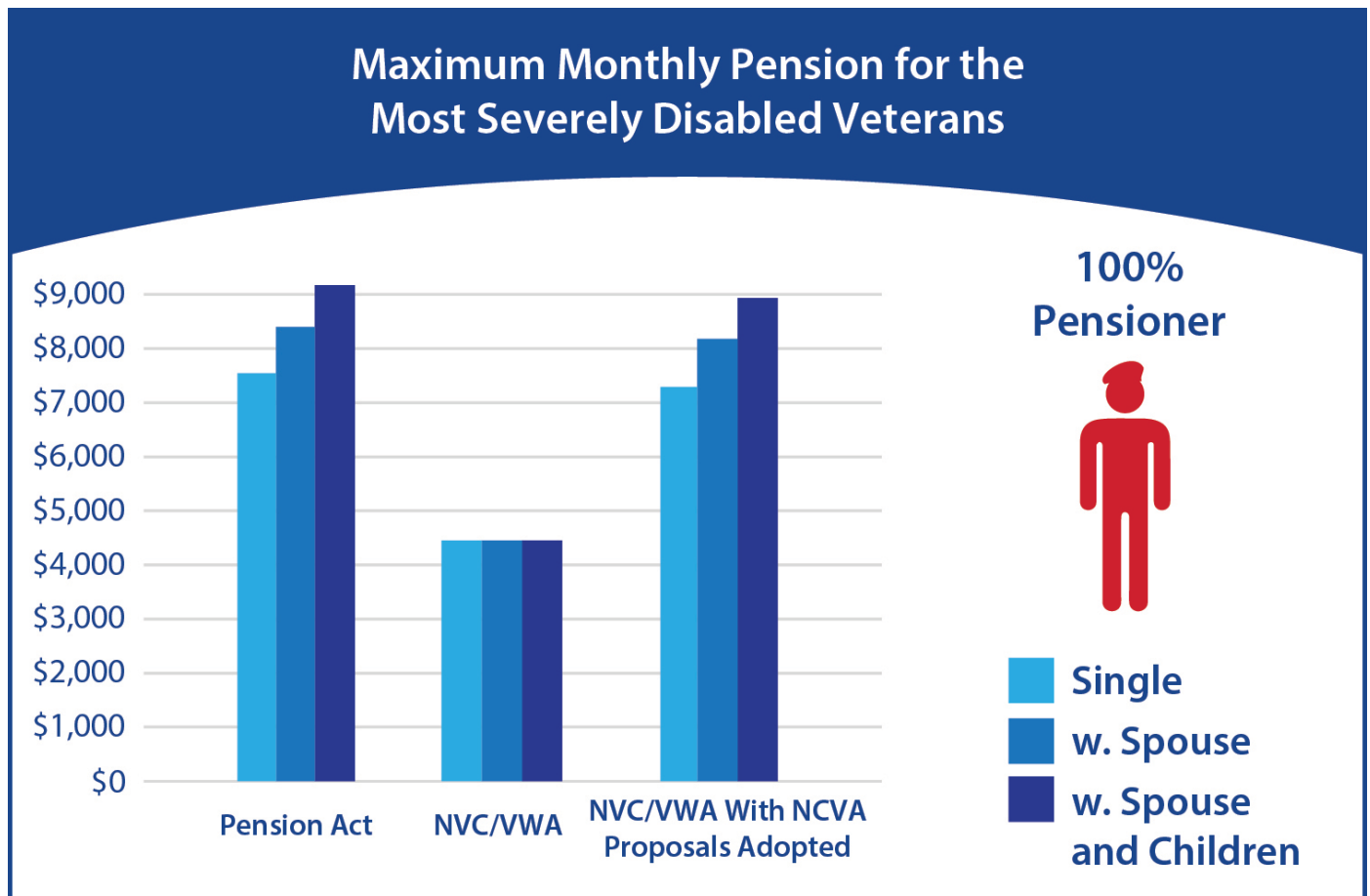
Benefit (maximum per month)	Veteran plus spouse and two children	Veteran plus spouse	Single veteran
Disability Pension	\$5,081	\$4,306	\$3,445
Exceptional Incapacity Allowance	\$1,823	\$1,823	\$1,823
Attendance Allowance	\$2,279	\$2,279	\$2,279
TOTAL	\$9,184	\$8,408	\$7,547

NEW VETERANS CHARTER/VETERANS WELL-BEING ACT (2025)

Benefit (maximum per month)	Veteran plus spouse and two children	Veteran plus spouse	Single veteran
Pain and Suffering Compensation	\$1,392	\$1,392	\$1,392
Additional Pain and Suffering Compensation	\$1,816	\$1,816	\$1,816
Caregiver Recognition Benefit	\$1,239	\$1,239	\$1,239
TOTAL	\$4,447	\$4,447	\$4,447

NEW VETERANS CHARTER/VETERANS WELL-BEING ACT (2025)
(in the event NCVA proposals are adopted)

Benefit (maximum per month)	Veteran plus spouse and two children	Veteran plus spouse	Single veteran
Pain and Suffering Compensation	\$1,391	\$1,391	\$1,391
Additional Pain and Suffering Compensation	\$1,815	\$1,815	\$1,815
Family benefit (PA)	\$1,635	\$861	\$0
Exceptional Incapacity Allowance (PA)	\$1,823	\$1,823	\$1,823
Attendance Allowance (PA)	\$2,279	\$2,279	\$2,279
TOTAL	\$8,943	\$8,169	\$7,308



“One Veteran – One Standard”

It is of even greater significance to recognize the impact of the PFL policy that became effective on April 1, 2019, on those disabled veterans who might be considered moderately disabled as the disparity in financial compensation between the statutory regimes is even more dramatic.

Let us take the illustration of a veteran with a 35 per cent disability assessment:

- (i) Assume the veteran has a mental or physical injury that is deemed not to be a “severe and permanent impairment” – the expected eligibility reality for the greater majority of disabled veterans under the NVC/VWA.
- (ii) The veteran enters the income replacement/rehabilitation program with Service Income Security Insurance Plan (SISIP) Long-Term Disability (LTD) as the first responder or the IRB/rehabilitation program with VAC.
- (iii) Ultimately the veteran finds employment in the public or private sector attaining an income of at least 66.66 per cent of their former military wage.

It is important to be cognizant of the fact that, once such a veteran earns 66.66 per cent of their pre-release military income, the veteran is no longer eligible for the SISIP LTD or the VAC IRB and, due to the fact that the veteran’s disability does not equate to a “severe and permanent impairment,” the veteran does not qualify for the new APSC benefit.

Therefore, the comparability evaluation for 35 per cent pensioners would be as follows under the alternative pension schemes:

PENSION ACT (2025)

Benefit (35 per cent per month)	Veteran plus spouse and two children	Veteran plus spouse	Single veteran
Disability Pension	\$1,778	\$1,507	\$1,206

NEW VETERANS CHARTER/VETERANS WELL-BEING ACT (2025)

Benefit (35 per cent per month)	Veteran plus spouse and two children	Veteran plus spouse	Single veteran
Pain and Suffering Compensation	\$487	\$487	\$487

We would underline that this analysis demonstrates the extremely significant financial disparity that results for this type of moderately disabled veteran. It is also essential to recognize that over 80 per cent of disabled veterans under the NVC/VWA will fall into this category of compensation. Unfortunately, the perpetuation of the inequitable treatment of these two

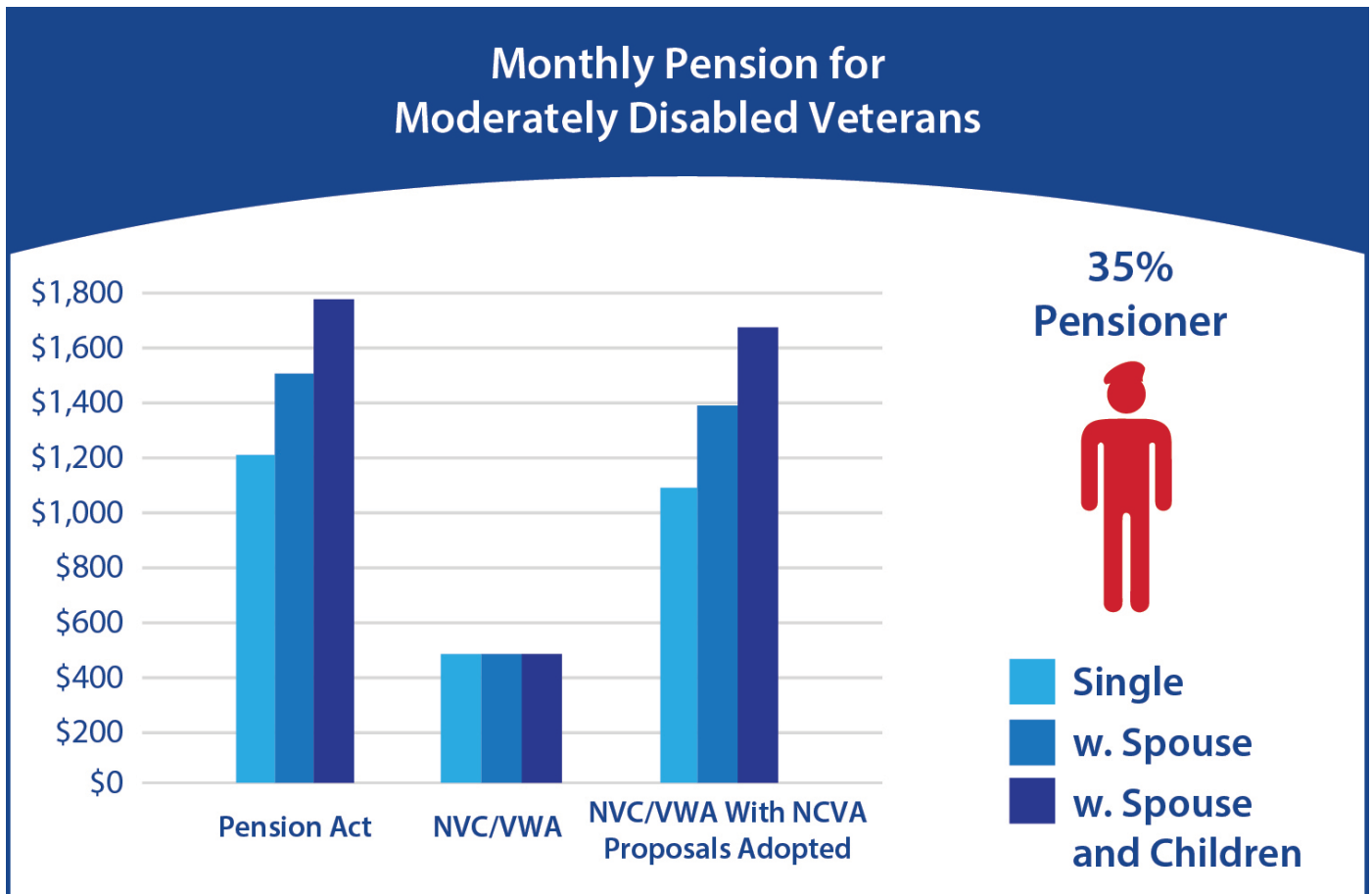
“One Veteran – One Standard”

distinct classes of veteran pensioner is self-evident and remains unacceptable to the overall veterans’ community.

Finally, let us consider the impact on this analysis in the event the NCVA proposals were to be implemented as part and parcel of an improved NVC/VWA:

**NEW VETERANS CHARTER/VETERANS WELL-BEING ACT (2025)
(in the event NCVA proposals are adopted)**

Benefit (35 per cent per month)	Veteran plus spouse and two children	Veteran plus spouse	Single veteran
Pain and Suffering Compensation	\$487	\$487	\$487
Additional Pain and Suffering Compensation	\$605	\$605	\$605
Family benefit (PA)	\$573	\$302	\$0
TOTAL	\$1,665	\$1,394	\$1,092



In summary, this combination of augmented benefits proposed by NCVA would go a long way to removing the discrimination that currently exists between the PA and the NVC/VWA and would represent a substantial advancement in the reform of veterans legislation, concluding in a “one veteran – one standard” approach for Canada’s disabled veteran population.

In addition, should VAC implement NCVA’s recommendations (as supported by the OVO and MPAG) with respect to a newly structured CIA, the IRB would be substantially enhanced by incorporating this progressive future loss of income standard as to “*What would the veteran have earned in their military career had the veteran not been injured?*”

It is noteworthy that the current IRB essentially provides 90 per cent of the former military wage of the veteran, together with a limited one per cent increment dependent on the veteran’s years of service, resulting in an inadequate recognition of the real loss of income experienced by the disabled veteran as a consequence of their shortened military career. This is particularly so for young CAF members of lower rank who suffer a serious disability.

The new conceptual philosophy of this future loss of income approach parallels the long-standing jurisprudence found in the Canadian courts in this context and is far more reflective of the actual financial diminishment suffered by the disabled veteran (and their family). This would represent a major step forward for VAC in establishing

a more equitable compensation/pension/wellness model.

NCVA fully recognizes the value and importance of these programs, and we commend VAC for its efforts to improve the department’s wellness and educational policies. However, it should be noted that a number of programs dealing with essentially parallel income replacement and rehabilitation policies already exist under the PA regime by means of services and benefits administered by DND through their SISIP LTD insurance policy and Vocational Rehabilitation (VOC-REHAB) programs.

The one unique element of NVC/VWA with respect to income replacement that is comparably beneficial for a very small number of seriously disabled veterans is triggered where such a disabled veteran is designated as having qualified for “Diminished Earning Capacity” status (which requires that a veteran is unemployable for life as a consequence of their pensioned disabilities).

In these circumstances, such a veteran will receive additional funds post-65 for life that are not available under the Pension Act/SISIP LTD program where such income replacement ends at age 65. This is most significant where the veteran has been medically released relatively early in their career.

It is noteworthy in this scenario that less than seven per cent of all disabled veterans qualify for the Diminished Earning Capacity. Thus, 94 per cent of veterans are not eligible for this post-65 benefit under the NVC/VWA.

It is not without significance in this evaluation that, at the time of the enactment of the NVC in 2006, VAC committed to eliminating SISIP LTD and VOC-REHAB programs and creating a new universal gold standard in regard to income replacement and wellness policies that would be applicable to all disabled veterans in Canada. The reality is that the SISIP LTD and VOC-REHAB insurance policy has been and continues today to be “the first responder” for the greater majority of disabled veterans who have been medically released from the CAF in relation to both the PA and the NVC/VWA.

As a fundamental conclusion to our position, we would like to think that the Government could be convinced that, rather than choosing one statutory regime over the other, a combination of the best parts of the Pension Act and the best parts of the NVC/VWA would provide a better compensation/wellness model for all disabled veterans in Canada.

It should be noted that NCVA emphasized this important topic in our submission to the Standing Committee on Veterans Affairs (ACVA) in March 2024, with regard to their study on veterans’ transition to civilian life. While there was no direct response to the submission on transition to civilian life, ACVA released its own report on the topic in June.

SISIP LTD/VOC-REHAB Programs

Recommendation

NCVA continues to take the long-held position that the Service Income Security Insurance Plan (SISIP) Long-Term Disability (LTD)/Vocational Rehabilitation (VOC-REHAB) should be eliminated, placing all SISIP LTD and VOC-REHAB under VAC parallel programs with reference to service attributable medical releases for all disabled veterans falling under the Pension Act or the New Veterans Charter/Veterans Well-Being Act (NVC/VWA) – one program/one service delivery model.

One of the priority recommendations of NCVA, the Ministerial Policy Advisory Group, the New Veterans Charter Advisory Group, numerous veteran consultation groups, the Standing Committee on Veterans Affairs and the Office of the Veterans Ombud for many years has been to suggest that the insurance culture needs to be removed from the compensation made available to veterans and their families. The compensation of veterans and their dependants should not be a function of the insurance industry whose mandate, in many situations, is to minimize exposure of the insurer's policy when applied to injured or disabled individuals.

As of April 1, 2024, all rehabilitation services (including medical, psychosocial and VOC-REHAB services) for members medically released with conditions not resulting from service are solely provided through SISIP.

VAC rehab services now only deals with service-related health conditions. Previously, between April 1, 2019, and March 31, 2024, VAC rehab services provided medical and psychosocial rehab services for conditions not resulting from service.

The NCVA continues to advocate strongly for the elimination of the SISIP LTD and VOC-REHAB programs, proposing they be fully transferred under the administration of VAC. This would create a single, seamless delivery model that removes insurance-based barriers, operates without premiums and ensures consistent support across service-related and non-service-related medical releases.

It is noteworthy that the following distinctions exist between the SISIP programs and the VAC policies in relation to income replacement and VOC-REHAB:

- (i) There is no benefit of the doubt or presumptive provisions contained in the SISIP insurance policies as compared to veterans legislation where such liberal interpretation is recognized.
- (ii) There is no \$20,000 income exception in the SISIP LTD program as is the case with VAC's income replacement policy, which has the effect of incentivizing the return to work for the disabled veteran.

- (iii) There is no income replacement post-65 in the SISIP program – income replacement extends for life for those veterans qualified as suffering a Diminished Earning Capacity with VAC.
- (iv) SISIP’s long-term disability policy has a much more stringent disability test for eligibility compared to the Diminished Earning Capacity formula (veteran earning less than two-thirds of military income).
- (v) An anomaly in the current SISIP policy provides only 75 per cent of income replacement for disabled veterans, which must in turn be topped up by VAC to attain the 90 per cent level that is the VAC standard for income replacement.
- (vi) NCVA has received reports of harassment confronting seriously disabled veterans from managers of SISIP as to the question of continued qualification or eligibility of such veterans with specific reference to income, employment or rehabilitation status.

As a matter of background, a fundamental commitment made by the Government at the time of the enactment of the NVC was the recognition that the SISIP LTD program should be eliminated and fully replaced by a liberalized income replacement loss benefit administered by VAC. The constraints placed on the NVC/VWA by the restrictive provisions of the SISIP LTD program and the SISIP VOC-REHAB

program are felt in the present context and should be removed as soon as possible. This government commitment made by the minister and deputy minister of the day was part and parcel of the understanding between the veteran stakeholder community and VAC in consideration of the immediate passage of the Charter by Parliament in 2006.

There may indeed be an opportunity for further dialogue at this time with DND/CAF as a consequence of the appointment in July 2024 of a new Chief of Defence Staff, Gen. Jennie Carignan. It is not without significance that, traditionally, the DND/CAF hierarchy has unfortunately exhibited strong resistance to moving away from the SISIP program.



It is to be noted that the “wellness program” strongly advocated by VAC and, more particularly, by former deputy minister Walt Natynczyk, is clearly impacted by the fact that the greater majority of medically released CAF members fall under the administration of the SISIP VOC-REHAB program. In effect, VAC does not have the

capacity to control and operate this portion of the VOC-REHAB program and is left with little accountability as to the impact that the SISIP program will have on veterans in regard to this essential element of the NVC/VWA.

With reference to the question of service- and non-service-related disabilities, it has been the experience of the veterans' community that this entire question of whether a member of the CAF is to be considered "on duty" for the purposes of pensionability either under the Pension Act or the NVC/VWA has been a long-standing grievance.

The regulations in this area would be far clearer and more equitable if the Government/department agreed to adopt the "insurance principle" in this context so that all members of the military would be considered "on duty" at all times and thus eligible for various financial benefits such as the Pain and Suffering Compensation and Income Replacement programs once they put on a uniform. This would clear up the potential interpretive issues that are raised in the regulations to the NVC/VWA and would address the confusion and ambiguity that often results when individual hypothetical cases reflect "gray areas" or areas of dispute.

The resultant effect of this recognition would also further the objective of eliminating the SISIP LTD program even for non-service-related disabilities, which, of course, was its original and exclusive mandate in the 1970s when it was first created.

Benefits to Support Families/ Veteran Caregivers

Recommendation

VAC should:

- (i) Establish a new caregiver allowance into the New Veterans Charter/Veterans Well-Being Act (NVC/VWA) based on the eligibility standards of the Attendance Allowance provisions under the Pension Act, together with the amount of allowance described in the DND Attendant Care Benefit for caregivers of disabled veterans, as supported by the Standing Committee on Veterans Affairs (ACVA) in its June 2021 report.

- (ii) Establish distinctive grade levels for this newly created Attendance Allowance:

Grade 1 - \$36,000

Grade 2 - \$30,000

Grade 3 - \$24,000

Grade 4 - \$18,000

This will address the unique need for financial support of individual family caregivers of disabled veterans and, at the same time, help to rectify the financial disparity between the two statutory regimes by adopting a “one veteran – one standard” approach.

- (iii) Fine-tune the concept of a new caregiver allowance payable to informal caregivers to recognize and compensate for their significant effort and economic loss in supporting injured veterans. This is particularly so in circumstances where the seriously disabled veteran requires their spouse to be a primary caregiver who in turn must relinquish their employment with the consequential negative impact on the overall family revenue.
- (iv) Create a new family benefit for all veterans in receipt of Pain and Suffering Compensation (PSC) to parallel the Pension Act provisions in relation to spousal and child allowances to recognize the impact of the veteran’s disability on their family.
- (v) Adopt the Ombud’s recommendation as endorsed by the ACVA that family members (spouses and dependent children) should have an independent

right to benefits and well-being provisions rather than the restricted derivative rights that have existed in veterans legislation for many years. We also believe they should not only have an independent right to vocational rehabilitation and employment policies, but also to the Education and Training Benefit.

- (vi) Automatically reimburse professional mental health expenses for the spouse and dependent children of veterans eligible for a rehabilitation plan for mental health concerns.
- (vii) With reference to the Veterans Independence Program (VIP), the needs of a surviving spouse of a veteran should determine the benefit required (housekeeping or groundskeeping) instead of the present practice of basing the decisions on the specific VIP benefit the veteran was receiving prior to their death. NCVA and the Ministerial Policy Advisory Group (MPAG) continue to hold the position that the present policy on the continuation of VIP for life for surviving spouses should be provided at a minimum to all surviving spouses of seriously disabled veterans who are not eligible because the veteran never applied for the benefits. This proposal is fully endorsed by the joint MPAG report to the minister this year.

Since the enactment of the NVC in 2006, NCVA has taken the strong position that the Government has not sufficiently addressed the plight of veteran families, particularly in circumstances where a member of the family, often a spouse, is required to act in the role of caregiver to a disabled veteran.

As a matter of legislative background, the Family Caregiver Relief Benefit (FCRB) was introduced by the Government in 2015. This program proved to be clearly inadequate, as it failed to provide appropriate financial support for the families of seriously disabled veterans where significant needs of attendance must be provided by a caregiver who often has had to leave their employment to do so.

The current Caregiver Recognition Benefit replaced the FCRB as of April 1, 2019, and provides only a slightly more generous

non-taxable \$1,000 a month benefit (\$1,239 as of 2025) payable directly to caregivers to ostensibly recognize and honour their vital role.

It is revealing that the former minister of veterans affairs, Lawrence MacAulay, in a formal response to the NCVA Legislative Program 2022-23, referred to this Caregiver Recognition Benefit as an indication of the Government's attempt to address the needs of families of disabled veterans. What continues to mystify the veterans' community is why the Government has chosen to "reinvent the wheel" in this area when addressing this need for attendance/caregiving under the NVC/VWA. For many decades, Attendance Allowance under the Pension Act (with its five grade levels) has been an effective vehicle in this regard, providing a substantially higher level of compensation and more generous eligibility criteria to satisfy this requirement.

Benefits to Support Families/Veteran Caregivers

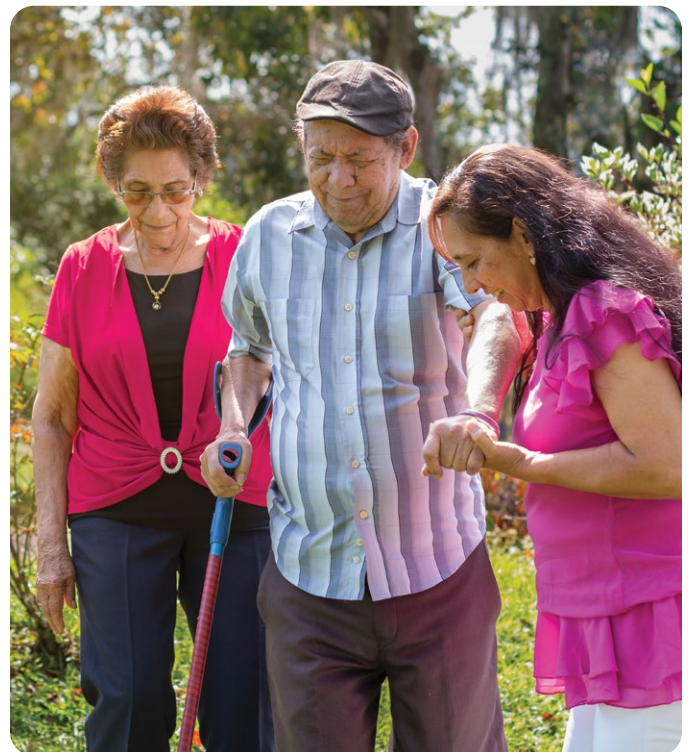
In this context, it must be underlined that the spouses or families of seriously disabled veterans often have to give up meaningful employment opportunities to fulfill the caregiving needs of the disabled veteran – \$1,000 (\$1,300) a month is simply not sufficient recognition of this income loss. VAC should, at a minimum, return to the Attendance Allowance provision, which potentially generates in excess of \$25,000 per year of non-taxable benefits to those veterans in serious need of attendance, and pay such newly established benefit to the caregiver directly.

It is not without significance that the DND, through its Attendant Care Benefit program, has provided reimbursement to seriously disabled veterans of the Afghanistan conflict for payments made to an attendant to look after the CAF member on a full-time basis. This benefit has been paid to the CAF member at a daily rate of \$100 (\$3,000 a month – \$36,500 a year) for a maximum of 365 days. This policy also implicitly represents a recognition that the financial costs of attendants far exceed the need to address respite. A serious concern remains in the context of such a veteran’s transition from DND to VAC as to the fact that the financial assistance to such families dramatically drops from the DND program to the current VAC Caregiver Recognition Benefit.

Attendance Allowance has historically and currently represented an integral portion of the compensation available to seriously disabled veterans governed by the Pension Act and more adequately supports family members and caregivers with respect to their role in maintaining family well-being.

It is of further interest, in our judgment, that the grade levels for these allowances tend to increase over the life of the veterans as the “ravages of age” are confronted – indeed, non-pensioned conditions such as the onset of a heart, cancer or diabetic condition, for example, are part and parcel of the Attendance Allowance adjudication uniquely carried out by VAC under the Pension Act policies in this context.

In addition, the MPAG has particularly emphasized with ministerial and departmental officials the above-cited concern that there should be more flexibility attached to the current Caregiver Recognition Benefit as, clearly, “one size does not fit all.” The MPAG emphasized that the Caregiver Recognition Benefit maximum should be the same as the DND Attendant Care Benefit, and that the eligibility criteria should be changed to match the Attendance Allowance under the Pension Act.



Furthermore, family members (spouses and dependent children) should not only have an independent right to VAC vocational rehabilitation and employment policies, but also to the Education and Training Benefit without the current restrictions that curtail their opportunity to access these programs.

Through these changes, access can be expanded to better reflect the specific challenges faced by family members and other caregivers of veterans who suffer from mental health conditions and brain injuries. It is extremely relevant in this area that the grading levels available under the Attendance Allowance provisions of the Pension Act give the department a certain degree of discretion and flexibility as to the attendance needs of individual veterans. In our experience, there are numerous examples where substantial distinctions exist as to the need for attendance encountered by seriously disabled veterans.

In over 40 years of working with The War Amps of Canada, we have literally handled hundreds of special allowance claims and were specifically involved in the formulation of the Attendance Allowance guidelines and grade profiles from the outset. We would indicate that the Attendance Allowance represents an integral portion of the compensation available to war amputees and other seriously disabled veterans governed by the Pension Act.

It is also highly material that NCVA and the MPAG are proposing a new family benefit for all veterans in receipt of a disability award (PSC). In accordance with the level of disability assessment, this recommendation

would provide further support to families and address, to a certain extent, the cost of the veteran's disability to their spouse and/or dependent children. The amount of this benefit would parallel the payments that have been made under the Pension Act for many years as part of the pension received by a disabled veteran who has a spouse and/or dependent children.

Once again, the resultant impact of balancing benefits in this manner under both statutory regimes would be particularly responsive to the current shortcoming in the NVC/VWA insofar as financial assistance to families of disabled veterans is concerned.

It should be noted that NCVA emphasized this important topic in our submission to the ACVA in March 2024, with regard to their study on veterans' transition to civilian life.

A. Report of the Standing Committee on Veterans Affairs (ACVA)

It is notable in this context that the ACVA carried out a study in 2021 of federal supports and services to Canadian veterans, caregivers and families.

NCVA made a formal submission to the committee in early 2021 as part and parcel of its deliberations, proposing the above-cited recommendations that need to be implemented by VAC to improve the financial supports to veteran caregivers so as to better meet their unique needs. The submission can be found at <https://www.ncva-cnaac.ca/wp-content/uploads/2021/06/Submission-to-Standing-Committee-Feb2021-caregivers-EN.pdf>.

The ACVA released its report on veteran caregivers entitled “Caregivers: Taking Care of Those who Care for Veterans” on June 15, 2021, and forwarded the report to the House of Commons for Parliament’s consideration.

It is noteworthy that the Standing Committee report provides a comprehensive review of all family and caregiver benefits presently found in Canadian veterans legislation and delineates at considerable length the serious deficiencies and shortcomings that currently exist in VAC programs and benefits in this context.

In NCVA’s judgment, the committee recommendations represent a potential major step forward to remedying the insufficient and inequitable treatment of veteran caregivers by VAC since the passing of the NVC.

We are also pleased to advise that our NCVA recommendations have been fully adopted by the committee in relation to replacing the highly inadequate Caregiver Recognition Benefit through the incorporation of the Attendance Allowance eligibility rules (Pension Act) and the more generous DND Attendant Care Benefit financial provisions, together with the expansion of caregiver benefits to better recognize mental health concerns.

The following are the recommendations from the ACVA report:

Framework Recommendation

That the Government of Canada work to ensure that spouses and dependent children of veterans who would be eligible to VAC’s rehabilitation program can access other

VAC programs, including financial support and mental health services, in their own right, and with an individual client number.

Recommendation 1

That VAC publicly promote its mental health assistance services so that veterans, their family members and other caregivers have a better awareness and understanding of the services available.

Recommendation 2

That the Caregiver Recognition Benefit be changed as follows:

- (i) That the maximum amount of the benefit be the same as the DND Attendant Care Benefit;
- (ii) That the eligibility criteria be the same as those for the Attendance Allowance under the Pension Act;
- (iii) That access be expanded to better reflect the specific challenges faced by family members and other caregivers of veterans who suffer from mental health conditions and brain injuries; and
- (iv) That eligibility be expanded to include caregivers under the age of 18.

Recommendation 3

That the services offered as part of the Veterans Independence Program be transferred to the veteran’s spouse and maintained as a grandfathered right after the veteran’s death.

Recommendation 4

That VAC automatically reimburse professional mental health expenses for the spouse and dependent children of veterans eligible for a rehabilitation plan for mental health concerns, up to \$3,000 per person, and that the department's approval be required only when a claim is submitted that exceeds this amount.

Recommendation 5

That VAC ensure that every departmental client, whether or not they are case-managed, have a dedicated employee responsible for their file, be given direct access by phone or email to that employee and that a group be given responsibility for answering questions from family members and other caregivers who would not be VAC clients.

Recommendation 6

That the NVC/VWA be amended to include an obligation to dependent children of living veterans and that applications to programs created to that effect may be submitted by any parent of the child.

The full report can be found at <https://www.ourcommons.ca/DocumentViewer/en/43-2/ACVA/report-7/>.

Insofar as next steps, we will continue our crusade to ensure that VAC enacts the requisite statutory, regulatory and policy amendments to capture the essence of the Standing Committee recommendations.

In our considered opinion, these measures proposed by the Standing Committee, once implemented by the Government, will have

a potentially significant impact on alleviating the “plight of veterans’ caregivers/family members” that the department has failed to appropriately recognize since the enactment of the NVC in 2006 and the subsequent extension to the VWA.

B. Report of the Veterans Ombud

It is to be noted in this context that the Office of the Veterans Ombud (OVO) conducted a study on veteran caregivers entitled “Spouses Supporting Transition” (dated September 21, 2020 – <https://ombudsman-veterans.gc.ca/en/publications/systemic-reviews/spouses-supporting-transition-medically-released>). This comprehensive OVO report examines a number of highly respected government and academic studies assessing the experiences of caregivers in relation to their support of their veteran spouses to transition from military to civilian life.

The peer review literature contained in the OVO evaluation makes a series of material findings with respect to this veteran caregiver role:

- (i) Spouses of veterans inherit a significant amount of unpaid labour and suffer negative impacts to both physical and mental health immediately prior to, during and following the veteran’s medical release.
- (ii) Several studies reported negative career impacts, social isolation and a sense of loss from the spouses’ perspectives as a consequence of military-to-civilian transition.

- (iii) Another study referred to the spouse and family as the “strength behind the uniform” and stressed the importance of the support system for the veteran during and after service.

More recently, the Veterans Ombud Nishika Jardine made a further major recommendation that has been highlighted in the 2021 Standing Committee report vis-à-vis the important principle that family members/caregivers should have an independent right to benefits and well-being provisions rather than the limited derivative rights that have existed in veterans legislation for many years. This shortcoming in veterans legislation has prejudiced the rights of veterans’ families/caregivers and is quite appropriately underlined by the Standing Committee as a high-priority recommendation. NCVA clearly stands behind the OVO proposal as part and parcel of our position on improving the overall access to VAC programs and benefits for Canadian family members/caregivers.

In conclusion, NCVA takes the position that the plight of veterans’ families/caregivers in Canada requires immediate government attention. In our respectful submission, VAC should follow a “one veteran – one standard” approach by adopting a comprehensive program model for all family members/caregivers of veterans, thereby resulting in the elimination of artificial cut-off dates that arbitrarily distinguish veterans and their caregivers based on whether the veteran was injured before or after 2006.

It is time that VAC provides the necessary support to veterans’ families/caregivers, who truly represent “the strength behind the uniform.” They deserve nothing less!



Progressive Future Loss of Income (New Career Impact Allowance)

Recommendation

Establish a newly structured Career Impact Allowance that would reflect the following standard of compensation: “What would the veteran have earned in their military career had the veteran not been injured?” This form of progressive income model, which has been recommended by the Ministerial Policy Advisory Group (MPAG) and the Office of the Veterans Ombud (OVO), would be unique to the New Veterans Charter/Veterans Well-being Act (NVC/VWA) and would bolster the potential lifetime compensation of the disabled veteran as to their projected lost career earnings, as opposed to the nominal one per cent increase provided in the recently adopted legislation.

- (i) NCVA encourages VAC to revisit the MPAG proposition of consolidating the Income Replacement Benefit and a newly structured Career Impact Allowance to provide a single stream of income for life that would include the “projected career earnings” approach.
- (ii) Access to the new structured Career Impact Allowance should be available through the lifetime of the veteran, providing a financial safety net that includes application to pre- and post-release income scenarios.

As a matter of legislative history, it is to be noted that VAC converted the former Career Impact Allowance and the Career Impact Allowance Supplement into the Additional Pain and Suffering Compensation benefit as part of the Pension for Life transition enactment. It remains the position of NCVA, in concert with the Policy Advisory Group, that the department should revisit this legislative model for career impact funding and address the future loss of income suffered by a disabled veteran on the basis of the following fundamental question – “What would the disabled veteran have earned in their projected military career if the veteran

had not been injured?” – as opposed to the nominal consumer price index increase in the Income Replacement Benefit provided in the current legislation.

A number of members of NCVA and the MPAG indicated a serious concern that the current income replacement program leaves lower-ranked CAF members at a minimal level of income replacement for life in circumstances where such a veteran qualifies for the VAC Diminished Earning Capacity program or the Service Income Security Insurance Plan Long-Term Disability benefit.

It has been our position from the outset that the financial benchmarks for a progressive income model can be established in accord with the various reports emanating from the OVO over recent years and as proposed by the New Veterans Charter Advisory Group in 2009, together with MPAG recommendations on these important income calculations. These evaluations have demonstrated the relative predictability of the elevation of a CAF member through their military career in recognizing the specific ranks the member would have achieved had the member not been injured.

It is also of considerable import that the Canadian civil courts, over the last number of decades, have evaluated the cases of severely injured plaintiffs by consistently applying the concept of future loss of income in assessing monetary damages. In a similar fashion to the proposals emanating from NCVA and the MPAG on the progressive income replacement model, the courts consider the probable career earnings of an injured plaintiff from the perspective of future loss of income or, alternatively, future loss of earnings capacity as part and parcel of the damage award granted to plaintiffs in the Canadian judicial system.

It is of interest that, in the context of VAC, the department has a distinct advantage over the courts, as the judicial system only has “one bite at the apple” at the time of the court hearing or settlement. VAC, on the other hand, is able to monitor the income position of a disabled veteran throughout their life to determine the differential between the benchmark

established by this newly structured benefit for career impact funding and the actual income received by the veteran. Query: why should an injured Canadian veteran receive less than an injured plaintiff with reference to “future loss of income?” We have, in effect, paralleled the disability award (Pain and Suffering Compensation) under the NVC/VWA with the general pain and suffering damage awards in the Canadian courts – why not replicate the philosophy of the future loss of income concept as well?

While there was no direct response, the Standing Committee on Veterans Affairs included mention of “the importance of family” and wanting to ensure that a family member can obtain immediate mental health support. However, there are still many recommendations outlined in the 2023 MPAG report that remain unaddressed.



VAC Backlog/Wait-Time Crisis

Recommendation

NCVA strongly recommends that VAC recognize that fundamental systemic change is required, and that the department needs to accelerate the adoption of fast-tracking protocols/automatic entitlement for outstanding veterans' claims in order to alleviate the backlog and wait times that have only been compounded by the COVID-19 crisis.

Recommendation

NCVA proposes that VAC utilize presumptions in the departmental adjudicative system as outlined for many years in NCVA's Legislative Program. The adoption of evidentiary presumptions to deal with common disabilities and consequential claims will create administrative efficiencies and have a significant impact on turnaround times for veterans' claims currently in the backlog.

Recommendation

NCVA supports the adoption of the Standing Committee on Veterans Affairs (ACVA) report dated December 11, 2020, titled "Clearing the Jam: Addressing the Backlog of Disability Benefit Claims at Veterans Affairs Canada," which accepted the majority of NCVA's recommendations in alleviating the backlog/wait-time crisis.

Recommendation

NCVA urges VAC to fully recognize the substantive findings and criticisms of the Auditor General's report of May 2022 and implement with the highest priority the statutory, regulatory and policy changes proposed in the report to realistically address the backlog/wait-time conundrum confronting Canada's disabled veterans.

Recommendation

NCVA strongly recommends that the Government expand the implementation of the proposals contained in Budget 2021, insofar as the immediate granting of treatment

benefits prior to the formal adjudication of the veteran's disability claim so as to include all forms of disability suffered by the veterans of Canada.

Recommendation

NCVA recommends that VAC provide substantial financial funding to bolster the Veterans Emergency Fund to increase the maximum benefits per claim and to prioritize these applications during these challenging times. VAC should consider the utilization of the Veterans Emergency Fund as a stopgap measure for veterans awaiting disability pension claim decisions that have been inordinately held up by the current backlog conundrum.

Recommendation

NCVA proposes that VAC expedite the department's current study to simplify veterans legislation and regulations, including the Table of Disabilities, so as to provide a more "user-friendly" process and, in so doing, eliminate the complexities and legalistic provisions currently confronting veterans in making disability/health-care claims.

Recommendation

NCVA takes the position that, to ease the transition from DND to VAC, disabled veterans should be fully apprised of benefits and entitlements, rehabilitation options and job alternatives well before their medical discharge from the CAF.

The overriding concern in the veterans' community today still remains the ongoing crisis as to the intolerable backlog and wait times confronting veterans in making applications for disability pensions and health-care benefits. The NCVA has consistently argued that systemic change is absolutely essential. It is self-evident that the departmental measures to increase staffing and digital resources will not be sufficient on their own to resolve this deplorable state of affairs as underlined by not only the Auditor General's

report, but by the Parliamentary Budget Officer's report of September 2020.

From NCVA's perspective, it is incumbent upon the Liberal government, in concert with the official Opposition parties, to enunciate bold and creative measures to accelerate the establishment of fast-tracking protocols/automatic entitlement for outstanding veterans' claims in order to alleviate this backlog and wait-time dilemma that has only been compounded by the COVID-19 crisis.

The following represents the crux of NCVA's position in relation to this ongoing administrative crisis:

- (i) The department should adopt the position that veterans' claims be considered at face value and be based on the reasonable evidence provided by the veteran and their family, with the proviso that individual files could be monitored over time and "spot audits" carried out to address any potential abuses. The clear reality that medical reports usually required by VAC to support these applications continue to be extremely difficult to obtain at this time must be recognized in assessing this present dilemma.
- (ii) In our experience, the preparation of medical reports to support veterans' claims is not a priority at this time for health professionals due to the high volume of work and patient requests they face.
- (iii) Unless creative steps are taken, the adjudicative delays and turnaround time dilemmas will not be relieved in the short term, given the reality of the significant challenge in obtaining these medical/therapist reports to substantiate individual veterans' applications.
- (iv) There is a general consensus among major veteran stakeholders that this administrative/adjudicative measure leading to a form of fast-tracking/automatic entitlement deserves immediate attention.

- (v) It has been the long-standing view of NCVA that this type of automatic entitlement approach should have been implemented by VAC years ago in regard to seriously disabled veterans. This desired policy change would achieve the objective of expediting these specific claims so as to circumvent governmental "red tape" and in recognition of the fact that nearly all of these cases are ultimately granted entitlement in the end, often following many months of adjudicative delay. It is our considered position that now is clearly the time to extend this thinking to all veterans' claims.
- (vi) It is noteworthy that a number of mandate letters received by the former minister of veterans affairs from the former prime minister contained a specific direction that VAC should implement a form of automatic entitlement with respect to common disabilities suffered by Canadian veterans.



- (vii) It is also extremely significant that many financial assistance programs rolled out by federal/provincial governments to address the COVID-19 pandemic were premised on the philosophy of “pay now and verify later.” In regard to a number of financial initiatives, the earlier need for medical reports to substantiate entitlement to these programs was waived by the Government, given the impracticality of accessing any input from the medical profession in Canada through these troubled times.
- (viii) It is to be noted that the initial reaction of the department to this proposed form of fast-tracking/automatic entitlement was that this approach could be implemented for benefits that are paid on a monthly basis; however, given the fact in relation to disability awards that the majority of veterans are still opting for lump sums, this would represent a concern for the department.
- (ix) In addressing this concern, it was our recommendation that, as an interim step in granting this form of automatic entitlement, the disability award could be paid as a monthly allowance with a preliminary assessment in the first instance. Ultimately, the department would have the ability to fully assess the extent of the veteran’s disability in order to determine the veteran’s final assessment, at which point the veteran could choose to convert their monthly allowance to a lump sum award with

the appropriate financial adjustment to consider the monthly amounts already paid.

- (x) The great advantage in this recommendation is that the veteran’s entitlement would be established early on and the veteran’s concerns surrounding financial security and access to health care and treatment benefits would be addressed in this manner.
- (xi) The old adage that “desperate times call for bold and creative measures” is particularly apt in this situation.

A. Auditor General’s Report

The Auditor General of Canada, Karen Hogan, tabled a report in Parliament on May 31, 2022, concluding that Canada’s disabled veterans continue to face intolerably long wait times and an unacceptable backlog in earning entitlement for deserved financial assistance and benefits from VAC: https://www.oag-bvg.gc.ca/internet/English/parl_oag_202205_02_e_44034.html.

Hogan stated at her 2022 press conference in Ottawa that she was unimpressed with the efforts made by the department over the last number of years and called for the prioritization of a “realistic plan” to finally ensure that disabled veterans are not forced to wait months or even years for the financial support and compensation they require.

“I am really left with the conclusion that the Government failed to meet a promise that it made to our veterans, that it would take care of them if they were injured in

service. This has a real consequence on the well-being of our veterans and their families.

“It is time to find a more sustainable solution that will see veterans receive their benefits in a timely way. After all, it is our veterans who are here to take care of and protect our country and keep peace. The Government should do better by them.”

The Auditor General’s report made a number of significant findings in their evaluation of the VAC efforts to improve the processing time and backlog confronting the veteran community in Canada:

“2.9 Overall, we found that despite Veterans Affairs Canada’s initiatives to speed up the processing of applications for disability benefits, veterans were still waiting a long time to receive compensation for injuries sustained in their service to Canada. (Note from NCVA: While there has been a reduction in wait times for veterans, the current average time frame is still over the standard 16 weeks. In 2024, veterans applying for disability benefits waited approximately 21 weeks for a decision for first applications of claims.) This is a long way from the department’s service standard of 16 weeks in 80 per cent of cases.

“2.10 The department’s data on how it processes benefits applications – and the organization of this data – was poor. As a result, the department did not know if its initiatives sped up application processing or even

if any of its initiatives slowed down processing. We also found that the department did not always calculate wait times consistently, which meant that veterans waited longer than the department reported publicly.

“2.11 The department lacked a long term staffing plan to help address the long wait times. The department hired term employees to help process the backlog of applications. However, some of them left the department before the end of their term to take jobs that offered more security. The department needs a stable workforce to process disability benefits. The department also needs an improved data management system to help ensure that veterans do not wait months or even years to receive benefits to support their physical and mental health. (Note from NCVA: Temporary staff have been hired by VAC until 2026 to address the backlog. NCVA will continue to monitor any progress.)

“2.57 Veterans Affairs Canada should work with central government agencies to establish a sustainable long-term resourcing plan for processing disability benefit applications in a timely manner. This plan should consider the number of applications the department expects to receive and the efficiency it expects to gain from its process improvement initiatives.

“2.58 We concluded that although Veterans Affairs Canada implemented

initiatives to improve the processing of disability benefit applications, its actions did not reduce overall wait times for eligible veterans. The department was still a long way from meeting its service standard. Implementation of initiatives was slow. Data to measure improvements was lacking. Both the funding and almost half of the employees on the team responsible for processing applications were temporary. As a result, veterans waited too long to receive benefits to support their physical and mental health and their families' overall well-being.



B. Report of the Standing Committee on Veterans Affairs – December 2020

The House of Commons ACVA issued its highly material report “Clearing the Jam: Addressing the Backlog of Disability Benefit Claims at Veterans Affairs Canada” on Friday, December 11, 2020, following many months of study and stakeholder input: <https://www.ourcommons.ca/Content/Committee/432/ACVA/Reports/RP11036287/acvarp04/acvarp04-e.pdf>.

NCVA presented our submission to the committee in November 2020 as part and parcel of its deliberations: <https://ncva-cnaac.ca/wp-content/uploads/2020/11/Submission-to-Standing-Committee-Nov2020.pdf>.

The Standing Committee findings identify quite clearly the present crisis in VAC adjudication and call for urgent and dramatic change in departmental protocols. Most importantly from our perspective, the report endorses our position that a form of automatic entitlement/pre-approval, together with fast-track protocols, needs to be adopted by the department to address the required systemic change.

We would suggest that the Standing Committee’s report, which echoes the current Auditor General’s Report 2022, reflects a comprehensive canvassing of a number of the salient issues surrounding the backlog/wait-time problem. With respect to the adjudicative initiatives we have focused on, the following represents the major recommendations made by the Standing Committee in its report to Parliament:

(i) Recommendation 13: That Veterans Affairs Canada continue to automatically approve applications for medical conditions presumptively attributed to service in the Canadian Armed Forces or the Royal Canadian Mounted Police, table to the Committee its list of such medical conditions and continue to expand it through research in Canada and in allied countries.

(ii) *Recommendation 14: That Veterans Affairs Canada conduct a study on women-specific medical conditions related to service in the Canadian Armed Forces and Royal Canadian Mounted Police, and, when applicable, add them to the list of medical conditions presumptively connected to military service. (Note from NCVA: In 2025, VAC conducted multiple studies as part of the Women Veterans Research Plan, focusing on women-specific medical conditions related to service in the CAF and the RCMP. These studies provided valuable insights into conditions disproportionately affecting women veterans.)*

(iii) Recommendation 15: That the Minister of Veterans Affairs amend the Veterans Well-being Regulations to allow for the automatic pre-approval of disability benefit claims, and that Veterans Affairs Canada implement a pilot project to identify the risks and advantages of such automatic pre-approval of claims.

(iv) Recommendation 16: That Veterans Affairs Canada conduct an in-depth review of the Veterans Emergency Fund in the context of its use to support veterans waiting in the backlog and report back to the committee with their findings.

(v) *Conclusion: Adopting these measures would exhibit good faith in dealing with the existing backlog and uphold the fundamental principle that has guided all Canadian veterans' compensation programs since World War I: the benefit of the doubt. Committee members want to reaffirm this principle and reassure veterans and their families that their well-being is the sole and unique purpose of Veterans Affairs Canada.*

In response to these compelling recommendations, the former minister of veterans affairs, Lawrence MacAulay, had provided a formal reply to the committee setting out what constitutes, in our respectful judgment, a further statement of good intentions from the department's perspective in relation to increasing staffing, technological advances et al. We remain convinced, as set out in the Auditor General's Report 2022, that a more innovative approach is required to truly address this enduring backlog and wait-time crisis in VAC. According to the *Canada Gazette* (Vol. 156, No. 1, January 2022), delays in accessing mental health treatment due to pending VAC benefit decisions have, in severe cases, been linked to an increased risk of suicidal ideation and even death by suicide among Canadian veterans.

In this context, senior officials of the department have maintained for some time that they are ostensibly in the process of seeking legislative/regulatory authority to implement appropriate adjudicative changes required in accord with the Standing Committee conclusions and our long-standing proposals. Given the evaluation of the Auditor General's Report 2022, it is our hope that the department has recognized that there is sound rationale for incorporating the necessary adjudicative protocol amendments as the fundamental means of alleviating this unacceptable backlog/turnaround time conundrum. NCVA will continue to press the department to expedite the implementation of the necessary changes outlined by the Standing Committee report.

C. Federal Budget

NCVA has strongly recommended for many years that the immediate granting of treatment benefits for seriously disabled veterans prior to the completion of the individual VAC adjudication process is absolutely essential to meet the urgent needs of such veterans. Unfortunately, VAC plans for a gradual reduction in full-time equivalent employees from 3,749 in 2025-26 to 3,203 in 2026-27, reflecting the end of temporary funding and initiatives, which may cause further delays. NCVA will monitor the effect of staffing reduction closely.

The amendments to the Veterans Health Care Regulations implemented in April 2022 by the department will allow veterans who apply for disability benefits for mental health conditions to automatically qualify for treatment benefit/health-care coverage.

As a matter of background, it is noteworthy that the 2021 federal budget, brought down by former finance minister Chrystia Freeland, recognized that:

“... [v]eterans are three to four times as likely to suffer from depressive or anxiety disorders, and over 15 times more likely to experience post-traumatic stress disorder (PTSD), than the general population. Veterans are entitled to financial support for mental health-care through the Treatment Benefit Program, but they can wait up to two years to receive mental health-care while waiting for their disability benefit application to be confirmed. ...

“Budget 2021 proposes to provide \$140 million over five years starting in 2021-22, and \$6 million ongoing, to Veterans Affairs Canada for a program that would cover the mental health-care costs of veterans with PTSD, depressive, or anxiety disorders while their disability benefit application is being processed.”

Although this budgetary proposal did not fully adopt our favoured concept of automatic entitlement/pre-approval for all physical and mental disabilities, it does provide a significant step forward in recognizing that treatment benefits should be granted immediately and not be dependent on the disability application process, which can indeed take up to two years. Thus, this provision is hopefully a springboard to expanding this principle so that veterans are not left in a precarious situation for many months or even years before health care/treatment benefits are available to them. The Government, through the budget, has determined that mental

health care (PTSD, depressive or anxiety disorders) should be given priority. It will be our continuing position that this approach should be applied to all physical disabilities so that veterans in serious need of health care or treatment benefits are granted the same sense of priority.

Without doubt, this stopgap initiative has triggered much-needed treatment benefits for those veterans suffering urgent mental health issues. However, it still begs the larger question as to whether VAC is prepared in relation to the overall adjudication of disability benefits to fully operationalize the requisite systemic measures needed to ameliorate the pervasive administrative and bureaucratic delays currently confronting Canadian veterans and their families.

In this context, it is to be noted that over 96 per cent of PTSD claims are approved by the department. Therefore, automatic entitlement just makes good administrative sense and would accelerate the necessary disability and treatment benefits for the disabled veteran so as to obviate any further involvement of the bureaucracy of government.

As we have said all along with respect to the backlog/wait-time crisis, veterans deserve nothing less. To truly support our veterans, it is essential that VAC prioritizes their needs by increasing staff and improving communication. Regular oversight and meaningful reform, along with interim help during wait times, will make a real difference



for veterans. By taking these steps, VAC can restore confidence and ensure veterans receive the care and respect they deserve – without the unnecessary wait.

D. Transitional Provisions/ Complexity of Legislation

It is not without significance that, due to the complexity and confusion surrounding a number of new benefits that have been promulgated over the last couple of years, the VAC adjudicative process has been further backlogged, resulting in many veterans being unable to access these new benefits and, as significantly, struggling to understand the criteria for application. In effect, the Government, in our judgment, has created a legislative “monster” insofar as the nature and scope of the VAC benefit grid that currently exists. Recently, VAC has made notable progress in reducing wait times for benefit decisions, which is a positive step forward in improving service delivery for veterans. However, the current average wait time of 20.6 weeks remains too long and continues to pose challenges for veterans seeking timely support. We are concerned there may be a

reduction in the prioritization of this with the new government. NCVA will continue to monitor this issue.

With the introduction of the new Pension for Life provision, statutory eligibility and policy guidelines have been dramatically complicated to the point where both the applicant veteran and the corresponding VAC adjudicator are confronted with many legalistic and interpretative obstacles with respect to achieving speedy decision-making and satisfactory entitlement results.

Although the department has initiated significant policy revisions to provide for an early intervention well in advance of the ultimate medical release of the disabled veteran, there remains much more work to be done to ensure that this transitional process is improved. It is extremely noteworthy that, in the past five years, both the Veterans Ombud and the DND Ombudsman have made substantive proposals to the minister and the ACVA in relation to improving the transitional protocols in this context.

Quite clearly, one of the most significant priorities with reference to this transitional phase is to ensure that disabled veterans are fully apprised of benefits and entitlements, rehabilitation options and job alternatives well before their medical discharge from the CAF.

In this regard, it remains the strong opinion of NCVA that VAC should be able to identify those benefits a veteran is entitled to and implement these benefits on the veteran's behalf. In general terms, the utilization of a knowledgeable case manager, together with administrative aids such as an enhanced

My VAC Account at an early point in the transitional process, should expedite this procedure, as opposed to the current protocol where a veteran is often asked to describe their needs and the precise benefits that the veteran is seeking.

It has been our recommendation that the case manager must be in a position in nearly all cases to identify these benefits and entitlements to the individual veteran under the various VAC programs, and that this should occur in collaborative partnership with DND prior to the discharge of the disabled veteran in question. With particular reference to seriously disabled veterans, the onus should be removed from the veteran and the VAC administrative function should be fine-tuned and more proactive in establishing entitlements for such veterans.

NCVA recommends a veteran-centred approach that addresses not only employment and education but also mental health, housing and family support. This recommendation would tailor services to the individual circumstances of each veteran, including cultural, gender and identity factors.

Presumptions – Veterans with Cancer

Recommendation

NCVA proposes that the presumptive provisions of Section 50, sub (g) of the Regulations to the Veterans Well-being Act (VWA) be expanded to create a form of automatic entitlement for veterans with cancer (and other enumerated conditions) who have served in conflict zones or operational duty areas where environmental hazards are known to exist, including toxic elements, aircraft exhaust fumes, burn pits and other noxious agents.

Recommendation

The Canadian government, through VAC, should enact legislation to parallel the American Promise to Address Comprehensive Toxics (PACT) Act, which provides dual presumptions as to medical conditions covered and defined geographical areas of toxic exposures that will automatically qualify veterans for pension and health-care entitlement.

Recommendation

VAC should adopt the interim proposals of the Veterans with Cancer organization to remedy this long-standing grievance of cancer victims who have served Canada in areas containing environmental toxins, burn pits, carbon tetrachloride, et al.

Recommendation

NCVA continues to advocate the utilization of these forms of presumption in general to obviate the current backlog and wait-time crises experienced by veterans and their families in making claims for disability and health-care benefits.

For many years, Canadian veterans with cancer conditions have faced significant challenges when applying for VAC disability

and health-care benefits with regard to demonstrating that their cancer is related to their military service, which involved exposure

to toxic chemicals, burn pits, aircraft exhaust fumes, carbon tetrachloride (CTCs) and similar noxious agents.

Unfortunately, it has been NCVA's experience going back decades that the greater majority of veterans with cancer have been unsuccessful with their disability or health-care claims or, alternatively, the cases have taken months, if not years, to obtain proper entitlement due to the stringent evidentiary requirements imposed by VAC.

NCVA takes the position that these readily apparent obstacles and delays need to be addressed by VAC to ensure that the claims of these veterans with cancer who have been exposed to toxic environments while serving Canada are recognized as service-related.

As a positive development in this context, it is noteworthy that, of late, a number of individual claims have been granted on appeal to the Veterans Review and Appeal Board (VRAB) or VAC through the application of the presumptive provisions of Section 50 of the Regulations to the VWA (parallel provisions exist under the Pension Act):

“**50.** ...veteran is presumed, in the absence of evidence to the contrary, to have established that an injury or disease is a service-related injury or disease, ... if it is demonstrated that the injury or disease or its aggravation was incurred in the course of:
(g) the performance by the member or veteran of any duties that exposed the member or veteran to an environmental hazard that might reasonably have caused the injury or disease or its aggravation.”

It remains our contention that a significant expansion and application of the presumptive provisions found in the Veterans Well-being Regulations, Section 50 sub (g), would augment and expedite the adjudicative process in regard to these deserving claims.

Indeed, in our judgment, it is time that the federal government through VAC adopt the approach followed in the U.S. when addressing these types of cancer claims in circumstances where a toxic environment has existed in the geographical areas of their military service.

In the U.S., landmark legislation has recently been passed to remedy this long-standing grievance among American veterans with cancer and their families. The PACT Act is a newly enacted American law that expands Veterans Affairs (VA) health care and benefits for veterans exposed to burn pits, Agent Orange and other toxic substances.

For example, under the PACT Act, if a veteran has contracted cancer (or other enumerated lists of medical conditions) and has served in a conflict zone or military posting wherein toxic chemicals, burn pits, CTCs, etc. are known to have existed, it is presumed under the PACT Act that the veteran's cancer et al is related to military service for pension or health-care purposes.

This entitlement is granted automatically in recognition of the fact that the veteran applicant confronts an evidentiary obstacle course to prove the interrelationship and, in many cases, the cancer condition may have had its onset a number of years after the veteran's military service has been completed.

The American legislation has remedied this concern by adopting a dual presumption as to the cause of the cancer and those service-related geographical areas where such toxic agents, burn pits et al are known to have been found. This interrelationship automatically triggers a disability or health-care benefit for the American veteran applicant with cancer.

The new legislation actually **designates 33 specific locations** (countries, territories or operational areas) where **burn pit exposure is presumed** to have occurred.

In raw numbers, more than 1.6 million claims have been granted since the PACT Act was enacted in August 2022 to veterans and survivors in all 50 states who have been able to receive disability benefits under the law, totaling about \$5.7 billion in benefits according to the VA administration:

“For too long, too many veterans who got sick serving and fighting for our country had to fight the VA for their care. This will no longer be necessary.”

NCVA has been working in concert with the Veterans with Cancer organization in Canada that has been established to draw attention to this long-standing grievance.

Veterans with Cancer has formulated the following recommendations to address the troubling adjudicative issues in regard to this entitlement problem:

- (i) Remove systemic barriers for veterans with cancer. Treat veterans with the same cancer as a group and, of those, treat veterans with the same exposure



as a sub-group by recognizing that these claims are identical. The processing times will be shortened for all veterans.

- (ii) Apply the presumptive provisions of Section 50, sub (g), more liberally to the benefit of veterans with cancer. In doing so, reduce the emphasis on medical evidence. However, where medical evidence exists, tying a specific cancer to a specific exposure, that evidence should be applied to all veterans with the same cancer and exposure.
- (iii) VAC should refer to VRAB and VAC past decisions involving delayed injuries like cancer and, when presented with the same cancer resulting from the same exposure as in a past VRAB or VAC decision, recognize and apply legal precedent. Don't make all veterans with identical cancers/exposures individually jump through the same hoops.

These recommendations reflect immediate steps that VAC can undertake to expedite current claims presently in the VAC adjudicative system.

NCVA remains convinced that VAC should:

- (i) Immediately expand the presumptive provisions of Section 50, sub (g) of the Regulations to the VWA to create a form of automatic entitlement for veterans with cancer (and other enumerated conditions) who have served in conflict zones or operational duty areas where environmental hazards are known to exist, including toxic elements, burn pits and other noxious agents, and;
- (ii) Ultimately enact legislation to parallel the American PACT Act, which provides dual presumptions as to medical conditions covered and defined geographical areas of toxic exposures that will automatically qualify veterans for pension and health-care entitlement.

2025 Progress

It is imperative to note that members of the NCVA spoke with Trudie MacKinnon, director general, centralized operations division, service delivery of VAC, who stated that disability applications submitted on behalf of veterans for cancer claims do not require the burden of proof to demonstrate that their cancer was service-related.

On March 7, 2025, this statement was confirmed by former minister of veterans affairs Darren Fisher, stating *“where links have been established through evidence*

between a military occupation or location, an environmental exposure and a medical diagnosis, it is only necessary for a member or veteran to demonstrate that they served in a given occupation or location for a sufficient period of time and that they have a related diagnosis in order to be eligible for disability benefits.” Therefore, under the new agreement from the director general, case adjudicators are instructed to assess cancer types based on chemical exposure.

Similar to the recent legislative change of the PACT Act for American veterans, the Bureau of Pension Advocates has been notified across Canada that it is sufficient for veterans submitting cancer claims to demonstrate their exposure to an environmental hazard such as lead, burn pits, Agent Orange and other toxic substances for any duration.

This interrelationship automatically triggers a disability or health-care benefit for the American veteran applicant with cancer. Given the recent confirmation from Director General Trudie MacKinnon, Canadian veterans with cancer claims share the same entitlement for their service-related disease. Additionally, the statement made by Fisher on March 7, 2025, confirms that veterans with established links between military exposure and their medical diagnosis must only demonstrate they served in the known area for a sufficient period of time to be eligible for their disability benefit.

Sexual Misconduct and Cultural Change in the Canadian Armed Forces

Moving Forward the Care and Support of Women Veterans

We would express our appreciation to Captain (RCN) (Ret'd) Andrea Siew, former president of the Canadian Military Intelligence Association (a member-organization of NCVA) and a former co-chair of the Ministerial Policy Advisory Group, for her outstanding contribution to this critically important position paper which represents a high priority concern of NCVA's Legislative Program.

Introduction

In 2021, NCVA provided a position paper and a high-level overview of the 30-year history of sexual misconduct in the CAF, including a summary of the findings of the previous investigations into the issue, the resulting recommendations, and the government response to address this unacceptable and abhorrent behaviour.

This report provides an update to the progress being made to achieve enduring culture change and to prevent and eradicate harassment and sexual misconduct in the CAF. This update will highlight progress being made to implement the recommendations of

the Honourable Louise Arbour's Independent External and Comprehensive Review (IECR), as well as activities to ensure the DND/CAF achieve meaningful culture transformation to prevent and eradicate sexual misconduct and harassment in the CAF.

We will also highlight the recent parliamentary Standing Committee on Veterans Affairs (ACVA) study on the experience of women veterans, titled "Invisible No More. The Experiences of Canadian Women Veterans," and the gaps in the support and care provided by VAC for ill and injured women veterans. We will conclude with an assessment of the NCVA recommendations for change.

Background

Since 2021, the CAF has been working to ensure meaningful and comprehensive cultural transformation in DND and CAF. This change started with the establishment of Chief Professional Conduct and Culture¹ and the appointment of Gen. Jennie Carignan to lead this transformation.

Key to transformation, in April 2021, and in response to allegations of significant sexual misconduct, the Government launched an IECR of current policies, procedures,

1 <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/dm-cds-directives/cds-dm-initiating-directive-professional-conduct-culture.html>

programs, practices and culture within the DND/CAF, and engaged former Supreme Court justice Louise Arbour to undertake this review. The resulting comprehensive report, released on May 20, 2022,² detailed the causes of the continued presence of sexual harassment and misconduct in the CAF and provided 48 recommendations to prevent and/or eradicate sexual harassment and misconduct. Those areas ranged from the CAF's definitions of sexual misconduct and harassment to the Sexual Misconduct Response Centre (SMRC)'s mandate and activities, to issues around recruitment, military training and colleges, and included internal and external oversight mechanisms. The report's recommendations were thorough and, if fully implemented, would ensure long-lasting and enduring change to prevent and eradicate harassment and sexual misconduct.

On October 24, 2022, the Government appointed Madame Jocelyne Therrien as the external monitor to oversee the DND/CAF efforts to address sexual misconduct and harassment in the CAF and monitor the implementation of the 48 recommendations of the IECR.

On May 2, 2023, Madame Therrien provided her first progress report.³ The report concluded that, while progress was being made, she stated there needs to be an overall strategic plan to ensure that resources are aligned to priorities.

2025 Progress

Over the last year there has been significant progress that responds to the NCVA concerns to achieve enduring culture change and to prevent and eradicate harassment and sexual misconduct in the CAF.

The sixth IECR report by Madame Therrien is expected to be released in November 2025. In January 2025, the review of the military colleges was published, outlining key recommendations to enhance the institutional response to sexual misconduct:

- (i) Military colleges should be mandated to publish a comprehensive analysis evaluating the impact and effectiveness of their policies and procedures related to sexual misconduct prevention and victim support.
- (ii) Military colleges should establish health, safety and well-being resource centres aimed at preventing harmful behaviour and supporting members' overall welfare.
- (iii) The Cadet Chain of Responsibility should be restructured to more effectively address issues related to culture and conduct within the colleges.

Between April and August 2024, 111 listening sessions were conducted, during which members shared their personal experiences to inform the review.

2 <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/report-of-the-independent-external-comprehensive-review.html>

3 The May 2023 progress report is available here: <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/external-monitor-report-first-status-report-may2-2023.html#toc1>.

IECR Update

The fifth status report by Madame Therrien was released on June 27, 2025. The following highlights the progress made in 2025 to implement the recommendations in the IECR.⁴ It's worth noting that Madame Therrien states in the fifth report that while all IECR recommendations have been actioned, not all have reached full implementation, which may still take years to accomplish.

- (i) The independent review of the Royal Military Colleges, Recommendation 29 of the IECR, was announced on December 6, 2023. The review was conducted by five external experts and two defence team representatives. Released by the minister's office in March 2025, the report includes 48 recommendations addressing costs, governance, curricula and leadership attributes.
- (ii) On March 21, 2024, the minister of national defence announced amendments to the National Defence Act – Bill C-66 (the Military Justice System Modernization Act). The amendments proposed a suite of targeted changes to modernize the military justice system by addressing key recommendations made in the independent and external reviews conducted by former Supreme Court justices Louise Arbour and Morris J. Fish. The most significant

of these changes is the amendment to address Recommendation 5 from the IECR to definitively remove the CAF's jurisdiction to investigate and prosecute Criminal Code sexual offences committed in Canada. The proposed legislation provides exclusive jurisdiction to civilian authorities to investigate and prosecute such offences committed in Canada. A working group has been established in Ontario to develop a comprehensive inter-agency protocol that can serve as a model for implementation across other provinces and territories. It is important to note that this amendment is only for the investigation and prosecution of offences committed in Canada. This is a significant gap and the way forward for offences committed outside of Canada is unclear. The proposed legislative amendment is still under review by Parliament.

Under this amendment, victims no longer have a choice in how their case will be investigated or prosecuted. Also, there is an issue in the length of time it takes for investigation and prosecution in an already overcrowded civilian justice system. There have already been cases that were moved from the military justice system to the civilian system and then discontinued because of the delay

⁴ The fifth status report by the independent monitor Madame Jocelyne Therrien was released on June 27, 2025. The status report states that while all 48 of the Arbour recommendations have been actioned, not all have reached full implementation. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/external-monitor/external-monitor-report-fifth-status-report.html>

between charge and trial.

While this is a positive step forward in modernizing and enhancing the military justice system, there is more work to be done, especially in the area of resolving how the investigation and prosecution of sexual offences committed outside of Canada will be conducted as well as ensuring that the needs of victims of military sexual trauma come first.

- (iii) On May 8, 2024, Madame Therrien released her third status report of the progress made by the DND/CAF in implementing the IECR recommendations. In this report, she provides an update on the implementation of recommendations based on her regular discussions with former minister Bill Blair and DND/CAF officials – as well as review of documents, policies and processes. She notes there is a strong desire to bring about the change that will re-establish trust in the CAF as a professional, inclusive workplace – but she also notes there is still a lot of work to accomplish – and that the institution needs to move faster on implementation. The status report highlights several advancements, including:

- (a) Transformation of the complaints system, including grievances;
- (b) Appointment of the Canadian Military College Review Board;

- (c) The creation of a probationary period for new recruits by the CAF. Those who demonstrate inappropriate behaviours and attitudes are released;
- (d) Improvements to the enrolment and recruitment process; and
- (e) The creation of additional Captain (Navy)/Colonel positions in specified support and specialist occupations, which will provide more pathways to the General Officer and Flag Officer ranks for women.



- (iv) On June 27, 2024, the former minister of national defence provided an update on the implementation of recommendations to advance meaningful culture change in the DND/CAF including:
- (a) Several recommendations from the IECR highlighted issues with the previously inappropriate and inconsistent definitions of “sexual misconduct,” which contributed to a confusing and difficult

system for victims to navigate. The adoption of clearer distinctions between sexual assault, sexual harassment and personal relationships has led to a more coherent framework. This clarity enhances the ability of institutions to appropriately label, address and, where necessary, prosecute incidents of misconduct.

- (b) In response to Recommendation 11 of the IECR, CAF members now have the option to report harassment directly to a centralized authority, allowing them to bypass the traditional chain of command. This change is intended to make the reporting process more accessible and less intimidating. Madame Therrien has expressed confidence that this streamlined approach will encourage more individuals to come forward, ultimately leading to an increase in the reporting of inappropriate behaviour.
- (c) While we have seen progress, the advancement of women into senior ranks within the CAF has stalled. As a response, the CAF has announced they intend to implement promotion goals for women to achieve greater representation at all levels of CAF leadership. In addition, CAF policies related to recruitment, retention and promotion will be reviewed

through a GBA+ (Gender-Based Analysis Plus) lens to ensure they are inclusive, equitable and supportive of long-term career progression for women in the military.

ACVA Study

In June 2024, the ACVA tabled their study on the experience of women veterans, titled “Invisible No More. The Experiences of Canadian Women Veterans,” in the House of Commons.

This landmark report, the largest study ever carried out by the committee, records for the first time the lived experiences of over 60 women veterans with service from today to over the past 40 years. Their testimony documents the horrific sexual abuse women CAF and RCMP members and veterans endured, the abuse of authority and the discrimination they suffered. Their testimony overwhelmingly highlighted how women veterans have encountered barriers and challenges to have their service-related injuries recognized by VAC for access to care, support and benefits. The lack of acknowledgment of the physical and mental injuries resulting from their service left many women feeling invisible and that they are not a veteran.

“Invisible No More. The Experiences of Canadian Women Veterans” was a watershed moment in recognizing the systemic challenges and harms faced by Canadian women veterans. But without action, its findings risk being shelved like many reports before it. The creation of the Women Veterans Council and new research initiatives are

welcome first steps – but they must be backed by transparency, meaningful engagement and concrete results.

The 42 recommendations in the report provide a starting point for the CAF, RCMP and VAC to finally be held accountable for the experiences and lifelong injuries that women veterans have endured. Now the Government must implement these recommendations and begin the process to ensure that all women who have served, are serving and who will serve Canada receive the care and support to meet their unique health needs as a result of injuries from their service.

This report is long overdue and must not, like the many other reports of this committee, sit on a shelf collecting dust. It is too important. Women who serve need to know that they matter, that abuse will not be tolerated, that they will receive care and support if injured, and that the process to receive that care and support shows compassion and respect.

In 2024, changes to the duty to report regulations were announced through a CANFORGEN, reflecting a shift toward a victim-centred, trauma-informed approach within the CAF. These changes aim to prioritize the needs and well-being of victims over institutional imperatives.

The repeal of the mandatory reporting requirement does not prevent the chain of command from addressing misconduct. Rather, it allows for greater discretion in how such matters are handled, ensuring that formal investigations are not automatically triggered

and that any response aligns with the wishes and needs of the victim. This approach is intended to build greater trust in the reporting process and support more compassionate outcomes.

Recommendations related to the SMSRC regarding access to free legal advice for victims have now been implemented. The SMSRC has established full-time legal resources to provide victims with accurate legal information, guidance and support, enhancing access to justice and reinforcing a victim-centred approach.

As an update for 2025, in relation to Recommendation 1 of the report, VAC engaged in extensive consultation in early 2025, including four round tables, a survey of 400 women veterans and a workshop at the 2025 Women Veterans Forum.

A Women Veterans Research Plan is under development and pending review by the Women Veterans Council; once finalized, it will guide research priorities and be published publicly. The NCVA will continue to monitor any updates throughout 2025-26, as well as for progress made to the ACVA report recommendations as a whole over the coming years.

The number of women veterans has increased since 1988 as a result of the Canadian Human Rights Tribunal decision to begin the full integration of women into all roles (except submarines). Today, there are almost 75,000 women veterans, the largest growing group of veterans in Canada.⁵ However, the ACVA report provides evidence to confirm that

5 <https://www.statcan.gc.ca/o1/en/plus/4932-canadas-veterans-numbers#>

Canadian women veterans' service-related needs and care is inequitable in health and well-being outcomes to that experienced by other veterans and that they face unique issues and barriers when accessing VAC programs and services. Research shows that women veterans face different mental and physical health issues than men veterans, such as higher rates of mental health issues, chronic pain and gastrointestinal disorders.

Additionally, women veterans have unique health and wellness needs related to their sex and lifecycle, and they experience sex-specific service-related issues including ovarian failure/infertility, urinary incontinence, breast cancer, uterine prolapse, pregnancy complications and postpartum depression. Yet, VAC remains slow to mainstream and incorporate female sex-specific care and supports to ensure that women veterans have access to the care and support they need, and when they need it. The ACVA Report and its 42 recommendations will go a long way to ensure that VAC addresses these gaps in the care and support provided to women veterans. It is time for action.

On October 10, 2024, the federal government tabled its formal response to the ACVA report's recommendations, agreeing or agreeing in principle with 38 out of 42 recommendations, taking note of three and disagreeing with one (Recommendation 18). While the government's response appears supportive, without timelines in place to address these recommendations, the NCVA will continue to monitor the ongoing changes.

Summary

The NCVA remains deeply concerned by the over 30 years of allegations of sexual misconduct in the CAF. The impact in terms of trusting leadership, morale and operational effectiveness is severe. While there has been significant progress, lasting change requires a commitment at all levels and there is still more to be done. NCVA has been monitoring the progress of the cultural change initiatives and participates as part of ongoing stakeholder engagement. We can confidently say we have seen significant progress.

The ACVA report underscores that women veterans' service-related needs or care is inequitable in health and well-being outcomes to that experienced by other veterans, and they face unique issues or barriers when accessing VAC programs and services. It is time that VAC be held accountable to ensure the availability and accessibility to programs and services that meet the unique needs of women veterans.

Recommendations

Significant progress continues to be made to ensure transformational cultural change while at the same time responding to the NCVA recommendations made since 2021 to ensure immediate and enduring change in the CAF. Of the nine recommendations made since 2021, eight have been implemented and one is deemed not implemented.

The NCVA recommendations and their status include:

The NCVA 2021 Legislative Program made five recommendations to effect immediate and enduring change, and all but one have been implemented.

- (i) There must be immediate meaningful and comprehensive cultural transformation in DND and CAF to restore the trust in the leadership. The men and women who serve our country deserve to work in an environment that is free from all forms of harmful behaviour. (Implemented)
- (ii) There is a requirement for an external and independent reporting and investigation system outside the chain of command. This system must offer a reporting mechanism for incidents of sexual misconduct without reprisal, fear or isolation. (Implemented)
- (iii) There must be accountability for the actions of those who engage in this abhorrent and unacceptable behaviour. (Implemented)
- (iv) There must be the resources and support for all victims of sexual assault including CAF members and veterans. (Implemented)
- (v) Lastly, to effect and ensure meaningful change and oversight, the Government must establish a fully independent Office of the Inspector General of the DND and the CAF reporting to Parliament. (Not Fully Implemented)

The 2022 NCVA Legislative Program made two additional recommendations:

- (i) That the minister of national defence immediately appoint an independent external monitor, mandated to oversee the implementation of recommendations as required by Recommendation 48 in the IECR. (Implemented)

- (ii) That the minister of national defence not only inform Parliament of any recommendations that the Government does not intend to implement by the end of 2022 (Recommendation 47), but also provide the status, progress and timeline towards implementation of all the recommendations made by former justice Arbour in the IECR. (Implemented)

The 2023 NCVA Legislative Program made two additional recommendations:

- (i) That the minister of national defence extend the appointment of the external monitor to oversee the DND/CAF efforts to address sexual misconduct and harassment and monitor the implementation of the IECR for at least three years. (Implemented)
- (ii) That the minister of national defence take the necessary action to launch immediately the external review of the two military colleges. (Implemented)

In 2025, NCVA reports that, of the nine recommendations made since 2021, only one remains not implemented:

- (i) To effect and ensure meaningful change and oversight, the Government must establish a fully independent Office of the Inspector General of the DND and the CAF reporting to Parliament.

Marriage After 60

Recommendation

NCVA is recommending that the minister of veterans affairs/associate minister of national defence and/or minister of national defence reconsider their position and adopt the proposals contained in the Standing Committee report of December 2022, titled “Survivor Retirement Pension Benefits (Marriage After 60),” and remove Section 31 of the Canadian Forces Superannuation Act (CFSA). This will allow the spouse of a CAF retiree marrying after 60 to be eligible for survivor’s benefits without reducing the amount of superannuation in payment to the retiree in accordance with the Liberal Party’s election platform of 2015.

Recommendation

NCVA further recommends that, in addition to the elimination of the “gold digger’s clause” in the CFSA, VAC should establish a realistic and effective Veterans Survivors Fund to address the inequities already created by the current legislation. The following principles should be applied:

- (i) In the event the veteran who has married after the age of 60 has exercised the option for a spousal benefit under the CFSA, the amount of reduction in the veteran’s current income in so doing should be reimbursed by VAC.
- (ii) Should the veteran have not opted for the survivor’s pension, the amount of pension that the surviving spouse would have received if the “gold digger’s clause” was removed should be paid to the surviving spouse by VAC under this new Veterans Survivors Fund.

Update as of January 2025

Former NDP MP Rachel Blaney asked the government to figure out how much it would cost in order to provide survivor’s pensions to the affected spouses moving forward. Should the government eliminate this clause, the additional cost to the pension fund would be less than a two per cent change on an annual basis. Additionally, the NCVA was mentioned in this address as being in favour of abolishing

this policy. Blaney also mentioned that several mandate letters directed by the former prime minister to various ministers of national defence and veterans affairs have been issued with no legislative action achieved. Additionally, several private members’ bills and petitions to Parliament have been initiated with no success.

Former minister of veterans affairs Ginette Petitpas-Taylor addressed the issue the

following week during the House of Commons stating that the Liberals are sensitive to the issue and committed to improving the lives of veterans and their families. Currently, no new changes have been announced by the government and MP Blaney shared that the Liberal government continues to break their promise to RCMP and CAF veterans and their spouses, despite the unanimous support of Parliament.

Effect of Government Being Prorogued

When Parliament is prorogued, all bills that have not received royal assent “die on the order paper.” That includes both government bills and private members’ bills – even those at advanced stages. They must be reintroduced from scratch if pursued again. Currently, no repeal has yet occurred; veterans who marry after age 60 remain ineligible for automatic survivor pension benefits under current law.

Background

The NCVA and our 72 member organizations have made submissions to the government for over 25 years with respect to our concerns vis-à-vis CAF retirees and the infamous “marriage after 60” clawback provision. This continues to be a very important issue within the NCVA Legislative Program, in view of the fact that more and more CAF retirees (including many NCVA members) are living longer and marrying for a second time.

Representing a major development with respect to this crusade, the Standing Committee on Veterans Affairs (ACVA), after many months of study, released its final

report in December 2022 on this contentious marriage after 60 provision of the CFSA (the “gold digger’s clause”).

On balance, the report contains a strong set of recommendations, particularly Recommendation 9, which calls for the Government of Canada to repeal the marriage after 60 clause in the CFSA and the RCMP Superannuation Act. It goes on at some length to describe the nature of the calculation that should be applied to a newly amended form of pension legislation, effectively abolishing the marriage after 60 prohibition.

Unfortunately, the formal response from DND indicates that the Government is not prepared to eliminate the “gold digger’s clause” from the CFSA, citing “cost containment” issues and the impact on other parallel pension plans.

This is totally unacceptable to the veterans’ community, given the strong recommendations of ACVA and the long-standing commitments of various governments to remove this blatantly discriminatory provision.

As it currently stands, CAF retirees contribute to the Canadian Forces Superannuation account throughout their entire career and one of the important benefits is a 50 per cent survivor’s pension, save and except in those cases where the CAF retiree marries after age 60. In order to provide their new spouses any form of survivor’s pension, veterans over 60 must exercise the statutory option to reduce their own Canadian Forces Superannuation in a commensurate manner.



The resulting impact on the financial well-being of veterans over the age of 60 and their new spouses is often quite distressing, as the married couple in question is frequently faced with a difficult decision that in many cases can lead to economic hardship. Furthermore, should the veteran opt for providing a survivor's pension for their new spouse, the immediate financial circumstances of the couple may be detrimentally affected as a consequence of the loss of current income. Moreover, utilizing this financial strategy in a situation where the new spouse predeceases the veteran, the funds contributed to the survivor's pension are lost as they are not returned to the veteran but instead recouped by the Government.

Veterans and their new spouses should not be asked to confront this incredible conundrum. Without a crystal ball, the couple has no

way of knowing how their future lives will unfold and what the impact of their financial determination will be on each of them.

This archaic “gold digger’s clause,” in our respectful submission, should have no place in Canadian veterans legislation. It is of interest historically that, over 100 years ago when Canada’s Militia Pension Act was passed in 1901, it contained a section now referred to as the “gold digger clause” that authorized the Government to exercise a discretion to deny benefits to widows deemed “unworthy.” As a result, a widow of that period could not receive a survivor’s pension if she was more than 20 years younger than her husband or if he had married her after the age of 60. This antiquated legislation was apparently drafted this way to protect the Canadian Military from “death-bed marriages,” which were of known concern in the U.S. in relation to younger women marrying veterans of the 1865 Civil War for their pensions!

As a matter of advocacy background, over the last two decades both Conservative and Liberal governments have made unfulfilled promises and commitments to NCVA and various veteran stakeholders to expunge this punitive measure from the CFSA. Ministers of national defence and veterans affairs of various political stripes have declared their intent to amend the legislation only to be overruled by the financial hierarchy of government.

In addition, a number of private member’s bill/petitions to Parliament have been initiated to rectify this unacceptable situation with no success, notwithstanding the grave discrimination that remains in the statute. In the current context, MP Blaney, the NDP

veterans critic, has taken a leadership role through a private member's bill she presented to Parliament.

It is noteworthy that the Liberal 2015 election platform specifically indicated that it was the intention to "...eliminate the marriage after 60 clawback clause so that surviving spouses of veterans receive appropriate pension and health benefits." Indeed, several Mandate Letters directed by the current prime minister to various ministers of national defence and ministers of veterans affairs/associate ministers of national defence have been issued with no legislative action achieved in this context.

Furthermore, the 2019 federal budget contained a rather nebulous provision that was ostensibly proposed to address this long-standing concern.

The 2019 budget provided:

"To better support veterans who married over the age of 60 and their spouses, Budget 2019 announces a new Veterans Survivors Fund committing \$150 million over five years starting in 2019-20 to VAC. With these funds, the Government will work with the community to identify impacted survivors, process their claims and ensure survivors have the financial support they need. The Government will announce additional details on this measure in the coming months."

Following this budget announcement, NCVA made continued enquiries with VAC, which resulted in the rather shocking conclusion that no one in the department was aware of the substance of any legislative

provision that actually would apply to this new policy. Our further communication with ministerial officials has been to little avail, save and except that we were advised that a new policy was under consideration and further research was being carried out. The mystery remains as to why the Government did not simply eliminate the marriage after 60 clawback disqualifying provision in the CFSA as opposed to proposing a brand-new policy with little or no substantive detail.

NCVA therefore recommends that, in addition to the elimination of the "gold digger's clause" (in the CFSA), VAC should establish a realistic and effective Veteran Survivors Fund to address the inequities already created by the current legislation.

In conclusion, NCVA submits that it is incumbent upon the government to reconsider its position and remove this discriminatory "gold digger's clause" from the CFSA so as to ensure that veterans over 60 who remarry are able to enjoy their remaining years with appropriate financial security.

In our considered view, it is time for the government to get its act together, live up to its commitments and take the necessary remedial steps to rectify this long-standing injustice. After many years of tortuous advocacy, veterans and their spouses deserve nothing less!

Rehabilitation Services and Vocational Assistance Project (RSVP)

Recommendation

NCVA will continue to monitor the implementation of the Rehabilitation Services and Vocational Assistance Project (RSVP) to ensure that the objective of VAC to provide improved medical, psycho-social and vocational rehabilitation (VOC-REHAB) services to our veterans and their families is achieved.

As was reported in 2023, the “devil will be in the details” on how this program is being managed. To recap, what is RSVP?

Beginning in November 2022, VAC merged two expiring national contracts delivering medical, psycho-social and vocational services to veterans and their families into one contract. It is a joint venture provided by WCG International Consultants and Lifemark Health Group called Partners in Canadian Veterans Rehabilitation Services (PCVRS). VAC refers to this program as PCVRS or sometimes Rehab/PCVRS.

Both of the PCVRS contracted organizations have a wealth of experience in the field of rehabilitation and a national network of service providers.

After initial pushback and issues plaguing the rollout of this program, it appears things have settled down. That being said, the co-ordination between VAC and the Service Income Security Insurance Plan (SISIP)/Manulife on who does what to whom and when remains confusing to our veterans and their families. It is for this reason that NCVA remains adamant that SISIP/Manulife needs

to be eliminated for service-related disabilities and be fully replaced by parallel VAC programs. These two programs do not work well together, as there are different eligibility criteria and different suites of benefits. Currently, the default setting remains SISIP/Manulife first, then VAC.

As of April 1, 2024, all rehabilitation services (including medical, psychosocial and VOC-REHAB services) for members medically released with conditions not resulting from service are solely provided through SISIP.

VAC rehab services now only deals with service-related health conditions. Previously, between April 1, 2019, and March 31, 2024, VAC rehab services provided medical and psychosocial rehab services for conditions not resulting from service.

As of October 2023, all Rehab/PCVRS participants were transitioned to the new program. From VAC’s perspective, the program is going relatively well. There are some challenges being experienced such as provider wait times in certain areas such as Quebec, slow processing of payments for

certain providers, and clarifying roles and responsibilities of certain positions. The PCVRS team has been very receptive to feedback and VAC is continuing to identify the challenges and develop action plans to address the issues including increased training. As of March 31, 2024, there were approximately 12,600 participants in PCVRS.

As an aside, veterans can be disengaged from the Rehab/PCVRS program for a number of different reasons, such as when they have completed their rehabilitation goals, being assessed as having a Diminished Earning Capacity, and continuing with Income Replacement Benefit or deciding not to participate in the program.

We would express our appreciation to Major (Ret'd) Bruce Henwood for his insights on this topic. A seriously disabled veteran, he represents the NCVA as a member of the Minister of Veterans Affairs Care and Support Advisory Group (CASAG) and is also a Senior Consultant to The War Amps of Canada (a member organization of NCVA).

Major Henwood has also provided the following comments on the work of CASAG and a “wish list” of VAC improvements.

Care and Support Advisory Group Update/ Recommendations

The Care and Support Advisory Group submitted their report to the minister on June 12, 2024. This was then followed up



with a verbal presentation to the minister by the authors. As of 2025, no formal response to the report has been received.

The report consisted of two parts: the first being five recommendations pertaining to continuity of care and the second part providing two recommendations regarding homelessness.

Continuity of care recommendations included the following:

- (i) Expansion and simplification of eligibility criteria to enhance access to continuity of care supports.
- (ii) Increased financial and programmatic support for frail veterans to bridge the gap between remaining at home and transitioning to long-term care.
- (iii) Leveraging and expanding specialized knowledge in the care and support of aging veterans.
- (iv) Establish a Centre of Excellence for care and support of the aging veteran research, identifying unique needs and working nationally with partners.

- (v) Designate regional hubs for care and support of aging veterans to offer a range of services and supports.

Homelessness recommendations focused primarily on rebuilding trust with veterans experiencing or at risk of homelessness and included the following:

- (i) Establish a “relationships first” model with a dedicated VAC case-management team.
- (ii) Establish a network of trusted and vetted service providers, partners and peers to facilitate VAC access.

Points to Ponder

There are many areas within VAC that can be improved to provide a better experience for the veteran and their family; many of these go unnoticed or unidentified by the department. Some are not new, however, and with turnover within the department, some of these points to ponder get lost in the shuffle.

For reference, as of April 2024, under the Veterans Well-being Act changes, CAF members medically releasing for health conditions not primarily attributable to service must now receive all rehabilitation and vocational services – including long-term disability benefits – exclusively through CAF’s Long-Term Disability Plan, not through RSVP.

The following can be summarized as “*Wouldn’t it be nice if...?*”

- (i) The National Contact Centre Network (NCCN)’s current hours of 8:30 a.m. to 4:30 p.m. local

time Monday through Friday were extended to include after hours or times on weekends to allow for those working to better access the NCCN.

- (ii) Access to an assigned Veterans Service Agent was made available for those seriously disabled veterans who do not have case management services and they would not have to go through the NCCN or My VAC Account.
- (iii) VAC’s My VAC Account provided access to the veteran’s pensioned conditions Summary of Assessment.
- (iv) VAC set up pop-up kiosks at shopping centres/malls where veterans or their families passing by could casually query about VAC or at least initiate contact with the department for follow-up.
- (v) VAC established/permitted self or buddy referrals to Occupational Stress Injury (OSI) clinics to negate the requirement for VAC pre-approval. Additionally, allow family physicians to make referrals to the OSI clinics for their veteran patients.
- (vi) VAC removed the requirement for acupuncture treatment to require a physician’s prescription.
- (vii) VAC provided automatic reassessments of the “fifths” entitlement rather than the veteran having to initiate.
- (viii) VAC provided outreach services for seriously disabled veterans who are not case managed either through My VAC Account or by phone.

The current practice of two to three years between contact is too long, especially for aging veterans.

- (ix) VAC provided notice of changes in treatment benefits, such as massage therapy no longer requiring a physician's prescription, through public notice (as of January 2024).
- (x) VAC initiated outreach to aging/frail veterans who are not in receipt of the Veterans Independence Program (VIP) to proactively set up VIP benefits that would benefit the veteran and support the spouse in the event of the veteran's passing.
- (xi) The VAC treatment benefits online database indicated if a specific treatment is not covered by VAC by simply indicating "not a covered benefit" rather than sending the veteran on a wild goose chase trying different wording. Iridology is a good example of where nothing shows up on the VAC treatment benefit grid, whereas indicating "not a covered benefit" ends the search so the veteran knows one way or the other.
- (xii) The VIP Grant Determination Tool was improved to consider inflation, cost of living and recognition of rural areas when doing the calculation for housekeeping services.

Veterans Legislation and Policies

A. Veterans Education and Training Benefit

Recommendation

NCVA proposes that:

- (i) VAC eliminate the limitations as to the applicability of the new Veterans Education and Training Benefit so as to make this particular benefit available to all veterans and not just those who have served since April 1, 2006.
- (ii) Family members (spouses and dependent children) should not only have an independent right to VAC vocational rehabilitation and employment policies, but also to the Education and Training Benefit without the current restrictions that curtail their opportunity to access these programs.

We would concur with the considered opinion of former deputy minister Walt Natynczyk that this program represented a landmark proposal that substantially enhances the Education and Training Benefit for all eligible veterans. The former deputy minister suggested at the time of the formal announcement that it was based on the U.S. G.I. Bill in relation to extending educational benefits beyond disabled veterans so as to include all released veterans who qualify under this new program.

The benefit is available for ten years going forward following the release of the veteran and is retroactive to April 1, 2006. Unfortunately, veterans released from the CAF prior to 2006 do not qualify for this benefit that, in our judgment, reflects a rather arbitrary cut-off date and conceivably is a government

decision founded on actuarial objectives in the budgetary process.

This program was initiated on April 1, 2018, for all veterans honourably released on or after April 1, 2006 – veterans with six years of eligible service will be entitled to up to \$49,578 of benefits, while veterans with 12 years of eligible service will be entitled to up to \$99,157 of benefits. The minister/



deputy minister of the day emphasized that the benefit would provide more money for veterans to go to college, university or technical school after they complete their service.

For those veterans who find education is not their solution, the department has indicated that there would be further monies available under this program for career development courses in the neighbourhood of \$6,197 per veteran.

NCVA is of the opinion that the current eligibility date of 2006 should be changed to encompass a larger class of veterans prior to that date. The present policy actually splits the application of the Education and Training Benefit so that only veterans who served in Afghanistan after 2006 are eligible. In our view, there is no justification for this cut-off date.

In this context, the present 10-year rule for qualifications should also be eliminated so that the more inclusive veteran class would be eligible and not barred by this arbitrary 10-year limitation period.

We would also strongly recommend that family members (spouses and dependent children) should also have the independent right to access the Education and Training Benefit without the current restrictions that curtail their opportunity to utilize these programs. This proposal is fully supported by the findings of the 2024 joint ministerial policy/family advisory groups report to the minister. There have been no further developments.

It should be noted that NCVA emphasized this important topic in our submission to the Standing Committee on Veterans Affairs in March 2024, with regard to their study on veterans' transition to civilian life.

B. Partial Disabilities

Recommendation

NCVA strongly recommends that VAC grant automatic entitlement to those veterans currently in receipt of consequential or partial entitlement rulings at one-fifth/two-fifths/three-fifths to a four-fifths level of assessment. In so doing, the department will address a significant amount of the backlog in relation to the numerous appeals that are currently in the department system re: fractional awards.

In early 2018, VAC created a new policy with reference to partial entitlement flowing from veterans legislation, i.e., disabilities arising in part out of military service or consequential disabilities arising in part from a primary disability.

The VAC policy amendment established a principle that any partial entitlement award would either be granted at four-fifths or five-fifths. In the past, fractional entitlements in this context were granted in fifths – one-fifth, two-fifths, three-fifths et al.

The backgrounder information given to NCVA and the Ministerial Policy Advisory Group from VAC indicated that these fractional entitlements were often appealed one-fifth at a time, clogging up the entire VAC adjudicative system. It was felt that it would be prudent to simply eliminate the one-fifth, two-fifths and three-fifths entitlements and grant a four-fifths for any partial entitlement award.

This is clearly a beneficial policy insofar as a substantive increase in pension to be received by a veteran, but we felt it was important to raise a number of questions following the introduction of this amendment that still remain of concern as to the administration of this policy amendment:

- (i) Will these fractional entitlements be granted retroactively to all veterans who have received a one-fifth, two-fifths or three-fifths entitlement in the past?

It has been established by VAC that this will not be done automatically but will only be triggered by individual veterans initiating a review of their files by the department in order to achieve a potential increase in their fractional entitlement.

NCVA strongly recommends that VAC grant automatic entitlement to those veterans currently in receipt of consequential or partial entitlement rulings at one-fifth/two-fifths/



three-fifths to a four-fifths level of assessment. This will also alleviate the significant backlog of the numerous appeals with respect to fractional awards that are currently in the VAC adjudicative system.

- (ii) Will there eventually be any limitation period as to how far back this form of increased fractional entitlement will be granted, given the magnitude of appeals that have been generated by this policy?
- (iii) Will the standard of assessment be more stringent when it is recognized that the partial entitlement award will be granted at a minimum of four-fifths? In the past, one-fifth awards were occasionally granted on the basis of giving the veteran applicant the benefit of the doubt – will this relative generosity be altered in the policy guideline adjudication?

C. Post-65 Benefits

Recommendation

NCVA proposes that VAC should establish that the Income Replacement Benefit (IRB) (former Earnings Loss Benefit) be continued for life without deduction, and that the post-65 diminishment be eliminated as the financial plight of the eligible seriously disabled veteran at age 65 remains essentially unchanged.

It is to be noted that the legislative amendments emanating from Budget 2018 (which consolidated a number of income replacement provisions into one benefit, the IRB) unfortunately still retain the inadequacies of the Retirement Income Security Benefit, which was enacted earlier by the former Conservative government in its attempt to address the post-65 financial security for seriously disabled veterans and their families. As aforementioned, the post-65 benefit provides a limited number of disabled veterans (less than six per cent) with 70 per cent of 90 per cent of the IRB, should the veteran be deemed as suffering a “Diminished Earning Capacity” as defined under the regulatory provisions of the new act, less certain potentially significant deductions prescribed by these policy provisions.

In our view, to apply a 70 per cent formula to the post-65 period for a permanently incapacitated veteran based on a public/private sector pension model is not appropriate when it is recognized that the plight of such a seriously disabled veteran post-65 remains unchanged and their financial costs continue to be essentially the same.

During the course of initial discussions surrounding the enactment of these post-65

provisions, strong arguments were made by NCVA and various veteran stakeholder groups that the full Earnings Loss Benefit/IRB should be continued for life, particularly given the fact that the principal recipients of this post-65 “pension” will be totally incapacitated veterans.

We would underline that our proposal for a progressive future loss of income approach would address this inequity by providing a more realistic form of income replacement for seriously disabled veterans.

Long-Term Care/Intermediary Care

Recommendation

That NCVA ensure that VAC adopts a flexible policy to provide veterans with a freedom of choice between a community bed and a priority access bed for purposes of admission to long-term care facilities without distinction between traditional and modern-day veterans.

Recommendation

That NCVA urge VAC to increase the number of Preferred Admission beds in order to address the demands of modern-day veterans and, in so doing, eliminate the current wait list for these beds across the country.

Recommendation

That NCVA continue to collaborate with VAC to ensure that the adult residential care needs of the veteran are addressed through the expansion of the current Veterans Independence Program (VIP) and long-term care policy of the department so as to provide financial assistance in this area of institutionalized care.

Recommendation

That NCVA continue to work with the Office of the Veterans Ombud (OVO) in drawing to the attention of the Liberal government the inequity that has resulted in the gap that currently exists in the VAC health-care regulations concerning financial coverage for adult residential care.

Recommendation

In conjunction with the settlement arrived at between the residents of Ste-Anne's Hospital, the federal government and the provincial government, NCVA calls on VAC, in accordance with the terms and provisions of the settlement documentation, to protect the interests of veterans affected by the transfer. The governments must

also ensure that the provisions found in the transfer agreement established to support the commitments made in relation to priority beds for veterans, language rights and the standard of care are strictly enforced, and that enhanced funding is put in place by the federal government to satisfy this class action settlement. In 2025, Ste-Anne's hospital continues to have staff shortages that limits the level of care provided.

A. Admission to Long-Term Care Facilities

One of the major recent developments with respect to long-term care has been the initiation of a policy by VAC to widen the scope of eligibility to so-called traditional veterans' beds in historical veterans' hospitals to modern-day veterans. With specific reference to individual hospitals such as Sunnybrook in Toronto, the department has taken steps to exercise this operational discretion where vacant beds have resulted from the passing of traditional veterans and the demand from the modern-day veteran community exists.

In addition, there have been a number of high-profile cases in the last number of years that have been described in national media articles with reference to specific veterans attempting to gain admission to long-term care facilities in various provinces across the country. It is of interest that VAC has ostensibly developed a flexible position in this context, so as to provide access to traditional veterans' facilities on the basis of designating further priority access beds (preferred veterans' beds) for the purposes of VAC policy guidelines. This development of a form of freedom of choice for veterans attempting to gain admission to long-term care facilities should be encouraged on an ongoing basis.

B. Intermediary Costs

It is self-evident that VAC, through VIP, has the authority to cover specific costs and expenditures while a qualified veteran resides in their home. In addition, once such a veteran pensioner has reached the stage where a long-term care facility is required, the Veteran Health Care Regulations establish financial support at this time in the health-care process.

As we have consistently argued with departmental officials for many years, what has been missing has been the financial assistance for the middle ground or intermediary level of institutionalization where many of our members currently find themselves, i.e., seniors' residences and assisted living facilities. This right of access to intermediate institutionalized level of health care was unfortunately eliminated for veterans in the 1990s as part and parcel of the federal budgetary cost-cutting strategy in order to deal with the Government's debt reduction objective.

We have had a number of intensive meetings with departmental officials over the last several years in an attempt to close this gap, and we remain committed to compelling the Government to address this long-standing concern.

C. Veterans Ombud's Report

As previously advised, we continue to work closely with the OVO in this context. It is of significant interest that the Ombud's office has adopted our position and has issued a number of reports with regard to long-term care/intermediary care that fully recognize the shortcomings that currently exist in the VAC Health Care Regulations concerning this particular gap in financial coverage. This will add further ammunition and support to our ongoing initiative to ensure that these inequities are eliminated.

In this regard, it is noteworthy that the Veterans Ombud released an excellent report in 2018, entitled "Continuum of Care: A Journey from Home to Long Term Care," which contains a comprehensive analysis of the current VAC long-term care and health-care policies and remains highly material in today's context. The report further provides a series of recommendations that are consistent and in line with NCVA's long-standing position on this important subject. We will continue to coordinate our efforts with the OVO in pursuing the implementation of these mutually desired recommendations.

The NCVA will also monitor the implementation of recommendations from the Veterans Ombud's 2025 report, which include:

- (i) Amending the Veterans Well-being Regulations to grant discretion to exceed the maximum rate for Additional Dependant Care when warranted, particularly for clients

attending rehabilitation services other than training.

- (ii) Ensuring that the regulatory provisions related to Additional Dependant Care maximum rates are structured to prevent clients from incurring increased out-of-pocket costs for these services over time.

In summary, the Veterans Ombud's proposals are as follows:

- (i) Follow-up contact with VIP recipients should be made on at least an annual basis and more frequently for those at higher risk (with in-home assessments when necessary) to ensure timely and accurate identification of changing needs as veterans age.
- (ii) Eliminate the inconsistency in VIP eligibility for housekeeping and grounds maintenance for survivors and spouses so that they may all have access to the services they need, regardless of what the veteran received or did not receive prior to their death or involuntary separation.
- (iii) Adjust the eligibility criteria of the Caregiver Recognition Benefit to provide easier access to compensation for caregivers when service-related conditions inhibit a veteran's ability to perform instrumental activities of daily living and childcare.
- (iv) Introduce additional financial support that can be used to subsidize assisted living options for veterans whose needs do not require long-term care,

but who cannot stay in their own homes.

- (v) Merge the VIP and Long-Term Care program into one “Continuum of Care” program such that access is determined once, and criteria are transparent, understandable and based on the physical and mental health needs of the veteran.
- (vi) Reduce the complexity of 28 different eligibility groups, currently using service type, such that access to continuum of care support is based on the physical and mental health needs of veterans.
- (vii) Develop and publicly communicate a strategy to ensure that the continuum of care needs of all veterans are being met within the current context of the Canadian health-care system.

Last Post Fund/Veterans Burial Regulations

Recommendation

NCVA proposes that a departmental policy change be implemented to recognize that seriously disabled veterans entitled to a disability pension at 78 per cent or more (seriously disabled veterans [SDVs]) qualify, as a matter of right, under the Veterans Burial Regulations/Last Post Fund (VBR/LPF) and should be granted automatic entitlement for funeral and burial grants. This would obviate the need to draft lengthy submissions that also place VAC adjudicators in the position of having to consider extremely complex and comprehensive evidence supporting our contention that the interrelationship of the pensioned and non-pensioned conditions of such veterans has contributed to their passing.

At the outset, we must state that we have experienced great success over the last year with regard to the LPF administration of the VBR. It will be recalled that we had encountered in the past a certain amount of procedural and substantive resistance from the LPF adjudicative team. Indeed, a number of our submissions on behalf of SDVs such as war amputees and Hong Kong veterans

had met with bureaucratic obstacles and a less positive result upon adjudication than previously experienced.

Following our discussions with the director of policy for VAC, we have been pleased with the results of recent applications and give the department significant credit for moving the markers and providing a more realistic assessment of LPF claims for seriously disabled veterans such as the Hong Kong veterans, war amputees et al. In conclusion, seriously disabled veterans are finally receiving a form of automatic Last Post funding as a matter of right.

In general terms, it has been the long-standing position of NCVA that it is necessary for VAC to recognize that a seriously disabled veteran should be entitled, as a “matter of right,” to receive funeral and burial benefits pursuant to the VBR.



LAST POST FUND
FONDS DU SOUVENIR

VAC regulations state that a veteran may be eligible to receive a Funeral and Burial Grant through VAC if it can be determined that their cause of death is related to one of their pensioned conditions or is a condition that has been aggravated by their pensioned conditions, leading to their demise.

It is noteworthy that many seriously disabled veterans are in receipt of disability pension from VAC at the rate of 100 per cent.

In reality, there clearly is no necessity for the veteran to seek further entitlement given the maximization of his disability pension and the application of the VAC “SDV” policy, wherein 100 per cent pensioners are granted health care/treatment benefits and long-term care for any and all of their pensioned disabilities and non-pensioned conditions.

We would point out that the department recognizes that, as seriously disabled veterans age, their overall medical condition involves ailments from both pensioned and non-pensioned conditions. To eliminate the complication of distinguishing between these conditions, SDVs are provided with health care and treatment benefits for both pensioned and non-pensioned conditions, in accordance with VAC health-care regulations.

In our judgment, the overall interrelationship between pensioned and non-pensioned conditions contributes to the SDV’s death as direct application of the well-established principle recognized by VAC with reference to the seriously disabled veterans’ policy. In this context, it is inconceivable that the impact of the pensioned and non-pensioned disabilities did not play a part in the veteran’s ultimate demise.

It is also noteworthy that, when determining eligibility for Exceptional Incapacity under the Pension Act, the department takes into consideration the impact of both the pensioned and non-pensioned conditions.

As indicated in Chapter 7 of VAC’s Table of Disabilities, section on Exceptional Incapacity Allowance:

“7.04 ... It is important to be cognizant of the fact that it is difficult and frequently impossible to medically separate the impact of pensioned and non-pensioned conditions in a severely disabled person and in such cases, one can fairly assume such impact exists. ... Account should be taken of the “synergism” principle, i.e., the total effect of the pensioned disabilities may be greater than the sum of the effects of the disabilities taken independently. Mental and physical deterioration due to age is not excluded in the determination of exceptional incapacity...”

This synergistic relationship between pensioned and non-pensioned conditions is also acknowledged in the Attendance Allowance provisions of the Pension Act:

“An Attendance Allowance may be awarded to a pensioner when all of the following circumstances are met:

- (i) The pensioner is in receipt of at least a one per cent disability pension or prisoner of war compensation;
- (ii) The pensioner is totally disabled, whether by reason of military service or not; and

- (iii) The pensioner is in need of attendance.”

It is our basic position that an SDV profile as enacted in the VAC policy guidelines should also apply to the administration and interpretations of the VBR when determining matter of right on behalf of an SDV. It is puzzling indeed that, during their lifetimes, the department recognizes the cumulative and synergistic effect of both the veteran’s pensioned and non-pensioned conditions by approving many health care and treatment benefits on their behalf but, in death, ignores the relationship between these conditions.

In conjunction with this overall position, we would also ask that the department consider the Benefit of Doubt Section under the Pension Act as a relevant and fundamental principle of veterans legislation and, as such, request that the adjudicators note Section 5 in relation to these SDV claims:

“(3) In making a decision under this Act, the Minister shall:

- (i) Draw from all the circumstances of the case and all the evidence presented to the Minister every reasonable inference in favour of the applicant or pensioner;
- (ii) Accept any uncontradicted evidence presented to the Minister by the applicant or pensioner that the Minister considers to be credible in the circumstances; and
- (iii) Resolve in favour of the applicant or pensioner any doubt, in the

weighing of evidence, as to whether the applicant or pensioner has established a case.”

In furtherance of these presumptive principles, we would submit in support of our recommendation that statements emanating from former minister Lawrence MacAulay, former deputy minister Walt Natynczyk and current Deputy Minister Paul Ledwell support the position that VAC adjudication should adopt a compassionate and generous philosophy and ensure that a liberal interpretation is followed in relation to individual veteran applications.

The “veteran-centric” approach adopted by the department has been similarly emphasized by the department in the context of “getting to yes faster” with respect to VAC adjudication.

As a personal note, it became extremely difficult to advise the surviving spouses/ children of The War Amputations of Canada and the Hong Kong Veterans Association of Canada that not only was their claim for benefits under the VBR/LPF turned down, but they would also not be receiving



the Memorial Cross that is issued by the Government as a symbol of the personal loss and sacrifice that such surviving spouses/children face upon the death of their veteran spouse/parent.

We are pleased to have gained support of our position through the current adjudicative team within the LPF wherein they have adopted a compassionate and generous philosophy to ensure that a liberal interpretation is followed in relation to individual veteran applications.

