



The Eleventh Hour of the Eleventh Day of the Eleventh Month

COMMENTS ON RESOLUTIONS

OF

THE 42ND DOMINION CONVENTION
THE ROYAL CANADIAN LEGION
HELD AT OTTAWA, ONTARIO

21 June - 25 June 2008



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



15 August 2009

Comrades:

This booklet contains the resolutions emanating from the 42nd Dominion Convention. The comments from most respondents are very detailed and comprehensive. In quite a number of instances, Legion objectives have been attained following lengthy advocacy. In others, ongoing reviews and studies will provide a vision for the way ahead. Where the response is not positive, detailed reasons have been provided.

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

Input from members is absolutely crucial to the framing of strong advocacy goals which can be fully supported at all levels of our great organization. It is also important for The Legion to speak with one voice. Thus the importance of your input and your continuing support at all levels.

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



Duane Daly
Dominion Secretary

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DOMINION EXECUTIVE COUNCIL

1. Reduction of Command Representatives on the Dominion Executive Council

DEC 1

WHEREAS the current DEC consists of 40 members including 26 Command Representatives (reps);

WHEREAS the Dominion membership figures have gone from a high of 602,489 in 1984 to 373,367 in 2007, a loss of 229,122 members;

WHEREAS the membership has dropped by more than one-third in twenty-three years, the number of Command reps has only varied by one in the same time period;

WHEREAS the current formula for the number of Command reps on DEC is based on the membership numbers in each Command, giving the larger Commands a stronger voice over the smaller Commands, individually;

WHEREAS such a formula may have seemed fair during more prosperous times, the loss of membership revenue and rising costs cannot support such a large number of DEC reps;

WHEREAS such a formula will become even more lopsided if the membership numbers continue to recede, calling into question the fairness of the distribution of Command reps;

WHEREAS the Legion's strength is in its democratic process where policy is made or changed by delegates at convention through the resolution process and the main role of the DEC is to provide governance when convention is not in session;

WHEREAS any decisions made by the DEC between conventions are subject to ratification by convention delegates who are proportional to membership so that representation proportional to membership within the DEC is not necessary;

WHEREAS each DEC provincial representative will be able to bring forward their issues and concerns effectively through a single representation given modern means of communication such as teleconferencing and email; and

WHEREAS other organizations have demonstrated effective governance with a single voting member from each state or province, in particular the Returned and Services League of Australia which like Canada has large variations in state (equivalent to provincial) and territorial populations:

THEREFORE BE IT RESOLVED the number of Command reps on the DEC be set at ten, namely, one representative for each Command offering equal representation across the country, to take effect immediately.

RESPONSE:

Subsection 401.b. of the General By-Laws has been amended to reflect the proposed change.

LEGION'S POSITION:

Has been implemented as amended by DEC on 26 June, 2008

2. Reduction of Dominion Vice-Presidents

DEC 2

WHEREAS there are eight elected Officers plus the Immediate Past President currently sitting on the Sub-Executive and who are voting members of the Dominion Executive Council;

WHEREAS the eight elected Officers are the President, First Vice-President, four Vice-Presidents, Treasurer and Chairman;

WHEREAS in the past, one of the main roles for these Officers was to chair one or more of the Dominion Standing Committees;

WHEREAS in recent years, the number of Standing Committees has been reduced by elimination, amalgamation or moving the chair to an appointed position from other than elected officers;

WHEREAS there are currently only five Standing Committees being chaired by members of the Sub-Executive (not including the Treasurer's duties); and

WHEREAS there are currently three members of the Sub-Executive who do not chair a Standing Committee:

THEREFORE BE IT RESOLVED the number of Vice-Presidents to be elected be reduced from four to three to take effect immediately.

RESPONSE:

Subsection 401.a. of the General By-Laws has been amended to reflect the proposed change.

LEGION'S POSITION:

Has been implemented.

3. Composition of DEC and Frequency of Meetings

DEC 3

WHEREAS the current 40 member DEC includes the Sub-Executive (the elected Officers plus the Immediate Past President);

WHEREAS the Sub-Exec meets separately four times a year while the DEC as a whole only meets once a year (not including Convention time);

WHEREAS there is no requirement in the Act of Incorporation of The Royal Canadian Legion for a Sub-Executive, rather only for the DEC to conduct the business of the Legion between Conventions;

WHEREAS at times, there is an aura of secrecy between the Sub-Exec and the rest of the DEC;

WHEREAS the current structure of the DEC and its meeting schedules cost about \$406,000 including Convention, for the two-year term;

WHEREAS a smaller and more efficient DEC would cost about \$254,000 including Convention (a saving of \$152,000) and be able to meet more often as a full body;

WHEREAS governance by DEC provides a transparent and democratic means of conducting Legion affairs between Conventions; and

WHEREAS unforeseen issues requiring executive decisions can be addressed easily through teleconferencing or e-mail:

THEREFORE BE IT RESOLVED that the DEC meet 3 times (including convention in a convention year) and 2 times in the non-convention year and that these meetings be scheduled for February/March and September with the convention meeting being in June and that any further meetings required of the senior elected officers be at the call of the President and be regarded as special meetings called for a specific purpose; and **BE IT FURTHER RESOLVED** attendance by non-voting members of DEC at DEC meetings be at the call of the president.

RESPONSE:

Subsection 401.d and Section 407 of the General By-Laws have been amended to reflect the proposed change.

LEGION'S POSITION:

Has been implemented as amended by DEC on 26 June, 2008.

SUB-EXECUTIVE

4. Vimy Ridge Day Proposal

SE 1

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

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

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

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

WHEREAS Bill C227, passed by Parliament in 2003, declared that 9 April of every year would be known as "Vimy Ridge Day" but falls short of making it a National Federal Holiday:

THEREFORE BE IT RESOLVED the Federal Government be urged to declare "Vimy Ridge Day" as a National Federal Holiday and that it be included in the Holidays Act as such.

RESPONSE: Office of the Prime Minister

The views expressed in this resolution have been given careful consideration.

LEGION'S POSITION:

In view of the non committal response, the Legion will continue to advocate for this important issue.

5. Stricter Penalties – Pedophiles

SASK 2/C

WHEREAS The Royal Canadian Legion has a history of commitment to help ensure the well being and safety of Canada's youth;

WHEREAS for the most part, token penalties are given to pedophiles found guilty of sexual offences against minors; and

WHEREAS the present laws are not strict enough to merit more severe penalties against these offenders:

THEREFORE BE IT RESOLVED that Dominion Command of The Royal Canadian Legion press our law makers to implement much sterner penalties than the ones currently being meted out to these offenders under current laws.

RESPONSE: Justice

Parliament has enacted mandatory minimum penalties for an array of sexual offences committed against children, which include sexual interference; invitation to sexual touching; sexual exploitation; making, transmitting, possessing, and accessing child pornography; procuring and permitting sexual activities against minors; prostitution of minors; and living off the avails of child prostitution. Pursuant to section 742.1 of the Criminal Code, offenders convicted of an offense punishable by a mandatory minimum penalty are not eligible for a conditional sentence of imprisonment or "house arrest."

Where a sentence is imposed for an offence that involved the abuse of a person under 18 years of age, the Code directs that primary consideration be given to the objectives of denunciation and deterrence of such conduct. Furthermore, the abuse of a person under the age of 18 years is deemed to be an aggravating factor at sentencing, which should result in an increased sentence. It is also an aggravating factor if, in committing the offence, the offender abused a position of trust or authority in relating to the victim, as in the case of a parent.

The Government committed to strengthening sentencing provisions for the commission of serious crimes, which has resulted in the introduction and enactment of several key legislative initiatives, including the *Tackling Violent Crime Act* and former Bill C-9, *An Act to amend the Criminal Code (conditional sentence of imprisonment)*.

The *Tackling Violent Crime Act* increased the age of consent from 14 to 16 years to better protect youth against adult sexual predators and included more effective sentencing and management of sexual and violent offenders. The age of 18 years for exploitative activity such as prostitution, pornography or that occurs within a relationship of trust, authority or dependency is maintained. The provisions relating to the age of protection came into force on May 1, 2008, while those regarding the sentencing and monitoring of dangerous and high-risk offenders came into force on July 2, 2008.

The Government also limited the use of conditional sentences for serious crimes with its legislation, *An Act to amend the Criminal Code (conditional sentence of imprisonment)*, which came into force on December 1, 2007. As a result, conditional sentences, or "house arrest" as they are often referred to, are no longer available for serious and violent offences, including sexual assault, sexual assault with a weapon, threats to a third party

or sexual assault causing bodily harm, and aggravated sexual assault, when prosecuted on indictment for which the maximum term of imprisonment is ten years or more.

LEGION'S POSITION:

The Legion applauds the Government's initiatives to provide greater deterrents against pedophiles and other sexual deviants.

**303. SOCAN
MAN/NWO 6**

WHEREAS the Stonewall Legion Branch #52 has been approached in August 2007 by a representative of the Society of Composers, Authors and Music Publishers of Canada (SOCAN) with the aim that we commence paying tariffs for all music played in the Branch;

WHEREAS the Branch is aware that promulgation in the Canada Gazette, Part I on 20 March 2004, title Tariff No. 8 – Receptions, Convention Assemblies and Fashion Shows, is a proposed regulation only;

WHEREAS many branches of the Royal Canadian Legion can ill afford to pay tariffs as many branches are already in trouble financially;

WHEREAS the logic of the different tariffs is questionable. For example, why is there a different charge for dancing versus no dancing? Additionally, the rates being charged are excessive;

WHEREAS this purported legislation allows SOCAN to audit Branch books to verify the statements rendered and the fee payable. This is untoward intrusion into the affairs of Legion Branches;

WHEREAS the liability to pay SOCAN is established in tariffs certified by the Copyright Board, a tribunal created under the Copyright Act, which operates at arm's length from the government; and

WHEREAS section 32.2 (3) of the Copyright Act, provides an exemption to tariffs for charitable or fraternal organizations, for the performance in public of copyrighted music when done in furtherance of a religious, educational or charitable cause:

THEREFORE BE IT RESOLVED that Dominion Command take immediate intervention through the Minister of Veterans Affairs to have this legislation quashed.

LEGION'S POSITION:

In 2005 Dominion Command researched the process by which tariffs were being applied to Legion Branches and subsequently collected by the Society of Composers, Authors and Music Publishers of Canada (SOCAN) for the purpose of playing music associated with Legion branch activities. Based on the findings it was confirmed that the Legion could not legitimately request and receive exemption or reclassification from SOCAN tariffs. At the 2008 Dominion Convention, Resolution 303 was passed which mandated Dominion Command to once again look into this perceived problem area.

Accordingly, Dominion Command engaged legal counsel to determine the legitimacy of the tariffs, as well as their application towards the Legion and its branches as a not-for profit organization. The legal findings were as follows:

- SOCAN tariffs have been approved and legitimized under the Copyright Act of Canada and are therefore legal and binding.
- The Legion's status as a not-for-profit organization does not exempt it or its branches from these fees.
- If a Legion branch were to host an event in which all proceeds were to be directed to an approved Canadian "charity", the SOCAN charges for that event would be exempt. However, funds raised to support the operations of a branch do not qualify for exemption.
- The Copyright Act was challenged in 1953 by a similar not-for-profit organization under similar circumstances. This challenge went all the way to the Supreme Court of Canada which ruled in favour of SOCAN's predecessor. There have been no further challenges to date.

In summary the Legion's status as a not-for-profit organization does not exempt it or its branches from SOCAN fees under the Copyright Act. Therefore, as recommended in 2005, the only manner by which branches can legitimately offset the cost of these tariffs is to pass them on to the user as is common business practice. Additionally, each branch should review the tariffs assigned by SOCAN to ensure they correctly apply to their circumstances. Branches should not accept any charge by a SOCAN representative unless it is fully documented in writing with the appropriate tariff indicated. Where a specific event is held in a branch to raise funds solely for a charitable cause, the branch should ensure that they apply for an exemption to the tariffs. Tariff information can be found on the SOCAN web site at :

www.socan.ca/jsp/en/resources/tariffs.jsp.

DEC has affirmed that no further action will be taken by Dominion Command concerning SOCAN.

VETERANS, SERVICE AND SENIORS

General

6. Repayment of Cost of Mounting Medals for Veterans

VSS 6

WHEREAS the mounting of new medals is now subsidized for still serving Canadian Forces (CF) members;

WHEREAS this disparity in benefits clearly disadvantages Veterans who loyally served their country; and

WHEREAS the cost associated with mounting medals every time new medals are awarded are actually more onerous for pensioners:

THEREFORE BE IT RESOLVED that the cost of mounting new medals after release from the CF should be reimbursed in the same manner as for still serving members.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada will continue to provide bars, medals and ribbons free of charge but will not be responsible for costs associated with mounting.

LEGION'S POSITION:

The Legion will continue to advocate for reimbursement of costs associated with mounting of medals as an issue of fairness.

7. Implementation of a Government Wide Ombudsman Office with Legislated Mandate

VSS 12

WHEREAS the federal government has recognized the necessity of appointing an Ombudsman to investigate systemic issues related to Veterans;

WHEREAS the federal government has also appointed a number of Ombudsmen in other Departments; and

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

THEREFORE BE IT RESOLVED that all federal government Ombudsmen be regrouped into a centralized Ombudsman office with wide ranging legislated powers to cover the full range of public sector programs and services, including those providing benefits and care to Veterans through Provincial programs.

RESPONSE: Office of the Prime Minister

The views expressed in this resolution have been given careful consideration.

LEGION'S POSITION:

The Legion will continue to advocate for the implementation of a Government wide Ombudsman office with a legislated mandate. This proposal would provide greater investigative powers to all Ombudsmen while resulting in cost reductions for the federal government.

8. Veteran Priority for Health Care

VSS 18

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

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

WHEREAS members of the Royal Canadian Mounted Police, personnel of the Canadian Forces, clients of provincial workplace health and safety insurance boards and prisoners in federal custody are exempt from the strictures of the Canada Health Act effectively giving them priority over Veterans and dependants on increasingly long wait lists for health care and specialized medical sources:

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

RESPONSE: Health Canada

The federal government regards the welfare of seniors and Veterans as a matter of utmost importance.

LEGION'S POSITION:

This is clearly an issue currently under provincial jurisdiction however, the care of CF members, Veterans and their families should be a federal government priority. The Legion will encourage all Provincial Commands to advocate on this issue and will reframe this resolution to recommend an appropriate amendment to the Canada Health Act.

9. VAC Staffing Levels

VSS 20

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

WHEREAS with the implementation of Veterans Integrated Services that is designed to meet the complex Health Care needs of Veterans, the requirement for dedicated high needs care managers will increase:

THEREFORE BE IT RESOLVED that VAC take immediate steps to staff sufficient high needs care managers' positions concurrently with the introduction of the proposed Veterans Integrated Services to ensure that Veterans do not slip through the cracks in provincial health systems.

RESPONSE: Veterans Affairs Canada

The Veterans Integrated Services model, as recommended by the Gerontological Advisory Council (GAC) in their 2006 report "*Keeping the Promise*", proposed to integrate the health care programs of Veterans Affairs Canada (VAC) to provide a single point of entry and a need-based approach to the provision of benefits and services. This report is highly valued by VAC and will continue to be considered in future changes to Veterans' health care programs and services.

Building on this report, VAC has taken action to ensure Veterans continue to have access to the right support, at the right time, by the right person. The following measures are in place:

Case Management Review: In 2008/09, VAC initiated a comprehensive review of the case management function within the Department. The results of the review are giving VAC a greater understanding of how best to manage programs and allocate resources so the full spectrum of client needs can be met in the best way possible.

Mental Health Strategy: VAC staff in District Offices is increasingly interacting with Canadian Forces (CF) clients, many of whom have complex mental health needs. This poses a serious challenge for Area Counselors and Client Service Teams in terms of managing case loads. An enhanced case management process is being developed to help clients with complex mental health needs. The VAC Regional Mental Health Officers are playing a pivotal role in supporting these clients by providing expertise and support to staff, particularly in case management.

In 2007, the concept of a **Clinical Care Manager** was implemented. Clinical Care Managers are registered psychologists, social workers and mental health nurses, who are engaged to provide additional support for a limited time, on an individual basis, to clients with complex mental health needs. They build therapeutic relationships with their clients and family members, assess what needs are outstanding, support the case and treatment plan, link the client with community resources and network with other health professions.

Work is also continuing on standardizing the criteria for mental health service providers in the **VAC Provider Network**. New service policies and business processes related to mental health treatment provided by third-party mental health providers have been developed. They are designed to better support VAC Client Service Teams; strengthen the relationship with the over 2,000 providers; and add national consistency to the overall case management process for clients with mental health conditions. These changes will be implemented in 2009 - 2010.

LEGION'S POSITION:

Notwithstanding the stated goals to improve services, staffing remains a challenge while VAC has identified, through an internal audit, that there are still significant problems with Case Management with "case plans not conforming to the principles of case management, fragmented directional guidance, unclear boundaries, confusion surrounding roles and responsibilities, inappropriate approach to case management and focus on benefit delivery." The Legion feels strongly that these problems will not be solved unless VAC first tackles the complex eligibility grids and adopts a needs-base approach for services and benefits, as identified in the GAC report "*Keeping the Promise*".

10. Taxi Fare Expenses

VSS 26

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

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

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

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

RESPONSE: Veterans Affairs Canada

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

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

While collecting the \$5.00 is a regulatory requirement, there is also authority in the regulations to waive this deductible. Therefore, the Department recognizes the \$5.00 deductible can be problematic for some clients and will provide special attention to the needs of clients for whom this deductible causes undue hardship.

LEGION'S POSITION:

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

11. Veterans Affairs Staff

QUE 1/C

WHEREAS there has been a significant increase in the number of requests for services and benefits;

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

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

THEREFORE BE IT RESOLVED that the Minister of Veterans Affairs hire more personnel, in all departments, in order to allow its personnel to adequately respond to all requests formulated within its ministry.

RESPONSE: Veterans Affairs Canada

Human Resources planning is a process that identifies current and future human resource requirements so that an organization can achieve its business goals. All branches determine their business objectives and the corresponding resourcing needs in the Integrated Business and HR Plan (IBHRP). The aim of the Plan is to ensure the organization has the capacity to meet its strategic objectives.

VAC's Human Resource management priority for 2008-2009 is to ensure that there are sufficient, appropriately qualified and trained employees to provide quality service to our clients. Our Human Resource Action Plan outlines our activities in eight key areas of focus: succession planning, recruitment, learning and development, diversity, bilingual capacity, values and ethics, infrastructure and workplace well-being.

LEGION'S POSITION:

The Legion will continue to advocate for adequate staffing at all levels within VAC, especially in highly critical positions such as the Joint Personnel Support Centres and the Operational Stress Injury (OSI) Clinics. Too often, VAC makes announcements concerning the establishment of new support units without addressing the timely staffing of these units.

Disability Benefits

12. Offset of VAC Disability Pension by SISIP Long Term Disability

VSS 4

WHEREAS those deemed eligible for Veterans Affairs Canada (VAC) disability pensions are victimized by an offset from the amount paid out by the Service Income Security Insurance Plan (SISIP) Long Term Disability (LTD) as monthly income replacement benefits;

WHEREAS VAC disability pensions are not taxable and are not considered income but disability benefits to compensate for pain and suffering for injuries sustained in the service of one's country;

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

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

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

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

RESPONSE: National Defence

This issue is complex and sensitive and is being actively worked on by subject matter experts at the Department of National Defence (DND) and other federal government departments. In addition, given ongoing legal action surrounding this matter (on 4 March 2009, the Plaintiff filed an application for judicial review before the Federal Court and on 30 March 2009, the Plaintiff sought leave to appeal to the Supreme Court of Canada the decision that set aside the class action), the government is precluded from making further comments.

LEGION'S POSITION:

The Legion will continue to advocate strongly for the resolution of this issue which has been ignored for too long, notwithstanding our strong advocacy and that of the Canadian Forces (CF) and Veterans' Ombudsmen.

13. 10 % Annual Reduction in Paid up Death Benefit under Supplementary Death Benefit (SDB)

VSS 5

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

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

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

RESPONSE: National Defence

The CF SDB plan is a term life insurance plan that provides for a tax-free benefit of twice the member's salary payable to a designated beneficiary. When participants reach age 65, they qualify for \$5000 "paid-up coverage. This coverage remains in effect for life. Once pensioners reach age 70, premiums cease completely.

The disparities between the CF SDB plan and the PS SDB plan are as follows:

- a. Coverage starts to be reduced by 10 % a year when the CF pensioner reaches age 61 compared to age 66 for PS pensioners;
- a. CF SDB coverage includes a paid-up benefit of \$5,000 at age 65, compared to a paid-up benefit of \$10,000 for the PS pensioner; and
- b. The monthly premium rate applying to the CF members and pensioners who continue coverage into retirement for each \$1,000 of coverage is \$0.10 compared to \$0.15 for PS employees and pensioners.

Coverage under the CF SDB plan is compulsory and provides for Regular Force members on full-time service in a Regular Force position or supernumerary to the Regular Force, including Class C Reserve Force members who are in combat. Reserve Force members serving on a Class A or Class B contract are covered under the Reserve Force Death Gratuity, a non-premium paying taxable benefit offering 20 months' pay in the event of death.

The SDB is funded by contributions from pension plan members and the employer, the Federal Government. Parliament has given authority to DND to review the cost-benefit structure of the plan, and work is ongoing, including a review of the age at which the reduction of the basic benefit occurs. Any changes will be based on member needs and on the cost implications for members and for employer.

LEGION'S POSITION:

The Legion is satisfied with the very precise explanations provided concerning the CF SDB plan; however, we will continue to advocate strongly for a uniform approach to both the CF and the PS SDB plans. We are also concerned that DND will be assessing members' needs without proper consultation, in the same manner that decisions were made on behalf of CF members on the issue of the CPP clawback.

14. **Outreach program to advise Veterans of compensation for disabilities associated, for example, with exposure to chemicals such as Asbestos and with repetitive trauma under both the Pension Act (PA) and the Canadian Forces Members and Veterans Rehabilitation and Compensation Act (CFMVRCA).**

VSS 7

WHEREAS there is mounting evidence that exposure to chemicals such as asbestos and repetitive trauma can lead to serious disabilities later in life; and

WHEREAS there is mounting evidence that Veterans are simply unaware of disability benefits that can be made available under either the PA or the CFMVRCA:

THEREFORE BE IT RESOLVED that VAC and the CF conduct a vigorous Outreach program to disseminate information to all Veterans by mailing inserts in Superannuation and CPP/OAS annual updates and by placing advertisements in major national publications that can reach Veterans in both official languages across the country.

RESPONSE: Veterans Affairs Canada

It is essential to VAC that all Veterans, CF members and their families are aware of the services and benefits to which they are entitled.

Veterans Affairs Canada has 36 field offices across the country which serve our more than 220,000 clients. In addition to our field offices, we offer a number of support services available via telephone and also communicate to clients through our newspaper Salute!, which provides valuable details related to the services we provide and other useful information for our clients.

VAC also has a Proactive Screening Unit that conducts proactive client screenings and surveys throughout the year to reach out to targeted client groups, including medically released CF members and seriously disabled Veterans. These Veterans may not have had recent contact with VAC or they may not have easy access to VAC other than by telephone.

The Department also works closely with and relies on Canada's Veterans' organizations, like the RCL, to reach the Veteran community. VAC does communicate with CF members. CF members are counseled on VAC benefits when they leave the Forces. VAC also provides monthly articles to DND's newsletter, the Maple Leaf. These publications are distributed to more than 800 CF locations worldwide. To ensure Reservists are informed of the programs and services available, all medically releasing Reservists and those with Special Duty Service are eligible for a Transition Interview prior to release.

In May 2008, a New Veterans Charter Outreach Strategy was implemented to ensure that all CF members and their families are aware of VAC programs and services; to encourage them to approach VAC for assistance; and to ensure that Reservists and the families of CF members feel recognized as significant client populations. A number of outreach activities have taken place including the establishment of a national speakers network, the development of standard presentation decks, more than 80 outreach events to CF members and their families since June 2008, the development of a national calendar to enable VAC to better plan and report on outreach events, and the printing and distribution of promotional material identified by the CF as important (pamphlet, business cards, and fridge magnets). Future activities are planned.

At recent meetings with the Minister of Veterans Affairs, the RCL, along with other major Veterans' organizations, expressed the need for a broader outreach effort to traditional and CF Veterans, and their families. Based on this feedback, VAC is developing an expanded strategy, which would build on the framework of the NVC Outreach Strategy, while meeting the need for broader outreach to traditional and CF Veterans, their families and caregivers. A framework, including strategy highlights, has been drafted. An official from VAC will be in contact with your organization to seek your input on the draft strategy and how the department could best move forward.

LEGION'S POSITION:

The Legion will review the proposed draft strategy before making a decision on its advocacy goals.

15. Agent Orange Exposure

VSS 9

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

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

THEREFORE BE IT RESOLVED that VAC recognize secondary exposure to Agent Orange as a significant determinant of a disability.

RESPONSE: Veterans Affairs Canada

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

The Ex Gratia payment is completely separate from VAC disability benefits. The criteria for eligibility for disability benefits related to Agent Orange exposure is the same as for any other application for a service-related disability. To evaluate evidence of exposure to Agent Orange at CFB Gagetown, VAC relies on evidence-based information from a Fact-Finding initiative by the Department of National Defence (DND) completed in 2007 and scientific information endorsed by the Institute of Medicine's Update 2004 report.

The Fact-Finding Initiative looked at the health and environmental effects of Agent Orange use at CFB Gagetown and the broader use of herbicides. The results indicate unless a person was directly involved in an accident or spill of Agent Orange, there would be no long-term, irreversible health effects. The initiative encompassed the scientific study of soil, water, and vegetation samples, human health risk assessments, and the epidemiological study, the results of which indicate the majority of people who lived near or worked at CFB

Gagetown were not at risk for long-term health effects from the herbicides applied there. The science also indicates the Base is safe today.

VAC continues to monitor and review existing and emerging medical and scientific findings that may impact how claims for VAC disability benefits are adjudicated.

LEGION'S POSITION:

The Legion remains concerned that secondary exposure is not recognized by VAC as contributing to the onset of disabilities. The Legion will continue to advocate for such recognition, not only for Agent Orange but also for other types of exposure such as Depleted Uranium (DU).

16. Amendment to VAC EEGs to Recognize Professional Qualifications of Designated Health Practitioners to Provide Diagnosis

VSS 11

WHEREAS Veterans Affairs Canada (VAC) in its diagnostic standards associated with Entitlement Eligibility Guidelines (EEGs) describes the professional qualifications of those that can diagnose specific conditions;

WHEREAS these standards do not recognize the professional attributes and qualifications to render a diagnosis of newly established health professionals such Registered Nurse Practitioners, Podiatrists, audiologists, etc; and

WHEREAS these restrictions place a large burden on applicants who are faced with a shortage of doctors and specialists across the country:

THEREFORE BE IT RESOLVED that VAC recognize the professional qualifications and designate newly established, non traditional health practitioners who are recognized and sanctioned by their Provincial Licensing authorities to render diagnoses for the purpose of establishing eligibility for disability benefits.

RESPONSE: Veterans Affairs Canada

At present audiologists and psychologists provide diagnoses for the Department along with qualified medical practitioners.

The scope of practice of any health care practitioner other than the accepted ones at present would need to be identified and clarified before the Department would accept diagnoses from them. The Department is currently exploring what role nurse practitioners might undertake in supporting access to delivery of programs and services to our clients.

To ensure the delivery of benefits is up-to-date, consideration is being given to accept prescriptions issued by Nurse Practitioners.

The Department continues to monitor changes to the health care field including the scope of practice for various health care practitioners to determine how they may support VAC in providing access to programs in the most effective way possible.

LEGION'S POSITION:

The Legion will take this under advisement.

17. Adjustment of Base Monthly Military Salary for Earning Loss (EL) Benefit under NVC VSS 16

WHEREAS the New Veterans Charter (NVC) states that, for the purpose of calculating EL Benefit, the monthly military salary is the greater of the Veterans' monthly salary at the time of release and the monthly salary for a senior private in the standard pay group;

WHEREAS under the New Veterans Charter, the calculation of base salary for Earnings Loss Benefit fails to take into account the potential career advancement of a CF member and the very likely pay increases that would normally accrue through the career profile of a serving Canadian Forces member; and

WHEREAS in most settlements in the civilian sector, career advancement is factored in, in the determination of benefits:

THEREFORE BE IT RESOLVED that The Legion urge Veterans Affairs Canada (VAC) to adjust the method by which it calculates Earning Loss Benefit to take into account likely increases in salary and advancement in ranks through one's career; and

BE IT FURTHER RESOLVED that the Legion advocate strongly to raise the Base minimum salary to that of a Corporal.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) recognizes that Canadian Forces (CF) members or Veterans who have a disability resulting from their service or that ended their military career should be compensated for the impact this has on their earning capacity.

Since its inception in 2006, the New Veterans Charter (NVC) has provided CF members and Veterans with various financial benefits. The current NVC Financial Benefits program includes Earnings Loss Benefit to provide income replacement; Canadian Forces Income Support Benefit to provide income support; Supplementary Retirement Benefit to recognize the lost opportunity to contribute to a retirement plan; and Permanent Impairment Allowance to recognize the effects a severe disability can have on employment and career advancement.

The EL benefit is distinct financial compensation to recognize the impact of a service-related or career-ending disability, and, in some cases, provide long-term financial compensation to a surviving spouse or common-law partner and dependent children in the event of a service-related death of a Veteran or CF member. It is not considered a "settlement". It is indexed annually to help with the increases in the cost of living. This benefit can continue until age 65 if the individual is determined to be totally and permanently incapacitated and not capable of returning to suitable gainful employment, in spite of rehabilitation efforts.

In keeping with the "Living Charter" commitment, VAC is in the process of analyzing perceived gaps in programs under the NVC and exploring potential solutions to ensure client needs are being addressed as they were intended. This includes considering how EL is structured, particularly as it relates to those who are seriously injured early in their military careers while still at lower rank and salary level.

VAC has also requested the New Veterans Charter Advisory Group (NVCAG) prepare a report to identify gaps in NVC benefits and services. The NVCAG, including a representative from The Royal Canadian Legion, has established three committees to review items related to economic need, rehabilitation and family support. This report was received by

VAC on June 15th and will now be analyzed. VAC continues to review its programs to ensure that existing authorities are maximized.

LEGION'S POSITION:

The issue of improvement to the ELB must be addressed on an urgent basis. The Legion will be monitoring very closely how VAC will respond to the recommendations of the NVCAG.

18. Revocation of the Veterans Review and Appeal Board (VRAB) Interpretation Decision on "Due Diligence"

VSS 22

WHEREAS As a result of a recent Interpretation Hearing decision, the Veterans Review and Appeal Board has ruled that "the application of a due diligence principle in assessing new evidence at the Reconsideration level is a legitimate and necessary criterion to be considered as one of the factors in the overall determination of whether to reopen an appeal decision.";

WHEREAS this Interpretation Hearing decision was adopted because of federal court influence which likely would not have occurred if applicants had not seen a need to seek justice at Federal Court as VRAB had refused to allow oral representation at the screening in of Reconsideration requests, until mandated to do so by the Federal Court (Justice Tremblay-Lamer in Gagne); and

WHEREAS the introduction of a "Due Diligence" clause for new evidence at Reconsideration has basically allowed VRAB to amend the statutory obligations of the VRAB Act to preclude the introduction of new evidence:

THEREFORE BE IT RESOLVED that VRAB considers the revocation of its Interpretation Hearing decision on a "Due diligence" criterion which is not consistent with legislated "benefit of the doubt" provisions.

RESPONSE: Veterans Affairs Canada

On September 20, 2007, the Federal Court of Appeal issued a decision about the Board's interpretation decision on new evidence. It upheld the Federal Court's decision, which was that it is appropriate for the Board to consider the principle of "due diligence" when deciding whether to reconsider an appeal decision. It did not find this practice to be inconsistent with the "benefit of the doubt" provisions of the VRAB Act but rather directed the Board to apply it "in a manner that conforms with the broad purpose of the Act and respects the intent and meaning of sections 3 and 39."

It is important to note that were the Board to withdraw its interpretation decision, the decision of the Federal Court of Appeal would still stand. As a result, the Board will continue to consider due diligence in assessing new evidence presented upon application for reconsideration of an appeal decision. In encouraging diligent and thorough preparation of cases at the review and appeal levels, the Board is advocating full and fair hearings for its applicants while respecting the intended finality of appeal decisions (pursuant to section 31 of the VRAB Act).

As required by the VRAB Act, the Board will continue to resolve any doubt, in the weighing of evidence, in favour of the applicant.

LEGION'S POSITION:

The Legion recognizes that the VRAB has approached the “due diligence” criteria for new evidence in a fairly broad context which has not detracted from the provision of a fair hearing for all applicants.

19. Earning Loss Benefit post age 65

VSS 23

WHEREAS the Canadian Forces Members and Veterans Re-Establishment and Compensation Act (CFMVRCA) does not provide any Earning Loss Benefit post age 65;

WHEREAS the needs of Veterans and their spouse may increase with age; and

WHEREAS these needs should be addressed in a practical manner, consistent with a philosophy that recognizes that Earning Loss Benefit are really deemed to be a form of income:

THEREFORE BE IT RESOLVED that the current legislation be amended to allow the transfer into a pension plan of a portion of Earning Loss Benefit (deemed income) to cater to post age 65 needs.

RESPONSE: Veterans Affairs Canada

Recipients of the Earnings Loss benefit are already able to contribute these funds to a registered retirement savings plan (RRSP) as per provisions of the Income Tax Act.

According to Act, certain income is taken into consideration in calculating the maximum RRSP contribution that can be made in a given year. It is up to the Earnings Loss recipients to decide what portion of Earnings Loss Benefit they wish to invest into an RRSP, subject to their maximum allowable RRSP contribution.

Further retirement benefits are also available under the Canadian Forces Members and Veterans Re-establishment and Compensation Act, commonly known as the New Veterans Charter, through Supplementary Retirement Benefit and Canadian Forces Income Support - programs tailored to the needs of Veterans and their spouses who are 65 or older. These programs are designed to help previous recipients of Earnings Loss once Earnings Loss ceases to be payable.

As part of the “Living Charter” commitment, VAC is in the process of analyzing perceived gaps and exploring potential solutions. As part of this process, the Department has requested that the New Veterans Charter Advisory Group (NVCAG) prepare a report that identifies gaps in NVC benefits and services. The NVCAG has established three committees to review items related to economic needs, rehabilitation and family support.. This report was received by VAC on June 15th and will now be analyzed.

LEGION'S POSITION:

The issue of improvement to the ELB post age 65 must be addressed on an urgent basis. The Legion will be monitoring very closely how VAC will respond to the recommendations of the NVCAG.

20. Yearly adjustment to Disability Award

VSS 52

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

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

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

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

RESPONSE: Veterans Affairs Canada

Both disability pension and disability award rates are paid in accordance with the respective legislative authorities and adjusted annually. A disability pension provides financial compensation for service-related disability or death. It is not intended as income replacement or to account for regular salary increase. Disability awards are paid in recognition of pain and suffering and provide benefits for the non-economic impact of a service-related disability.

The rates for disability benefits paid under the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, commonly known as the New Veterans Charter (NVC) are adjusted each year on the first day of January by whichever is greater - the percentage increase in the Consumer Price Index or the increase in the average composite wage of a representative group of Federal Public Servants. For 2009, VAC's maximum disability award rate is \$267,364.94.

In the event a disability worsens over time, the condition can be re-assessed. In the case of a Disability Pension, a higher assessment can result in an increase to the monthly amount paid. In the case of a Disability Award, a higher assessment can result in an additional lump sum payment.

As part of the "Living Charter" commitment, the Department continues to monitor programs and services under the NVC. To date, our review of the disability award indicates it is adequately addressing the non-economic effects of injury when provided in concert with the other NVC wellness and economic programs. For example, the Earnings Loss Benefit under the NVC is designed to compensate for the loss of earning capacity that results from a service-related rehabilitation need. This benefit pays up to 75% of a members pre-released salary, 5% more than what is available under other long term disability programs across the country.

As well, VAC's 2008 review confirms the disability award is well within the range of awards granted by courts in Canada for non-economic effects of personal injury and is more than double the highest amount paid by Workers Compensation Boards in Canada.

While VAC is not contemplating any changes to the adjustment process of the Disability Award program at this time, the Department will continue to monitor the application of the Disability Award policy to ensure clients are being treated fairly and program benefits are meeting their needs in the best way possible.

LEGION'S POSITION:

The Legion remains convinced that adjustments to the Disability Award are warranted. As a minimum, disabled Veterans should receive not only the initial award, they should also receive the annual CPI adjustment.

**21. Hearing Loss and/or Hearing Loss with Tinnitus
NS/NU 3/C**

WHEREAS Veterans are suffering from hearing loss and/or hearing loss with tinnitus;
WHEREAS Veterans are having hearing tests done by trained audiologists, and are being advised that they have hearing loss and/or hearing loss with tinnitus caused from noise exposure while serving in the military;

WHEREAS Veterans are being advised by trained audiologists that hearing loss caused from noise exposure can never be regained;

WHEREAS Veterans' military medical file indicated there was hearing loss while serving;

WHEREAS Veterans' hearing tests, completed at time of release, were completed with the use of primitive equipment that was unable to detect hearing loss caused by noise exposure;

WHEREAS Veterans Affairs Canada's mission is to provide exemplary, client-centered services and benefits that respond to the needs of Veterans in recognition of their services to Canada;

WHEREAS Veterans Affairs' aim is to make a meaningful difference in the daily lives of our Veterans; and

WHEREAS the Minister of Veterans Affairs is responsible for the care and treatment of these Veterans:

THEREFORE BE IT RESOLVED that Veterans Affairs Canada looks at the entire military medical file of each applicant and that the diagnosis of "experts in their fields" is taken into consideration prior to making a final judgment.

RESPONSE: Veterans Affairs Canada

VAC has always considered uncontradicted medical evidence, including the opinions of medical experts, in making decisions related to entitlement/assessments for Hearing Loss. Most importantly, adjudicators depend on medical opinions of certified/registered audiologists and ENT consultants to determine if noise has caused hearing loss.

For clients making application for hearing loss, we look at the discharge audiogram. In many cases war service clients never had a discharge audiogram. If a war service client submitted a claim with a recently completed audiogram which is also the only one available since release, then it would be used as part of the decision making exercise.

The 2007 hearing loss policy now considers a lesser degree of hearing loss associated with noise exposure. This means that more clients have the opportunity to apply for disability benefits for hearing loss or to seek a review of a previous unfavourable decision on hearing loss. Consequently, VAC's expanded hearing loss policy leads the way in this regard, setting us apart from other jurisdictions and compensation boards that still grant disability benefits for hearing loss and other conditions based on a defined level of disability.

LEGION'S POSITION:

The Legion will determine if further action is required but feels that the current policies are fair and equitable, including their application.

**22. Full Disability Pension for Spouse Upon Death of Veteran
NS/NU 6**

WHEREAS when a disability pensioner dies, the survivor "may" receive for a period of one year, the same pension and/or POW compensation amount (including Attendance Allowance and Exceptional Incapacity Allowance, if applicable) being paid to the pensioner at the time of death. After one year, the survivors' pension will automatically be paid; and

WHEREAS if a pensioner was receiving a pension at a rate of 48% or greater, the survivor is entitled to full survivor's pension (which is equal to three-quarters of the basic pension paid to a single pensioner at the rate of 100%. Further, if a pensioner who was receiving a pension paid between 5% and 47% rate, the survivor is entitled to a proportionate survivor's pension (which is equal to one-half the disability pension in payment at the time of the pensioner's death):

THEREFORE BE IT RESOLVED that when a pensioner dies, the survivor "shall" receive a pension for the balance of their life; and

BE IT FURTHER RESOLVED that regardless of what percentage the pensioner was receiving at the time of death, the survivor will be entitled to a pension, for the balance of their life, based at a rate of three-quarters percent of the amount the pensioner was receiving. It is requested that Veterans Affairs Canada will consider eliminating the guideline of whether the pension was above or below 48%.

RESPONSE: Veterans Affairs Canada

Full survivor pension is payable at 75% of the maximum (100%) pensioner single rate. Proportionate pensions are payable at 50% of the pensioner married rate, which is equivalent to 62% of the pensioner single rate.

Eligible survivors do receive a survivor pension for the balance of their life. Some of the improvements to survivor pensions over the years include:

- a. Payment of proportionate pensions to survivors of pensioners assessed under 48%; and
- b. Continuation of survivor pension to surviving spouses who remarry.

It should be noted, to pay all survivors 75% of what the pensioner was receiving, would be a decrease for some of the Department's current survivors clients. For example, a widow/widower of a pensioner in receipt of a 48% pension at the time of death receives 75% of the Class 1 rate (100% disability). Using 2009 rates, this survivor receives \$1741.61 per month. If paid 75% of the 48% married rate (as is proposed in the resolution above), the survivor would receive \$1088.51 per month.

With supporting medical evidence, survivors of disability pensioners can apply for an increase in pension if they believe the pensioner's disability should have been assessed at a higher level at the time of death.

A change to survivors' benefits would require legislative change, based on a thorough analysis. While VAC is not contemplating these changes at this time, the Department will continue to monitor the application of this policy to ensure that clients are being treated fairly, and that program benefits are meeting their needs in the best way possible.

LEGION'S POSITION:

The Legion feels that the current disability benefits for spouses have positives and negatives. As the positives possibly outweigh the negatives, the explanations provided will be taken under consideration on whether or not to proceed with further advocacy.

Veterans Independence Program (VIP) and Health Benefits

23. Advocacy – Health Benefits Increase

VSS 24; SASK 6/C

WHEREAS Veterans of World War II and the Korean War are reaching the age of needing assistance to remain in their homes;

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

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

WHEREAS these are the citizens of this great country who sacrificed and gave so much to preserve our way of life and democratic way of government:

THEREFORE BE IT RESOLVED that VAC take immediate action to increase the Health Benefits to provide better services based on needs.

RESPONSE: Veterans Affairs Canada

Over the years, Veterans Affairs Canada (VAC) has adapted its health care programs to better serve and meet the changing needs of Veterans and their families. Most recently, Budget 2008 announced a further expansion of the Veterans Independence Program (VIP) to broaden access to survivors of certain War Veterans who were not in receipt of VIP benefits at the time of their death or admission to a health care facility.

VAC continues to explore opportunities to provide better support to clients to meet their evolving needs. VAC is in the process of analyzing perceived gaps and exploring potential solutions. To complement this work, the Department is actively engaged in a review of VAC's Benefit Grids, an administrative tool to guide decisions on VAC's treatment benefits program. The update of the Benefit Grids will help ensure timely approval and processing of treatment benefits for eligible clients that is in keeping with the legislation and policies governing the program. VAC is also looking at ways to provide a more comprehensive and seamless spectrum of care support through better integration of program management for VIP and Long Term Care (LTC).

Moving forward, VAC will continue to look for ways to strengthen and improve its health programs and services in support of Veterans and their families.

LEGION'S POSITION:

Even though Veterans Affairs Canada (VAC) has made some progress in adopting enhancements to the three components of Health Care benefits, the result has been the continuation of an ad hoc approach which has actually increased the various classes of eligibility, resulting in an ever more complex eligibility grid. VAC needs to truly embrace the recommendation of the Gerontological Advisory Council "*Keeping the Promise*" and adopt a needs-based approach with a two-tier screening process.

24. Rationalization of Health Care Benefits

VSS 25

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

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

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

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

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) has a proud tradition of updating programs and services to best meet the changing needs of Veterans and their families. In keeping with this tradition, the Department continues to review its health care programs and services to identify ways to better meet the needs of Veterans as their needs shift.

As well, recommendations from the Gerontological Advisory Council's (GAC) 2006 report, "*Keeping the Promise*", will continue to guide VAC as it explores options to improve how programs, services, and benefits are structured to best meet the health care needs of Veterans.

VAC continues to look for ways to enhance support for Veterans and their families within its existing authorities. We have undertaken a review of our current policies, business processes and approval authorities. This will reduce the number of processing steps and streamline the process of delivering services and benefits to our clients.

LEGION'S POSITION:

Veteran Affairs Canada (VAC) is paying lip service to the recommendation of the GAC report "*Keeping the Promise*". Though VAC suggests that "*Keeping the Promise*" is continuing to "guide the Department as it explores options to improve programs, services and benefits", the reality is that the eligibility grids for these programs, services and benefits are becoming more complex and frustrating the good intentions of their staff.

25. VIP for Allied Veterans

VSS 27

WHEREAS in 1995 the Government of Canada terminated the Reciprocal Agreement under which Allied Veterans were entitled to the same benefits as those Canadian Veterans who had served in WW II;

WHEREAS in 2003, VAC amended its regulations to allow Allied Veterans to access Long Term Care in contract facilities assuming they have lived in Canada for 10 years or more, have a need for Long Term Care, and are being admitted to Long Term Care for the first time after 6 November 2003; and

WHEREAS Allied Veterans who qualify as per above may be provided health benefits, they are not, however, eligible for VIP benefits:

THEREFORE BE IT RESOLVED that Allied Veterans be accorded the same VIP benefits offered to Canadian Veterans when in need.

RESPONSE: Veterans Affairs Canada

On June 1, 2009, the Minister of Veterans Affairs introduced Legislation (Bill C-33) to amend the War Veterans Allowance Act to extend benefits to Allied Veterans and their family members. Under the proposed legislation, Allied Veterans of the Second World War, who live in Canada and have for at least ten years, would have access to War Veterans Allowance and associated assistance and health benefits. Eligibility will also be expanded to include those who fought for Allied Forces in the Korean War. Family members may also receive benefits. These changes, when enacted, would allow payment of benefits retroactive to October 14, 2008. Bill C-33 received Royal Assent on 18 June, 2009.

LEGION'S POSITION:

The Legion applauds the Minister for this excellent initiative which has been a long standing advocacy goal.

26. VIP For RCMP

VSS 28

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

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

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

RESPONSE: Public Safety

As an agency within the Ministry of Public Safety and Emergency Preparedness Canada, the Royal Canadian Mounted Police (RCMP) is responsible for determining the nature and scope of health care benefits and services available to its members. Under a Memorandum

of Understanding with the RCMP, Veterans Affairs Canada (VAC) administers certain health care benefits for retired regular and civilian members of the RCMP in accordance with the authorities provided in the Veterans' Health Care Regulations, related policies and directives. The administration of health benefits for still serving regular and civilian members of the RCMP is fully the responsibility of the RCMP until the member is released from the Force.

As such, any modifications or enhancements to the health care benefits and services available to the RCMP fall within the jurisdiction of the Ministry of Public Safety and Emergency Preparedness. While previous discussions have identified access to Veterans Independence Program (VIP) benefits to RCMP members as a possible future consideration, appropriate Government policy approvals and funding authorities would need to be initiated by the Ministry and RCMP before proceeding in this direction. With this in mind, a copy of this resolution will be forwarded to the Minister of Public Safety and Emergency Preparedness for consideration.

LEGION'S POSITION:

The Legion will continue to advocate for VIP for the RCMP on the basis of fairness.

**27. VIP Benefits for Frail Veterans
VSS 29; NS/NU 2/C; SASK 4/C; NB 1/C**

WHEREAS Veterans who apply for VIP benefits are often frail and are approaching end of life;

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

WHEREAS in these instances, surviving spouses are often victimized:

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

BE IT FURTHER RESOLVED that if a Veteran is deceased before his request for VIP benefits is fully staffed and adjudicated on, that the surviving spouse be afforded appropriate VIP benefits in accordance with his/her needs.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) has the legislative authority to provide health care to Veterans who have a disability as a result of their military service or who have a low income. Once a Veteran has met this entitlement, the Department can then provide services and benefits based on the needs of the Veteran.

In keeping with this needs-based approach, VAC is examining current authorities to identify opportunities to best meet the needs of Veterans throughout the different stages of their life. VAC will then consider how to best update certain policies to ensure Veterans and their families are provided access to the most appropriate level of care possible within existing authorities.

As a result of the 2008 Veterans Independence Program (VIP) expansion, survivors of income qualified civilians, income qualified Veterans, Veteran pensioners or civilian

pensioners who did not receive VIP services at the time of their death, are now eligible to receive VIP housekeeping and grounds maintenance services where the survivor meets the eligibility criteria.

This expansion builds on prior updates to ensure survivors continue to receive VIP benefits after the death of the Veteran. Veterans' organizations have indicated VIP housekeeping and grounds maintenance services would help surviving spouses to remain independent in their home. To date, more than 2,000 survivors have been approved under this expansion.

VAC is exploring, through the New Veterans Charter Advisory Group (NVCAG), potential gaps that exist for families under the NVC. Depending on the recommendations within the Committee's report, VAC may explore options to better support families. This report was received by VAC on June 15th and will now be analyzed.

LEGION'S POSITION:

In its response, VAC is mixing apples and oranges. The issue of VIP for frail Veterans is in no way related to the New Veterans Charter nor to the recommendations of the NVCAG. This issue would have been resolved had the Department adopted the GAC's recommendation contained in its "*Keeping the Promise*" report.

The Minister of Veterans Affairs has himself confirmed in Parliamentary and Senate committees that it makes no sense for a Veteran to seek a disability benefit, one of the current gateways for Health Care benefits, when he/she really needs VIP. VAC should adopt a needs-based approach to Health Care benefits on an urgent basis.

28. VIP Benefits for Spouses

VSS 30; NS/NU 1/C; QUE 3/C; SASK 4/C; NB 1/C

WHEREAS the needs of spouses of Veterans are very consistent with the needs of the Veterans; and

WHEREAS spouses and care givers, while providing assistance to Disabled Veterans, often suffer burnout as a result of excessive demands related to the care that they provide:

THEREFORE BE IT RESOLVED that integrated health benefits, including VIP, be extended to a spouse of a Veteran as long as he/she has a need for these Integrated Services, irrespective of a predetermined date.

RESPONSE: Veterans Affairs Canada

The primary clients of VAC are Veterans. Where survivors receive benefits, such as housekeeping and grounds maintenance, it is a result of the Veteran's entitlement. Typically, VAC supports its clients to top up services already provided to them through provincial authorities to ensure Veterans receive the same standard of care across the country.

VAC can provide medical and Long Term Care services to specific groups identified in legislation. The Department is examining current authorities to identify opportunities to best meet Veterans' needs. VAC will then work to update its policies to ensure Veterans are provided the most appropriate level of benefits possible.

As a result of the 2008 Veterans Independence Program (VIP) expansion, the survivor of an income-qualified civilian, income-qualified Veteran, Veteran pensioner or civilian pensioner can receive housekeeping and grounds maintenance services if the survivor meets the eligibility criteria and their spouse did not previously receive VIP services. This builds on prior changes to ensure survivors continue to receive VIP benefits after the death of the Veteran or their admission to a health care facility.

Survivors also have access to benefits and services provided by provincial health care systems, as health care is a provincial jurisdiction. VAC staff will do everything possible to assist survivors to access available provincial or community-based programs.

As well, with the introduction of the New Veterans Charter on April 1, 2006, some CF Veterans, spouses and children now have access to group health insurance as VAC now provides access to the Public Service Health Care Plan (PSHCP) if they are not eligible from DND or otherwise.

Those enrolling in the PSHCP can obtain health insurance coverage for themselves and their family.

LEGION'S POSITION:

The Legion was glad to see that VIP was expanded to pre-1981 spouses; however, this has resulted in some anomalies where a pre-1981 widow can receive greater benefits than a widow who is accessing benefits that were in place when her/his Veteran spouse was deceased. In addition, some classes of Veterans still do not have access to VIP. The solution would have been for VAC to adopt a needs-based eligibility framework as recommended in GAC's *"Keeping the Promise"*.

29. Portability of Services

VSS 31

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

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

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

BE IT FURTHER RESOLVED that in the event of the Veteran's death receiving VIP, that his/her spouse residing in a condominium/co-op type of housing continue to receive this benefit as long as required.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) is committed to providing a program and policy framework to ensure Veterans are able to live with dignity and independence in their own homes and communities for as long as possible. As part of the commitment to provide a strong and

seamless continuum of care to Veterans, VAC is currently examining its policies, within the context of existing authorities. Through this process, the Department will look for ways to better support Veterans where appropriate through the provision of program benefits in the context of their living environment. This includes those who have moved from their traditional home into more supportive types of settings.

LEGION'S POSITION:

The Legion encourages VAC to adopt a broader definition of a traditional home.

**30. Health Care Benefits/Supplementary Benefits/Escorts
VSS 32**

WHEREAS Veterans Affairs Canada states under Subsection, escorts, 3.5 imposes restrictions on escort fees payable only to a person who is not a Spouse or Common-Law partner or any member of the client's household;

WHEREAS Veterans Affairs Canada provides escort benefits to everyone other than those mentioned above; and

WHEREAS Veterans Affairs Canada is discriminating against Spouses, Common-Law partners and any member of the client's household under Health Care Program Subsection 3.5:

THEREFORE BE IT RESOLVED that Nova Scotia/Nunavut Command petition Dominion Command to petition the Minister of Veterans Affairs Canada in Health Care Program/Health Care Benefits/Supplementary Benefits/Escorts Benefits under Subsection 3.5 be payable to persons who are Spouses, Common-Law partners and any member of the client's household; and

BE IT FURTHER RESOLVED that Veterans Affairs Canada not discriminate against Spouses or Common-Law partners or any member of the client's household.

RESPONSE: Veterans Affairs Canada

VAC's authority to pay for escorts pertains to travel related costs and remuneration for time. The objective of the policy is to enable the client to attend medical appointments when they do not have the assistance of a spouse, partner or family member; and where remuneration is required to purchase this service.

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

Where the client has the assistance of a spouse, partner, or family member, their need is already being met. It is expected this care is what family members would normally do in support of one another. Whether a family member or not; all escorts are paid for the cost of their travel and associated accommodation.

Consequently, there are no plans to change the escort fees policy with respect to spouses, partners, or members of the client's household.

LEGION'S POSITION:

The Legion will monitor this issue.

Housing

31. Fall Prevention and Building Codes

VSS 14

WHEREAS 75% of seniors and Veterans age 75 or older experience an injury related to a fall and 60% of fatal falls occur at home;

WHEREAS the senior population in Canada is expected to grow rapidly in the next decades, resulting in increased direct health care costs, 56% of which can be attributed to falls;

WHEREAS the National Research Council has been asked to review current Codes for homes, small buildings or apartment buildings regarding universally installed grab bars in bathtubs or shower stalls, for which there is compelling and definitive evidence of associated reduction in falls; and

WHEREAS the Royal Canadian Legion has historically been supportive of various initiatives to reduce falls such as the “Falls Education Program” for seniors and Veterans:

THEREFORE BE IT RESOLVED that The Legion urge the Canadian Commission on Building and Fire Codes to review the proposed change in building code standards for grab bars in bathrooms in the current round of revisions to national building code recommendations; and

BE IT FURTHER RESOLVED The Legion advocate for Veterans Affairs Canada (VAC) funding to cover the costs of fall prevention strategies and equipment for Veterans in their homes.

RESPONSE: Canada Housing & Mortgage Corporation

The Canadian Commission on Building and Fire Codes manages, consults, considers, and implements changes to the National Building Code. The important issue of addressing fall prevention measures in the National Building Code has been addressed by the Commission.

LEGION'S POSITION:

The Legion is satisfied with this response.

32. Revolving Trust Fund to Partially offset Equity Requirements for Legion

Affordable Housing Projects

VSS 33

WHEREAS very often otherwise financially viable Legion affordable Housing projects are hindered by equity gaps that make it impossible to acquire development funding; and

WHEREAS the provision of a source of interim equity gap financing would allow a Legion affordable Housing project to come to fruition:

THEREFORE BE IT RESOLVED that VAC and CMHC work together to set up an equity gap revolving fund that would provide repayable loans, with interest, to partially offset mandatory equity requirements for affordable housing projects.

RESPONSE: Human Resources and Social Development

In its 2009 Budget, the Government confirmed that it will be providing \$7.8 billion to build quality housing, stimulate construction, encourage homeownership and enhance energy

efficiency. Measures include a Home Renovation tax Credit providing up to \$1350 in tax relief to an estimated 4.6 million Canadian families, up to \$750 in tax-relief for first-time home buyers, funding for energy retrofits, investments for social housing to support low-income Canadians, seniors, persons with disabilities and Aboriginal Canadians, and low-cost loans to municipalities.

In terms of improving access to financing, the Government is also committing an additional \$50 billion to the Insured Mortgage Purchase Program, increasing the overall size of this program to \$125 billion. This will provide lenders with stable long-term financing, allowing them to continue lending to Canadian consumers and businesses.

The Government has also committed to five years of funding for housing and homelessness to 31 March, 2014. More specifically, funding for the Affordable Housing Initiative (AHI), the Residential Rehabilitation Assistance Program (RRAP) and the Homelessness Partnering Strategy (HPS) has been renewed at current levels until 31 March 2011 while funding for federal housing and homelessness programs will be maintained until 31 March, 2014, a five-year commitment. As the provinces and territories are responsible for the design and administration of programs funded under the AHI, discussions with provincial and territorial officials have the best chance of resolving equity gaps for Legion affordable housing projects.

LEGION'S POSITION:

The Legion is satisfied with this response.

Long Term Care

**33. Accreditation Reports to be Deemed a Contract Deliverable Under Terms of Contract Between VAC and CCHSA
VSS 10**

WHEREAS Veterans Affairs Canada (VAC) is negotiating a new contract with the Canadian Council on Health Services Accreditation (CCHSA) to evaluate the quality of care provided to Veterans in Priority Access Beds (PABs);

WHEREAS in the previous contract, there was no obligation for CCHSA to provide copies of Accreditation Reports to VAC for each facility; and

WHEREAS without the information contained in the individual Accreditation Reports, VAC has no way to identify unique problems with the provision of care in PABs in a specific facility:

THEREFORE BE IT RESOLVED that VAC ensure that individual Accreditation reports are identified as deliverables in a new contract with CCHSA.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) and Accreditation Canada (formerly Canadian Council on Health Services Accreditation) continue to have a strong relationship. Accreditation Reports are the legal possession of the facility which went through and paid for the Accreditation Process. Accreditation Canada cannot provide the results of the Accreditation Report without permission from the facility.

However, VAC nurses can request copies of the most recent Accreditation Report directly from the facility through the Long Term Care Facility Questionnaire. This questionnaire is part of the Department's regular facility review process where VAC nurses assess the quality of care provided to clients in residential care facilities.

The Department recognizes the value in facilities that are accredited. Accreditation provides third-party quality assurance concerning the standards of care provided by the facility. Together, the Department and Accreditation Canada are working to identify facilities that are not accredited and where Veterans reside. With Accreditation Canada, VAC will explore options to help these facilities become accredited.

LEGION'S POSITION:

The Legion understands the legal niceties of the accreditation process. Nevertheless, we also believe that there should be full visibility to all aspects of care related to Veterans residing in Long Term Care facilities. We also applaud all initiatives to ensure that as many facilities as possible go through the accreditation process.

**34. Verification of Veteran Status at First Intervention
VSS 19**

WHEREAS numerous Veterans Affairs Canada (VAC) programs are contingent upon the identification of clients as Veterans when they first contact service providers;

WHEREAS a growing number of providers operate under Provincial auspices; and

WHEREAS these provincial service providers do not systematically verify the Veteran status of their clients:

THEREFORE BE IT RESOLVED that VAC proactively engage Provincial authorities to develop a care delivery business process which includes the systematic verification of Veteran status at first intervention. This should also apply to the Public Service.

RESPONSE: Veterans Affairs Canada

It would not be possible for VAC to impose a verification system, to determine Veteran status, on the provinces. However, VAC continues to work with provincial and local authorities to identify Veterans at the earliest possible stage.

VAC's Service Delivery Model includes a number of contact points where the status of the Veteran is verified and their needs identified. This includes screening, transition interview and assessment where VAC staff discusses with the Veteran and their family the services available to best meet their needs. Services and benefits can be through VAC, community resources, provincial organizations, or other Departments.

VAC continues to engage provincial authorities to develop processes for the delivery of mental health care services to Canadian Forces members and Veterans. VAC is building capacity through the expansion of VAC-funded operational stress injury (OSI) clinics. By the end of 2009, there will be 10 clinics in operation. Eight of these will be the result of partnerships with provincial health authorities that involve six provinces. The remaining two clinics will be located within Ste. Anne's Hospital.

In addition to the ongoing outreach done by VAC regional and district offices to make local authorities aware of VAC programs and services, the Department does outreach to front-line health care professionals. Examples include:

Family Physician Information Sharing: The VAC Research Directorate is partnering with the medical journal, **Canadian Family Physician**, to provide a quarterly series of Veterans Health Files articles to raise awareness of health matters that affect Veterans and their families.

LEGION'S POSITION:

The Legion will continue to monitor this issue. We do appreciate that progress has been made through various Outreach initiatives and with the introduction of new services such as additional Operational Stress Injury clinics.

35. Guidelines for Use of Chemical Restraints

VSS 34

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

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

RESPONSE: Veterans Affairs Canada

The use of chemical restraints in Long Term Care (LTC) settings has been, and remains, the subject of intensive research within the health sciences domain. Although, it is the responsibility of the provinces to set care standards and ensure the delivery of quality care in licensed LTC facilities, Veterans Affairs Canada (VAC) provides additional assurance that Veterans are receiving quality care and the level of health care meets their needs. This is done through a host of quality assurance activities.

For example, VAC monitors the quality of care that Veterans receive through client satisfaction questionnaires and facility reviews conducted by professional nursing officers. Resulting issues are discussed with facility administrators for resolution. VAC has also put in place Directors of Quality Care in each region to ensure the quality of care across the country is delivered to Veterans at the highest standard. These positions have demonstrated strong relationships with the provincial ministries of health, Veterans organizations, and the LTC facilities which help enhance the health, well-being and safety of our Veterans.

VAC is implementing its newest quality assurance activity - comprehensive assessments of Veterans in LTC. It encompasses nursing assessments of nearly 7,844 clients who reside in community facilities across the country where, traditionally, VAC has had less of a presence. These comprehensive assessments will be completed by registered nurses and help identify any unmet health needs of Veterans and ensure they receive quality care. Should the use of chemical restraints be identified as an issue or concern through any of the Department's quality assurance activities, VAC staff will be engaged to resolve the situation.

LEGION'S POSITION:

The Legion will determine if further action is required based on the results of the planned comprehensive assessments.

36. Allocation of Veterans' Beds

VSS 35

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

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

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

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

RESPONSE: Veterans Affairs Canada

As part of transfer and master agreements with provinces and facilities, Veterans have priority access to approximately 4,000 Long Term Care (LTC) contract beds. These agreements have been negotiated with provincial health authorities with input, in many cases, from Veterans' organizations to ensure contract beds, where possible, are distributed throughout provinces in a way that accounts for the demographics of the Veteran population. Some agreements allow for the use of beds by non-Veterans if the beds are not required by Veterans. Most facilities with contract beds have adjoining community beds to accommodate the placement of non-Veteran residents such as spouses.

Veterans Affairs Canada's (VAC) primary commitment is to provide access to appropriate LTC for Veterans. However, where possible VAC works to ensure Veterans and married spouses are accommodated together. If requested by the client or family, VAC staff work with provincial staff on a case-by-case basis to do whatever possible to arrange for a Veteran and their spouse to be co-located. Not all facilities have private rooms and accommodating a spouse, female resident, may not be appropriate.

In 2008, VAC developed a renewed National Long Term Care Strategy that focusses on the Veteran's quality of care and their quality of life while receiving Long Term Care. The strategy recognizes an increasing number of Veterans are choosing community LTC facilities closer to their homes and families and spousal co-location is a recurring issue. In response, VAC continues to explore ways to ensure Veterans can choose among the variety of available residential care settings where they can reside with their spouse.

VAC is also exploring ways to make beds available to non-Veterans, such as spouses, in facilities where Veterans reside and long standing vacancies of Veteran contract beds

occur. Where Veteran demand for beds is low and chronic vacancies exist, it is possible for provincial authorities to provide spouses with access to beds.

Ste. Anne's Hospital is a federally owned facility with a mandate to care only for Veterans. However, the facility continues to explore options beyond caring only for Veterans.

LEGION'S POSITION:

The Legion will continue to monitor very closely the allocation of beds to eligible Veterans.

37. Oversight for Transition from Acute Care

VSS 36

WHEREAS Veterans Affairs Canada is responsible for Veterans in Priority Access Beds (PABs) and a number of long-term care facilities across the country;

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

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

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

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

WHEREAS cases have arisen where Veterans have been released from acute care and have found themselves in perilous circumstances as a result of the lack of such a program:

THEREFORE BE IT RESOLVED that Veterans Affairs Canada institute a transitional care program to meet the needs of those Veterans who transition to or from acute care. This transitional care program should ensure the safety and dignity of the Veteran.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) provides a client-centred approach to case management where staff work with the Veteran, their family and caregivers to ensure the Veteran's needs are identified and a suitable care plan is set up. VAC strives to ensure the safety and dignity of Veterans by supporting them with benefits through a flexible continuum of care. In cases where the Veteran transitions from acute care to Long Term Care (LTC) for the first time, VAC staff, where possible, work with provincial health authorities to determine the most appropriate facility to meet the Veterans' needs. In cases where the Veteran transitions from acute care back to LTC, a client's bed in the LTC facility can be held for up to 90 days per year. This policy ensures clients have seamless care as they transition to and from acute care. In cases where the Veteran transitions from acute care to home, the Veterans Independence Program provides services to eligible Veterans in their home or principal residence designed to maintain independence.

LEGION'S POSITION:

The Legion feels very strongly about the issue of transition to/from acute care and will continue to monitor specific complaints.

38. Palliative Care of Veterans

VSS 37

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

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

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

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

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

RESPONSE: Veterans Affairs Canada

Palliative care is provided primarily through provincial or municipal programs. VAC may add to these programs through a combination of health care benefits, including those under the Veterans Independence Program (VIP), and Long Term Care (LTC) which are designed to meet the physical, mental, emotional, and social needs of each client. VAC offers a full range of services designed to best meet the needs of each client when such services are not already available through other federal, provincial or community-based programs. Palliative care has, typically, been provided in Long Term Care facilities, active care hospitals, or in designated palliative care units within health care facilities. However, palliative care is increasingly being provided in a home setting by a spouse or other primary caregivers, such as a family member.

VAC's Client Centered Service Approach helps ensure clients with complex needs, such as those who are terminally ill, receive the right service at the right time by the right person. VAC staff will work with the Veteran, their family and caregivers to ensure the Veteran's needs are identified and an appropriate care plan is put in place. The plan is developed in conjunction with provincial health authorities to determine the care options to best meet the Veterans' health care needs. This could include care in a community facility. If there is no provincial or municipal palliative care program, VAC staff will help the client and the client's family to establish a palliative care plan.

VAC shares information about its programs, on an ongoing basis, through publications of the Salute! and other relevant means. In 2006, a National Forum on the delivery of palliative care was held and VAC shared its palliative care program with the provinces, Health Canada and other interested groups.

LEGION'S POSITION:

Palliative care remains a very important issue for The Legion. We will continue to monitor this issue very closely.

39. Ensuring Quality Long Term Care for Veterans

VSS 38

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

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

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

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

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

RESPONSE: Veterans Affairs Canada

The Government responded to the 25 recommendations of the Standing Committee on National Defence and Veterans Affairs June 2003 report entitled, *"Honouring the Pledge: Ensuring Quality Long Term Care (LTC) for Veterans"* by tabling it in the Government's response on November 7, 2003. In this Memorandum to Cabinet, the Government reconfirmed its commitment to ensure Veterans across Canada receive the quality Long Term Care they deserve.

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

The Department has, in collaboration with Veterans' organizations and stakeholders, developed 10 national outcome standards for Long Term Care. VAC, in partnership with the Royal Canadian Legion (RCL), negotiated with the Canadian Council on Health Services Accreditation the integration of VAC's 10 outcome standards into its national accreditation process. Additionally, the 10 outcome standards are integrated into Departmental quality assurance initiatives such as the LTC facility reviews and LTC client satisfaction surveys, a partnership initiative between the RCL and VAC. The Department has also adopted these national standards as a component in the evaluation process for programming funding requests. This will help ensure a consistent level of services is available to Veterans in VAC contract facilities.

LEGION'S POSITION:

The Legion will continue to monitor this very important issue.

40. Employment of full time employees in Long Term Care facilities

VSS 39

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

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

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

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

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) shares the goal of Veterans' organizations and others to ensure the best quality of care for Veterans in Long Term Care (LTC) facilities. Currently, the Department supports more than 10,448 Veterans in LTC beds. These beds are located at Ste. Anne's Hospital, VAC's only remaining hospital, and contract and community facilities across the country.

Most facilities where Veterans reside are provincially licensed or approved for the level of care they provide. The provincial government is responsible for setting care standards and providing health care services to all its citizens, including Veterans. VAC works to ensure Veterans receive equitable quality care across the country. With the exception of Ste. Anne's Hospital, VAC has no jurisdiction over staffing requirements within LTC facilities. However, where deemed appropriate, VAC has provided funding to contract facilities for additional staff to ensure the care needs of Veterans are met. To ensure this funding is equitable, VAC tasks its regional and national residential funding committees with the assessment of funding proposals against evidence-based criteria. These committees also monitor outcomes to ensure proposals meet their expected goals. VAC will continue to work closely with the various ministries of health and facility administrations across Canada to meet the LTC needs of Veterans.

In addition, VAC has a number of quality assurance activities underway to ensure Veteran clients receive quality care. These include:

- a. VAC and the Royal Canadian Legion's client satisfaction survey initiative, where Veterans in LTC facilities are visited regularly to ensure their needs are being met;
- b. Annual client visits and VAC Nursing Assessments for targeted Veteran clients in LTC facilities;
- c. Performing facility and file reviews; and
- d. Staffing of Regional Directors of Quality Care in Ontario, Western and the Atlantic Regions. These positions facilitate relationships with provincial ministries of health, Veterans' organizations and respective facilities, helping enhance quality care for Veterans.

VAC's quality assurance activities are used in conjunction with provincial standards and a nationally recognized accreditation process to ensure a similar standard of care is provided to Veterans across the country.

LEGION'S POSITION:

The Legion will continue to monitor this very important issue.

**41. Long-Term Care Facilities – Management of Waiting List
VSS 40**

WHEREAS the Veteran has been receiving care at the physical expense of the family up until the time of assessment;

WHEREAS the family is willing to carry on that care until a bed becomes available in the facility of choice;

WHEREAS the family already knows the hardship of caring for that Veteran;

WHEREAS it is recognized that the family contact and participation contributes to the well-being of the Veteran in his/her later years; and

WHEREAS it would not be in the best interests of the Veteran to be miles from home, where it is a hardship for the elderly spouse or family and friends to visit (who are likely elderly as well):

THEREFORE BE IT RESOLVED The Royal Canadian Legion advocate to the provincial governments through Veterans Affairs Canada to change their policy and allow Veterans to stay in their own homes with the care provided up to this point in time by their families;

BE IT FURTHER RESOLVED that the long-term care facilities not penalize the Veteran by taking him/her off the waiting list, or putting him/her at the bottom of the list because they are waiting in their own home for an available bed in their facility of choice; and

BE IT FURTHER RESOLVED that the Veteran continues to receive services he/she is entitled to through Veterans Affairs Canada, or the provincial government, while in his/her own home awaiting a bed in the facility of choice.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada (VAC) has one of the most effective national programs for home care services through the Veteran's Independence Program (VIP). As stated in *The Toronto Star*, Canada's largest daily newspaper, with the largest readership in the country:

The gold standard for home care in Canada, experts agree, is . . .VIP – Veterans Independence Program . . . The VIP model shows that when seniors are supported in small ways, they age with a greater sense of well-being, which translates into better individual health and lower costs to the system.

This program provides financial support for eligible Veterans to home care services such as housekeeping, grounds maintenance and personal care. The intent of VIP is to help VAC clients remain healthy and independent in their homes and communities. Eligibility for VIP is based on the Veteran's type of military service, their health needs, and their income.

Where appropriate, VAC will continue to support the Veteran through VIP when the Veteran chooses to remain at home in lieu of entering Long Term Care and receive adequate home supports. VAC has no authority to intervene when this choice affects their placement on the wait list that is managed by the facility or provincial placement agency. However, VAC has in the past and will continue to advocate on behalf of the Veteran for timely placement when staying at home is no longer viable.

Whether Veterans want to remain in their own homes or are ready for Long Term Care and are awaiting a bed, VAC will provide eligible Veterans with the home care supports to best meet their health care needs.

VAC was recently involved in a collaborative research project, the “*Continuing Care Research Study*”, with the Government of Ontario. Results from this study have been released and show long term home care and care in supportive housing can enhance a Veteran’s quality of life while providing a cost-effective alternative to Long Term Care in a facility. The study showed people at home and in supportive housing have higher levels of satisfaction with care service than people in facilities. The results of this research will be used as evidence to support improvements to existing VAC programs for Veterans and contribute to national policy discussions about continuing care.

LEGION’S POSITION:

The Legion appreciates that Veterans often choose to remain in their homes; however, we are concerned that this can often result in burnout for spouses and caregivers, thus the necessity for Veterans to retain their priority for Long Term Care placement.

Canadian Forces/RCMP

42. Statutory Policy to deal with Underpayment or Overpayment of CPI Benefits VSS 8

WHEREAS the government made an underestimate of approximately 0.1% in computing the Consumer Price Index (CPI) from Mar 01 to Mar 06;

WHEREAS the CPI is statutorily involved in the computation of the CPP and OAS program benefits rates, these programs were underpaid in that period by about \$30.00 to \$50.00 for a beneficiary in receipt of both the maximum CPP/OAS benefits; and

WHEREAS the issue is not whether or not the beneficiaries should be compensated but rather that the government should develop a statutory policy that would either provide for reimbursement of underpayments and overpayments or would eliminate any requirement for reimbursement:

THEREFORE BE IT RESOLVED that the government adopt a statutory policy that would take either of the following consistent approach:

1. Reimbursement to all beneficiaries in case of CPI underestimate or reimbursement by all beneficiaries in case of CPI overestimate; or
2. No reimbursement whether CPI was underestimated or overestimated

RESPONSE: Finance

No official response was provided at time of publication of Green Book.

LEGION'S POSITION:

The Legion will continue to advocate on the basis of fairness.

43. Employment Insurance

VSS 15

WHEREAS Employment Insurance (EI) is intended to provide short-term income when an employee loses his job;

WHEREAS the premium contributions for EI are made jointly by the employee and the employer, not the government;

WHEREAS it is unlikely that serving Canadian Forces members will ever qualify for Employment Insurance because of their employment conditions and benefits;

WHEREAS only 56% of the fund is actually used for its intended purpose and 44% of the fund is applied by the government for other social services;

WHEREAS the government is effectively misappropriating funds from a surplus that has been allowed to grow to more than \$53 billion at the expense of compulsory contributions paid by employees and employers; and

WHEREAS it has been determined by the Auditor General that a surplus of \$15 billion was all that was required to keep the EI fund operational:

THEREFORE BE IT RESOLVED that The Legion urge the federal government to eliminate EI contributions entirely for CF members who become ineligible to receive EI benefits.

RESPONSE: Finance

No official response was provided at time of publication of Green Book.

LEGION'S POSITION:

The Legion will continue to advocate on the basis of fairness.

44. Elimination of employee contribution to SISIP Long Term Disability (LTD)

Insurance Plan

VSS 17

WHEREAS the Service Income Security Insurance Plan (SISIP) Long Term Disability Insurance Plan is funded by Treasury Board (85%) and by Canadian Forces (CF) members (15%);

WHEREAS with the introduction of the New Veterans Charter, CF members now have a statutory right to the benefits provided by this LTD Insurance Plan; and

WHEREAS it is unfair to request that CF members subscribe in any amount to an insurance plan when, in effect, these benefits have been established as a matter of right:

THEREFORE BE IT RESOLVED that the SISIP LTD Plan for CF members be fully subscribed by Treasury Board

RESPONSE: National Defence

In April 2009, the Treasury Board of Canada approved increases to the funding of Long Term Disability (LTD) insurance for CF members. This increased funding will allow the

Government of Canada (GOC) to fully cover insurance premiums for service-related injuries and illnesses to Regular Force CF members, and cover 85% of the premiums for non-service-related injuries and illnesses.

Previously, the GOC funded 85% of premiums for service and non-service related injuries and illnesses to Regular Force CF members, with the members paying the remaining 15% through mandatory monthly deductions. The GOC will continue to fund 100% of the premiums for Primary Reserve on Class A or B service and Reserve Force members on Class C service.

LEGION'S POSITION:

The Legion is glad that this important issue has been resolved satisfactorily.

45. Harmonization of Hearing Loss Diagnosis Parameters Between the Canadian Forces (CF) and Veterans Affairs Canada (VAC)

VSS 21

WHEREAS currently the Canadian Forces make use of diagnosis parameters that assign a medical category of H1, H2, H3 and H4 based on specific parameters to determine Hearing Loss;

WHEREAS currently Veterans Affairs Canada utilizes diagnosis parameters which are based on decibel loss at specific frequencies to determine Hearing Loss related to military service; and

WHEREAS these different diagnosis parameters lead to confusion and frustration for CF members and Veterans who apply for a disability pension when they may be receiving treatment from the CF for service related Hearing Loss conditions and are then rejected as not meeting the VAC entitlement eligibility standards for the same condition:

THEREFORE BE IT RESOLVED that the diagnosis parameters for Hearing Loss be harmonized between the CF and VAC.

RESPONSE: National Defence

Both DND and VAC have been working and are continuing their efforts to harmonize their respective policies on hearing loss. Unfortunately, total harmonization will likely never be achieved simply because of the great differences that exist between the needs of DND members and VAC clients. CF members frequently have to work in difficult environments, under adverse conditions, away from home, where specialized services can be difficult or impossible to obtain in a relatively short time. Operational readiness has to be considered, and the equipment provided to those individuals must be capable of withstanding harsh treatment. VAC clients, on the other hand, have a more stable lifestyle and usually have easy access to specialized services.

Another important factor is VAC's clients significantly higher average age than those still active in the CF. This brings in another factor called Presbycusis (hearing loss due to ageing), which begins later in life, usually after a member has left the CF. It does add to the noise-induced hearing loss presumably caused by the CF, making it more difficult to cope without additional help, but the onset is not while members are still serving. Although CF members make the transition from the CF to VAC at some point, the two policies are aimed at clients having very different needs.

The equipment currently used by the CF to measure hearing loss is outdated, but the CF has already taken steps to replace all screening audiometers. It is expected that new, fully automated, micro-processor audiometers will be acquired by the end of March 2009 and that installation and training to use this equipment will be completed by 2010. This new equipment will allow CF Health Services personnel to look at “threshold shifts: and be in a better position to prevent further deterioration of hearing loss due to occupational noise exposure. CF hearing categories (H1 to H4) will continue to be used. They were never designed as a diagnosis tool but rather to determine fitness to work. CF hearing categories do not discriminate between occupational and non-occupational hearing loss and does not identify the level of job-related impairment, which are the two factors important to VAC. The diagnosis of hearing loss for CF personnel is made by medical officers and otolaryngologists on a case-by-case basis. Again, DND needs are very different from VAC’s, making it impossible to use the same formula.

Addendum:

National Defence also confirmed on 20 July 2009 that a total of 85 new, micro-processor, automated audiometers have been purchased and received, earlier this year. These new audiometers will be distributed to all bases, stations and recruiting centres and will be operational, as planned, by the end of 2010. The Canadian Forces (CF) will then be able to collect and analyze specific information from CF members which will be used to better monitor and diagnose hearing loss.

Additionally, 30 sound booths have also been acquired to either add to busy locations or install in locations where none were used before so that no hearing test will be conducted outside a sound booth

LEGION’S POSITION:

The Legion appreciates the very comprehensive explanation provided.

46. Representation on the Canadian Forces Pension Advisory Committee

VSS 41

WHEREAS the Canadian Forces Superannuation Act (CFSA) provides for representation of a member of a representative organization on the Canadian Forces Pension Advisory Committee (CFPAC);

WHEREAS the CFPAC provides policy guidance and advice to the Minister of National Defence on superannuation issues under the CFSA;

WHEREAS the current representative, the Federal Superannuates National Association, has a wide mandate to represent all federal public servants;

WHEREAS the membership of The Royal Canadian Legion contains a significant number of annuitants under the CFSA; and

WHEREAS the Armed Forces Pensioners Annuitants Association endorses the membership of the Royal Canadian Legion to fulfill the role of representing ex-military annuitants:

THEREFORE BE IT RESOLVED that the Minister of National Defence appoint a representative from The Royal Canadian Legion to serve on the Canadian Forces Pension Advisory Committee.

RESPONSE: National Defence

As indicated in previous correspondence to The Royal Canadian Legion, section 49.1 of the CFSA prescribes the membership of the Canadian Forces Pension Advisory Committee (CFPAC). Section 49.1(2) of the CFSA assures that annuitants are represented. The section states that “the membership of the committee shall consist of one person appointed from among contributors in receipt of an annuity under this Act who are nominated for appointment by an association that, in the opinion of the Minister, represents such contributors.” Although there are several associations across the country whose members include CF annuitants, it is reasonable that any organization invited to nominate a representative to the CFPAC have the mandate and resources to support the nominee in representing the interests of former CF members in pension-related members.

The Legion has a substantial number of members who are receiving benefits under the CFSA; the Legion, however, has a much broader mandate than the Federal Superannuates National Association (FSNA). The FSNA is a national, non-profit organization with more than 160,000 members and 84 branches across the country. The focus of its mandate is to protect and enhance retirement and health insurance benefits of former federal employees. In fact, membership in the FSNA is restricted to persons who are in receipt of a pension or are contributors to the PSSA, the RCMPSPA, or the Judges Act, and spouses and surviving spouses of contributors who are or were in receipt of pension benefits. Given the specific purpose and the membership of the FSNA, it has been deemed to be the suitable organization to nominate a member to serve on the CFPAC.

The FSNA pension representative has been confirmed as Lieutenant Colonel (ret'd) Peter Kerr. The Legion is invited to contact the appointed representative to discuss specific matters that The legion would like brought to the attention of the Committee.

LEGION'S POSITION:

As it appears that the FSNA will continue to nominate one of its members to the CFPAC notwithstanding our long standing advocacy, we will endeavor to make our views known to this representative. If our voice is not heard, we will revisit once more this important issue.

47. Determination of CFSA Survivor Pensions

VSS 42

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

THEREFORE BE IT RESOLVED that CFSA survivor allowances be paid in an amount equivalent to 66% of the member's pension.

RESPONSE: National Defence

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

Survivor benefits under the CFSA are generally described as being 50% benefits; however, this is not an accurate description in all cases. The benefit formula is under Part I of the CFSA, the Regular Force Plan, actually provides for a surviving spouse’s allowance equal to 50% of the member’s basic or unreduced pension. In instances where a member is in receipt of a reduced pension such as where the member has chosen to retire early or Canada Pension Plan (CPP) benefits have become payable, the calculation of the survivor’s allowance does not take the reduction into account and may result in a survivor’s benefit that is more than 50% of the amount that the member was receiving at the time of death. Under the Reserve Force Plan, the survivor’s pension is calculated as one percent of the greater of the member’s total pensionable earnings and his or her total updated pensionable earnings and provides a benefit similar to the benefit under the Part 1 plan.

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

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

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

LEGION’S POSITION:

The Legion is clearly disappointed with the content and the tone of this response which seems to forget that the CF and RCMP pension plans were, not long ago, clearly in a very healthy surplus position. The intent of this resolution is not to enrich those who have served, at the risk of their life, and their surviving spouses but to provide fair compensation. The Legion will continue to advocate strongly for improved survivor benefits.

48. Elimination of the Canada Pension Plan (CPP) clawback at age 65

VSS 43

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

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

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

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

THEREFORE BE IT RESOLVED the CPP clawback at age 65 be eliminated and that CFSA surplus funds be used to pay “stacked benefits” similar to the benefits provided to members of Parliament.

RESPONSE: National Defence

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

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

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

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

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

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

LEGION'S POSITION:

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

Funerals and Burials

49. Immediate Increase of Funeral and Burial Benefits for Veterans

VSS 13

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

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

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

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

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

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada's Funeral and Burial Program provides funeral and burial benefits to eligible Veterans. The intent of the program is to ensure that no eligible Veteran is denied a dignified funeral and burial due to lack of financial means at time of death.

The Department is currently reviewing the maximum allowable amounts for its Funeral and Burial Program and is aware of the recent increases made by the Royal Canadian Mounted Police and the Department of National Defence to their respective programs.

LEGION'S POSITION:

The Legion is concerned that this review is taking too much time. We will continue to advocate strongly for a more timely resolution.

50. VAC Funeral & Burial Benefits

VSS 44

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

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

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

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

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

RESPONSE: Veterans Affairs Canada

Some Canadian Forces Veterans have been eligible for Funeral and Burial assistance for many years. These are Canadian Forces Veterans who are in receipt of a Disability Pension or who have received a Disability Award and meet the same estate asset test as traditional war Veterans.

VAC had undertaken the task of reviewing the services and benefits under the provision of the New Veterans Charter to ensure they respond to Canadian Forces Veterans' specific needs. The Charter is a living document that can be reviewed to ensure that services and programs, including VAC's Funeral and Burial Program, continue to respond to these needs.

LEGION'S POSITION:

The Legion feels very strongly that Funeral and Burial benefits be extended to modern Veterans on the basis of needs. We are aware that some modern day Veterans needed donations from the Last Post Fund for a dignified funeral. Veterans should not need to rely on charity from the Last Post Fund. This is a responsibility of the government.

51. Funeral Expenses GST Exemption

VSS 45

WHEREAS families of Veterans are being charged G.S.T. on funeral expenses:

THEREFORE BE IT RESOLVED that this is considered to be inappropriate and that Veteran's families should be exempt from this tax.

RESPONSE: Finance

No official response was provided at time of publication of Green Book.

LEGION'S POSITION:

The Legion will continue to advocate on the basis of fairness.

52. Last Post Fund Benefits for Allied War Veterans

VSS 46

WHEREAS allied war Veterans who were in receipt of certain War Veterans Allowance Act benefits on or before 27 February 1995 are eligible to apply for Last Post Fund funeral and burial expenses;

WHEREAS legislative changes introduced effective 27 February 1995 eliminated War Veterans Allowance Act benefits for Allied Veterans not already entitled, coincidentally eliminating eligibility for Last Post Fund funeral and burial expenses; and

WHEREAS an unfair disparity has been created among Allied War Veterans of limited means who are citizens or residents of Canada:

THEREFORE BE IT RESOLVED that Veterans Affairs Canada reinstate Last Post Fund Burial and Funeral benefits for Allied War Veterans.

RESPONSE: Veterans Affairs Canada

The Government recently introduced legislation to amend the War Veterans Allowance Act to extend benefits to Allied Veterans and their family members. Under the legislation, Allied Veterans of the Second World War, who live in Canada and have for at least ten years, would have access to War Veterans Allowance and associated assistance and health benefits. Eligibility would also be expanded to include those who fought for Allied Forces in the Korean War.

Subsequent to these legislative amendments the Department will affect changes to the Veterans Burial Regulations 2005 ensuring that Veterans who meet the definition of an Allied Veteran in the amended War Veterans Allowance Act and who have insufficient funds in their estates to provide a dignified funeral and burial would have access to Funeral and Burial benefits.

LEGION'S POSITION:

The Legion appreciates that this issue has finally been resolved.

53. Grave Markers for Veterans

VSS 47

WHEREAS whenever Canada has been involved in war, its citizens volunteered for duty, and some were conscripted, and the Canadian Government readily accepted these citizens into service. No distinction was made as to which method got you into the armed services, nor was it made once you were there. Once there, the soldiers, sailors and airmen did whatever was asked of them without question. Many, as we are well aware, lost their lives, and are remembered in various cemeteries and on various monuments overseas, and in the Book of Memory in the Peace Tower in our capital;

WHEREAS those who returned home had to make new lives for themselves, some successful, others not. Sadly when a Veteran who survived dies, the 'Last Post' subjects the family to a means test before it will grant a grave marker for the deceased Veteran. Surely all Veterans who survived deserve a grave marker without question, just as those who lost their lives are remembered; and

WHEREAS 2005 has been designed the 'Year of the Veteran,' what more appropriate time could there be to amend this regulation:

THEREFORE BE IT RESOLVED that when a Veteran dies, that Veteran should automatically be eligible to receive a grave marker provided by Veterans Affairs Canada and the requirement for his/her survivor(s) to pass a means test be eliminated by Veterans Affairs Canada.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada's Funeral and Burial Program provides funeral and burial benefits, including a grave marker, to eligible Veterans. The intent of the Funeral and Burial Program is to ensure that no eligible Veteran is denied a dignified funeral and burial and grave markers due to lack of financial means at the time of death.

LEGION'S POSITION:

The Legion will take this issue under advisement.

Physical/Mental Health

54. Financial support for OSISS Peer Bereavement Support

VSS 1

WHEREAS the Operational Stress Injury Social Support (OSISS) Peer Support services were expanded to provide bereavement support for those whose loved ones have died in the service of their country;

WHEREAS a limited number of volunteers has been providing support to families of deceased Veterans, albeit in a very limited fashion as Peer Bereavement support is only operating as a project; and

WHEREAS OSISS Peer Bereavement Support is truly an essential element of Peer Support services:

THEREFORE BE IT RESOLVED that the OSISS Peer Bereavement Support be provided appropriate funding from both the Canadian Forces (CF) and from Veterans Affairs Canada (VAC) to operate as a full fledged program component of the overall Peer Support services.

RESPONSE: National Defence / Veterans Affairs Canada

OSISS, with DND funding, is currently in the process of staffing two full time Bereavement Peer Support Coordinators (BPSCs) by fall 2009. VAC will provide the formal bereavement peer support training to the two new BPSCs, as well as the ongoing self care support. Currently, VAC is providing self care support to the 16 trained and active Bereavement Support Volunteers through regular scheduled teleconferences.

LEGION'S POSITION:

The Legion applauds this joint initiative of DND and VAC.

**55. OSISS Family Peer Support Services for Families, Irrespective of Eligibility for Still Serving CF Member or Veteran
VSS 2**

WHEREAS the Operational Stress Injury Social Support (OSISS) Family Peer Support services provided to families are considered an essential tool to improve the well being of those that may suffer from Operational Stress Injuries (OSI) and associated mental health issues;

WHEREAS currently, families are not eligible for these services unless a still serving CF member or a Veteran is deemed eligible for these services in his/her own right by willingly seeking a diagnosis and/or treatment for his OSI; and

WHEREAS this eligibility criterion does not recognize the rights of spouses and children to get the support they need from the family Peer Support coordinators in dealing with the unique demands of military life in circumstances where Veterans' spouses fail to seek diagnosis or treatment:

THEREFORE BE IT RESOLVED that families (spouses and children) be deemed eligible for OSISS Peer Support services in their own right.

RESPONSE: National Defence / Veterans Affairs Canada

VAC and the CF have staffed additional positions for families and will be staffing 2 additional positions for bereavement support.

LEGION'S POSITION:

The Legion commends VAC and the CF for tackling this issue aggressively, to the benefit of serving members, Veterans and their families.

**56. Provision of OSI Stabilization Beds on a Regional Basis
VSS 3**

WHEREAS four (4) Operational Stress Injury (OSI) stabilization beds are now provided at St-Anne's Hospital;

WHEREAS it has been established through Best Practices that support for those suffering from OSI and other co-morbidity problems have better recovery rates when this type of service is provided close to the communities where Veterans reside; and

WHEREAS additional funding has been provided to increase the number of OSI clinics funded by VAC:

THEREFORE BE IT RESOLVED additional OSI stabilization beds and support systems be provided on a decentralized regional basis.

RESPONSE: Veterans Affairs Canada

Federal Budget 2007 allocated \$9.0 million annually to provide more clients with access to mental health services by establishing five additional OSI clinics for a total of 10 clinics in Canada. These clinics are one of the many steps Veterans Affairs Canada has taken to better meet the needs of our service men and women in order to provide services on a decentralized regional basis.

To ensure accessibility, location of the clinics was based on areas in Canada where significant numbers of clients requiring OSI services were found, as well as the geographical distribution of OSI services across the country, taking into consideration the five Operational Trauma and Stress Support Centres operated by the Department of National Defence. In recent years, the need for residential treatment services for the department's eligible clients was identified. To meet this need, the department will open a new Residential Treatment Clinic for Operational Stress Injuries, at Ste. Anne's Hospital, later in 2009, as part of the five new OSI clinics announced in Budget 2007.

The unique in-patient approach of the Residential Treatment Clinic was developed based on extensive review of literature and study of similar programs offered by partner nations. This approach is designed to address complex operational stress injury conditions which are difficult to address on an outpatient basis. The Residential Treatment Clinic for Operational Stress Injuries will accommodate up to 10 clients at a time for a period of up to eight weeks, depending on individual needs. Spouses and family members will actively be involved in treatment during weekend sessions, either on site or via telemental health services. Peer support will also be provided by the Operational Stress Injury Social Support program.

In addition to the 10 clients that can be accommodated at the Residential Treatment Clinic, Veterans also have access to beds in various settings, for instance, through VAC's five authorized service providers for the concurrent treatment of post-traumatic stress disorder and substance abuse (co-morbid conditions), where the number of beds available exceeds demand.

Veterans who require emergency services have access to beds in psychiatric care units in public health facilities across the country. A large number of community and priority access beds are available to Canadian Veterans to address the long-term care needs of those with operational stress injuries.

Also, Veterans Affairs' National Centre for Operational Stress Injuries (NCOSI) and Mental Health Directorate (MHD) are bringing together key partners to study the needs for stabilization and emergency services as well as for residential program services for clients suffering from operational stress injuries (OSIs) and to provide recommendations. The Special Project on Stabilization and Emergency Services Needs for Operational Stress Injuries (SESN OSI) will also gather valuable input from various specialists in the field, which will contribute to better target program development and put forward initiatives that will meet the needs of clients. This group is expected to complete its study and provide recommendations by the end of June 2009.

LEGION'S POSITION:

The Legion is satisfied with this response and will monitor the implementation of recommendations dealing with continuing improvements to mental health.

57. Plan of Action to Deal with Shortage of Medical Practitioners

VSS 48

WHEREAS it is obvious that there are insufficient medical practitioners (doctors, nurses, nursing assistants, etc) at all levels of medical care in Canada; and

WHEREAS a source of trained medical practitioners would be to allow foreign trained medical practitioners to practice in Canada; and

WHEREAS such a solution would greatly improve the level of care in medical and Long Term Care facilities:

THEREFORE BE IT RESOLVED a plan of action be initiated in all provinces, with guidance and encouragement from Health Canada and Immigration and Provincial Licensing medical and nursing authorities, and with assistance from Veterans Affairs Canada (VAC) through the provision of specific funding, to promote and facilitate the certification of trained medical practitioners.

RESPONSE: Health Canada

Progress is being made to increase the supply of physicians and nurses in Canada. In December 2008, the Canadian Institute for Health Information (CIHI) released a series of reports on this topic, including Supply, Distribution and Migration of Canadian Physicians, 2007. This report notes that there were 63,682 physicians in Canada in 2007, representing an increase of 7.1 percent between 2003 and 2007.

The provinces and territories have also been working to ensure that there are sufficient postgraduate medical residency seats in Canada. The Association of Faculties of Medicine of Canada's report, Canadian Medical Education Statistics 2007 noted that from 2004 to 2007, undergraduate medical school enrolment grew by 363 seats with increases of approximately 4.5 percent annually over the past five years. In 2008, there were 2,598 first-year residency seats in Canada, up from 2,449 in 2007. Both the increase in residencies and the efforts to recruit and retain nurses in the workforce will continue to make a difference in the provision of health services to Canadians.

Health Canada, together with Citizenship and Immigration Canada and Human Resources and Skills Development Canada (HRSDC), has also taken a leadership role in working with our provincial and territorial counterparts, regulatory bodies, academic organizations and health professionals to eliminate barriers and maximize the successful integration of internationally educated health professionals.

Health Canada currently invests a total of \$38 million annually through the Pan-Canadian Health Human Resources Strategy (HHRS) and the Internationally Educated Health professionals Initiative (IEHPI). The HHRS supports jurisdictional efforts to ensure an adequate supply of health care professionals through health human resources planning, recruitment and retention, and interprofessional education for collaborative patient-centred practice. Moreover, the Government recently promised to take further action in this regard.

Many Canadian doctors now practice overseas, and we will be developing plans to attract them back to Canada. We will sponsor residency programs so that more doctors can be trained each year, and we will sponsor pilot projects with nursing organizations to examine better ways to recruit and retain nurses.

The IEHPI supports projects that facilitate the integration of internationally educated health professionals into the Canadian health workforce, including initiatives that increase access to assessment, training, orientation, and path finding services.

LEGION'S POSITION:

The Legion appreciates the comprehensive feedback that describes the various strategies that are being implemented to resolve this very important issue.

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

VSS 49

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

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

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

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

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

RESPONSE: Veterans Affairs Canada

The Canadian Forces (CF) represent an important and growing client group for Veterans Affairs Canada (VAC). In response to the rise of operational stress injuries (OSIs), VAC is working with the Department of National Defence (DND). The areas of collaboration support the 2006 VAC Mental Health Strategy designed to: build a continuum of mental health services; capacity for treating OSIs; expertise in military service-related mental health conditions; and partnerships with departments and organizations that have a focus on mental health.

A Memorandum of Understanding (MOU), signed in October 2006, between VAC, DND and the Royal Canadian Mounted Police (RCMP), helped establish a framework for the Joint Network for Operational Stress Injuries. DND, through the CF, is responsible for providing services, including mental health services, to CF members. VAC and DND are working in close partnership to enhance the capacity of both Departments to meet the growing demand for mental health services related to OSIs for CF members, Veterans, and their families.

The major areas of collaboration on mental health between VAC and DND include:

- a. Developing a continuum of mental health services to enable a seamless transition from military to civilian life. An initiative is being launched to establish Integrated Personnel Support Centres where VAC and DND staff will work together under a common service delivery model. Through this model, key programs, services and benefits will be delivered to still-serving and releasing CF members and their families, including Reservists. VAC services will focus on recovery, rehabilitation and reintegration.
- b. Building clinical and non-clinical capacity to provide mental health services through VAC-funded OSI clinics and the Operational Stress Injury Social Support (OSISS) program. Budget 2007 provided funding for five additional OSI clinics. By the end of 2009, VAC will have 10 clinics in operation including the Residential Treatment Clinic for OSIs at Ste. Anne's Hospital. VAC's clinics complement DND's five Operational Trauma Stress Support Centres bringing the network total to 15 clinics and centres strategically located across the country. The OSISS program, a joint VAC and DND initiative, is an integral part of VAC's strategy to build capacity to help clients. Additional funding to the OSISS network in Budget 2007 has enhanced support to military families. There are now 25 Peer Support Co-ordinators and 20 Family Peer Support Co-ordinators in centres across the country. As well, 20 bereavement volunteers have been trained. Plans for program expansion are in progress with the aim to further enhance support for Veterans and their families.
- c. Demonstrating leadership in the field of operational stress injuries. VAC established the National Centre for Operational Stress Injuries located at Ste. Anne's Hospital, in Montreal, to provide clinical leadership in mental health. The Clinical Services and Clinical Expertise Sectors at the National Centre for OSIs are engaged in ongoing research to guide the development of programs, services and policies; development of assessment and treatment protocols; and sponsorship of international conferences related to OSIs. The Network Development and Co-ordination Sector, also at the National Centre for OSIs, is responsible for co-ordinating the activities of the Joint Network of Operational Stress Injuries and harmonizing services between its partners, VAC, DND and the RCMP. This work is guided by a Management Committee made up of representatives from each of the three partners. This Sector also co-ordinates clinical delivery of mental health service across Canada, in partnership with provincial authorities and DND.

VAC also recognizes the need for family members to receive mental health services independent of the member's status. Although programs under the New Veterans Charter provide more support to CF families than ever before, access to mental health services for families (spouse and children) depend on the member's eligibility and participation in programs. In collaboration with DND, VAC has developed a policy framework for the delivery of mental health services to families of Veterans. A joint VAC-DND inventory of mental health services has also been developed including an analysis of gaps and inconsistencies across the service delivery infrastructure. This work is ongoing. A strategy for delivering mental health services to families has also been developed by VAC. In the interim, the Department will continue to look for ways to enhance support for Veterans and their families within its existing authorities.

LEGION'S POSITION:

The Legion applauds the efforts to put in place a robust program of mental Health for CF members, RCMP members, Veterans and their families. We are, however, still concerned that mental health services are not always readily available to Reservists while access for families depends on the member's eligibility and participation in programs.

**59. Funding for Canadian Military and Veterans Transition Clinics
BC/Yukon 6/C**

WHEREAS a primary mandate of The Royal Canadian Legion is the welfare of our Veterans;
WHEREAS many Veterans suffer from occupational stress injury;
WHEREAS it is imperative that these Veterans maintain their privacy; and
WHEREAS there seems to be a shortage of funds available for the Canadian military and Veterans transition program clinics:
THEREFORE BE IT RESOLVED that The Royal Canadian Legion advocate for appropriate government agencies for help in funding the Canadian military and Veterans transition program clinics.

RESPONSE: National Defence

Funding requests would be better served through VAC. Even though the CF provide transition services to CF personnel that have or will medically release, such as the Transition Assistance Program, Vocational Rehabilitation for serving members, they do not provide the spectrum of care described in this Resolution.

LEGION'S POSITION:

The Legion will continue to advocate for official recognition of the BC/Yukon Veterans Transition Program.

**60. Foot Care for Veterans
NB 4**

WHEREAS service being provided by foot care specialists to Veterans at home or in a special care home are paid by the Department of Veterans Affairs at no disbursement cost to the individual, and
WHEREAS when a Veteran enters a hospital said paid foot care service is no longer covered by DVA and becomes the financial responsibility of the Veteran or his family:
THEREFORE BE IT RESOLVED that The Royal Canadian Legion Dominion Command make the proper approach to DVA to rectify this unjust ruling. In our estimation foot care need is every bit as important when a Veteran enters a hospital, as it is, in his own home or special care unit.

RESPONSE: Veterans Affairs Canada

Veterans Affairs Canada agrees that foot care whether provided in a facility or at home is equally important. However, footcare in a hospital or Long Term Care setting is a normal part of the nursing regime and the Department already pays for it through per diem rates. Changing this would, in effect, result in a double payment. VAC has no plans to adjust this policy.

LEGION'S POSITION:

The Legion is satisfied with this response. In effect, if double billing is taking place, advocacy should be engaged at Provincial level.

61. Provisions for Health Care in New Veterans Charter

ONT 9

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

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

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

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

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

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

RESPONSE: Veterans Affairs Canada

Canadian Forces (CF) Veterans are fully eligible for treatment related to their pensioned conditions. As well, those who require support from the Veterans Independence Program (VIP) for a pensioned condition arising from Special Duty Area or Special Duty Operation service are eligible for full group "B" health coverage. Those who are releasing medically or have rehabilitation needs are also eligible for the Public Service Health Care Plan through Veterans Affairs Canada (VAC). This plan provides health insurance coverage for releasing CF Veterans and their families who do not have coverage through DND or otherwise.

Consequently, as VAC's coverage is already comprehensive with respect to service-related health needs and the provinces are responsible for many aspects of non-service related health coverage; VAC has no current plans to expand group "B" coverage.

LEGION'S POSITION:

The Legion will continue to monitor this issue and feels very strongly that more comprehensive coverage should be provided based on needs for CF personnel that are released for medical reasons and for CF personnel who have served in Special Duty Areas.

Seniors

62. Canada Seniors Independence Program

VSS 50

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

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

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

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

RESPONSE: Health Canada

The Federal Government regards the welfare of seniors as a matter of utmost importance. The Government of Canada supports provincial and territorial efforts to strengthen health care through the Canada Health Transfer (CHT). This funding contributes substantially to the financing of insured hospital and physician services provided under the provincial and territorial health insurance plans, as well as certain extended health care services, including home care. Under the CHT, cash transfers to provincial and territorial governments will reach \$22.6 billion in 2008-09.

The Canada Health Act sets out the criteria and conditions that the provincial and territorial plans must need to qualify for the full federal contribution. Extended health care services need not meet the Act's criteria of universality, comprehensiveness, accessibility, etc. Therefore, the provinces and territories develop, implement and organize these services at their own discretion, and on their own terms and conditions.

Notwithstanding provincial discretion in these matters, the provision of home care services has been a priority among governments as new technologies and other developments enable shorter hospital stays and an earlier return to the home setting. In recent years, recommendations regarding home care have been prominent in numerous analyses of the health care system. The 10-Year Plan to Strengthen Health Care identified a minimum national "basket" of home care services, focussing on short-term post-acute home care, short term community mental health home care, and palliative home care, representing, for the first time, a national approach to home care. The federal government played a leadership role

LEGION'S POSITION:

As the Canadian population is clearly aging, The Legion will continue to advocate for measures that can protect the rights of Canadian seniors in all jurisdictions.

63. Seniors Bill of Rights

VSS 51

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

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

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

THEREFORE BE IT RESOLVED A federal Seniors Bill of Rights be enacted to protect all Canadian seniors.

RESPONSE: Health Canada

This issue is complex as it falls under the purview of a number of different jurisdictional bodies.

LEGION'S POSITION:

In view of the complexity of this issue, the Legion will continue to advocate for the protection of seniors through other means than a federal Seniors' Bill of Rights.

64. Taxation Threshold for Widowed Seniors

ONT 8

WHEREAS seniors over the years have shouldered a very large tax burden when they were employed;

WHEREAS income splitting between seniors is allowed until a partner is deceased; and

WHEREAS on the death of the spouse, the widow or widower is now taxed as a senior single person:

THEREFORE BE IT RESOLVED that the income tax regulations be amended to significantly increase the earnings threshold, before income taxation is applied to seniors whom are widows or widowers

RESPONSE: Finance

No official response was provided at time of publication of Green Book

LEGION'S POSITION:

The Legion will continue to advocate on the basis of fairness.

POPPY AND REMEMBRANCE

65. War Memorial Protection

ONT 2/C

WHEREAS Canada has war memorials, war graves, and large military field pieces and artefacts of historic and national significance;

WHEREAS these symbols act as reminders of those who fought and those who fought and died for our country;

WHEREAS people continue to denigrate these symbols of our heritage for example: drunken revellers urinating on the National War Memorial or the University of Guelph which uses a historic 19th century Canadian militia artillery cannon, the colours of the artillery, as a graffiti holder; and

WHEREAS the Canadian criminal code property offence sections only go so far:

THEREFORE BE IT RESOLVED that The Royal Canadian Legion request an amendment to the Canadian criminal code to protect our war memorials, war graves, and large military field pieces and artefacts of historic significance from being denigrated, vandalized or altered or painted to diminish their solemn use as war memorials, war graves and large military field pieces and artefacts of historic significance.

RESPONSE: Justice

War memorials have an especially important place in our society. Their desecration disrespects the memory of Canadian who gave the ultimate sacrifice for freedom and the commitment of Canadian who continue to serve their country today. This Government recognizes the importance of monuments and memorials as symbols that remind us of the very best of Canadian values: democracy, freedom, and tolerance.

Our existing criminal laws prohibit the commission of mischief and provide for the possibility of significant jail time. This offence (section 430(1) of the Code) carries a maximum of two years of imprisonment on indictment or six months of imprisonment and/or a fine not exceeding \$2000 on summary conviction. Where the mischief causes actual danger to life, the penalty is increased to a maximum of life imprisonment.

Subsection 430 (4.1) makes it a separate crime where mischief is committed in relation to property (i.e. building, structure, or part thereof) that is primarily used for religious worship, or a cemetery, where the commission of the mischief is motivated by bias, prejudice, or hate based on religion, race, colour, or national or ethnic origin. In such instances, the maximum penalty is ten years of imprisonment, on indictment or eighteen months on summary conviction. Section 718.2(1)(i) of the Code makes it an aggravating factor, for sentencing purposes, if an offence was motivated by bias, prejudice, or hate based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation or any other similar factor.

LEGION'S POSITION:

The Legion appreciates this very comprehensive explanation on the legal precepts that guide the protection of war memorials. We are satisfied that the punitive measures contained in the Code are a sufficient deterrent.

SPORTS

69. Age Category for Track and Field

ONT 15

WHEREAS some Provincial teams at the National Track and Field meet have been incapable of fielding relay teams in the 17 and under age group;

WHEREAS there is no Athletics Canada or IAAF rules that specifically deny the ability of an athlete from the 15 and under age group from moving up an age group on a relay team; and

WHEREAS this practice is common in most provinces on school teams and on club teams:

THEREFORE BE IT RESOLVED that at the team coaches discretion an athlete from the 15 and under age group may run on his provincial 17 and under relay team(s) without jeopardizing his status as an individual athlete in the 15 and under group, with the proviso that he or she may not participate on more than one relay team per day.

RESPONSE:

Issue has been resolved satisfactorily.

LEGION'S POSITION:

Has been implemented.

70. National Track and Field Relay

ONT 17

WHEREAS all athletes on the provincial legion track teams at the national track & field meet are not afforded the opportunity to be part of their provinces relay teams;

WHEREAS there is no physiological reason that support this practice; and

WHEREAS we support the development of coaches who together with the athlete are more than capable of making a determination of the fitness of the athlete to participate on a relay team, as they already do with all other athletes on the team:

THEREFORE BE IT RESOLVED that multiple event (heptathlon and octathlon) athletes be allowed to participate as active members of their provincial relay team(s) if so chosen by their provincial coaches.

RESPONSE:

Issue has been resolved satisfactorily.

LEGION'S POSITION:

Has been implemented.

71. Small Branch Player Eligibility

SASK 8/C

WHEREAS a lot of small Branches have only one member who wishes to participate in sporting events; and

WHEREAS as the sports rule now stands, a Branch over 75 cannot pick them up to complete their team:

THEREFORE BE IT RESOLVED that to improve participation in sports, that the rule be amended to Branches over 100 cannot pick up a player from a lower Branch.

RESPONSE:

Issue has been resolved satisfactorily.

LEGION'S POSITION:

Has been implemented.

DEFENCE

72. CF Identification Card

ONT 25

WHEREAS many Canadians have served in the CF since WWII and many have no proof or service except their Discharge Document;

WHEREAS these former CF personnel are suitably proud of their service to Canada and to Her Majesty;

WHEREAS the Record of service identification Card (NDI75) has only been issued to former members who have served for more than 10 years and the Minister of Defence has advised that the time served to receive the NDI 75 has been reduced to 2 years, effective 1 March 2007 and that the card cannot be issued retroactively; and

WHEREAS the many thousands of former CF members who did not qualify for a NDI75 card are simply seeking a wallet-sized card indicating that they have served:

THEREFORE BE IT RESOLVED that Canada issue a wallet-sized card to former serving personnel of the CF, upon application and confirmation of service, including wording to the effect that: "The Government of Canada gratefully acknowledges the service of "name and rank" in the Canadian Forces/ Canadian Forces-Reserve (as applicable) and that he/ she was honourably released in "year"; and

BE IT FURTHER RESOLVED that issuance of a wallet-sized card take immediate effect and be available to all of those who have served in the CF regardless of time served and that it's sole purpose be that of confirmation of service.

RESPONSE: National Defence

Significant improvements have already been implemented in terms of issuing a Record of Service Card. An initiative has been taken by the Chief of Military Personnel to produce these cards locally at National Defence Headquarters. This will reduce the processing time from approximately 6 months to 2 or 3 days.

With regard to retroactivity, your request will be considered and merged with the current work and consultative process occurring within DND and the CF and with representatives of VAC. This work is actively being pursued to make additional progress on meeting actual and future requirements and determining and implementing eligibility criteria. We support the principle of recognizing all those who served in the CF, and it is our goal to issue a Record of Service Card that will do so most appropriately.

LEGION'S POSITION:

The Legion appreciates all the efforts to resolve this issue.

73. The Royal Canadian Legion Should Petition the Federal Government To Allow Military Personnel Free Access To Via Rail

QUE 9

WHEREAS the military personnel and family travel from great lengths from coast to coast at virtually their own cost; and

WHEREAS many of our military would like to visit with their family and siblings while they are in Canada. Still at a cost which they must pay:

THEREFORE BE IT RESOLVED that the RCL should petition the Federal Government to allow serving military personnel free access to Via Rail and other Federal funded transport means; and

BE IT FURTHER RESOLVED that the RCL should petition the Federal Government the same benefits for Air Canada at a 50% deductive.

RESPONSE: Transport, Infrastructure & Communities

No official response was received from either the Government or Via Rail.

LEGION'S POSITION:

VIA Rail does have a program in place, in the summer, along with Marine Atlantic which benefits Veterans, still serving Canadian Forces members and their families. As for Air Canada, it is unlikely that, in these current recessionary times, such a program would be implemented.

324. Canadian Cold War Commemorative Medal (CCWCM)

MAN/NWO 11

WHEREAS the Cold War which lasted from 1946 when Sir Winston Churchill made his famous "Iron Curtain" speech until the Fall of the Berlin Wall in Nov 1989;

WHEREAS those Canadian men and women who during the Cold War served Canada in both the Regular and Reserve Forces as well as in civil organizations that were concerned with the protection of Canada and Canadians deserve to be recognized for their service; and

WHEREAS Canada has never given any recognition to the men and women who served for the protection of Canada in Canada during this time:

THEREFORE BE IT RESOLVED that the Canadian Government be required to create a Service Medal to be known as the Canadian Cold War Commemorative Medal in both a

civilian version and a military version with the military version distinguished by a rosette in the form of a maple leaf on the ribbon; and

BE IT FURTHER RESOLVED that all Canadian Citizens and Landed Immigrants who served a minimum of 3 Years cumulative in the following organizations during the period June 1946 to November 1989 be eligible:

- The Canadian Forces and its predecessors the RCN, Canadian Army (Regular) and RCAF including the Reserve Components: RCNR, The Canadian Army (Militia) and the RCAF Auxiliary, and the Canadian Rangers.
- Members of Police Services who were trained and engaged in National Survival and Counter espionage services.
- Members of Provincial and Municipal organizations whose role it was to protect or render social and medical aid during a nuclear attack.

ADDENDUM:

The design of the Canadian Cold War Commemorative Medal is suggested to be:

- Ribbon. Blue, Red, White, Red, Blue, in a ratio of: 1:3:6:3:1 The Blue representing the Pacific and Atlantic Oceans (Mare ad Mare) and the Red White Red, the Canadian land mass between the oceans as represented by a stylized Canadian Flag.
- Medal-Reverse: A shield surmounted by the maple leaf over crossed swords. The Inscription around the medal: "Service in the Defence of Canada 1946-1989" "Service pour la Defense du Canada 1946-1989"
- Medal-Front: The Sovereign's head.

RESPONSE: National Defence

The Chancellery of Honours at Government House is the agency responsible for national honours policy, including policy on the creation of new medals for all Canadian citizens, both military and civilian. DND administers the Government's policy on behalf of members of the CF.

The Government's honours committee, which includes members from DND and VAC, has confirmed adherence to a five-year retroactivity rule which has generally been followed by Commonwealth countries for the past 50 years and which precludes recognition for events occurring more than five years in the past. Therefore, creating a medal to recognize service from 1946 to 1989 cannot be supported.

Proposals to create a service medal to recognize fewer than the 12 years required for the Canadian Forces Decoration (CD) have been considered on a number of occasions in the past and consistently have been rejected. Support to the defence of Canada and its citizens are part of the CF mission and duty. The concept of awarding a medal for routine service breaks principles for instituting new honours outlined in the Honours Policy, one of which is credibility. The Policy states that "to be credible, an honour must recognize a worthy endeavour, it must not represent routine duty."

Service by members of the CF before, during, and after the Cold War was and is recognized by the award of the CD, which is the only service/conduct medal requiring just 12 years of service. In the former services, the required peacetime service was between 15 and 18 years. All other government long service/good conduct medals for uniformed services, those for the RCMP, police, and firefighters, currently require 20 years of service.

LEGION'S POSITION:

The Legion appreciates this clarification and will take this issue under advisement.

RITUAL AND AWARDS

74. Wearing of Regimental Service Blazer Badge

Ritual and Awards 1

WHEREAS the current regulations for Legion dress do not allow the wearing of any badges on The Legion blazer other than the official Legion badge;

WHEREAS there is a significant need to increase and/or to maintain Legion membership;

WHEREAS The Royal Canadian Legion wishes to welcome all current and former members of the Canadian Forces and Allied Forces; and

WHEREAS Many former and serving members of the Canadian Forces take great pride in the wearing of their distinctive regimental or service affiliation badge:

THEREFORE BE IT RESOLVED that The Royal Canadian Legion amend its current dress regulations to permit Legion members who are current or former Canadian Forces or former Allied Forces members to wear their former/current unit/regimental service blazer badge on the lower right side pocket of their Legion blazer.

RESPONSE:

The Ritual and Awards Committee has amended the Ritual and Insignia Manual at Subsection 102.e. to reflect the required changes.

LEGION'S POSITION:

The Ritual and Awards Committee concurred with this resolution and supports its premises.

75. LEGION DRESS – Wearing of Coloured Service Berets

Ritual and Awards 2

WHEREAS the Legion Beret is the official headdress of The Royal Canadian Legion, complete with The Legion Badge;

WHEREAS The Royal Canadian Legion wishes to welcome all current and former members of the Canadian Armed Forces and Allied Forces;

WHEREAS many former and serving members of the Armed Forces take great pride in wearing headdress which represents the distinctive regiment or service affiliation of the member; and

WHEREAS the current Legion Dress regulations do not permit the wearing of berets of different colours:

THEREFORE BE IT RESOLVED that The Royal Canadian Legion amend its dress regulations to permit Legion members who are current or former Canadian Forces or former Allied Force members to be welcomed to parade in Legion dress, wearing the Canadian or Allied Force headdress that they earned (excluding ceremonial and peaked caps), complete with their Service cap badge of the unit/regiment/service in which the member serves or has served; and not the Legion beret badge; and

BE IT FURTHER RESOLVED that The Legion Colour Party dress, including that of the Colour Party Commander, remains as full Legion dress with Legion Beret.

RESPONSE:

The Ritual and Awards Committee has amended the Ritual and Insignia Manual at Subsection 102.b. to reflect the required changes.

LEGION'S POSITION:

The Ritual and Awards Committee concurred with this resolution and supports its premises.

76. Lapel Pin for serving Zone and District Commanders

BC/YUKON 5/C

WHEREAS there is a Legion Lapel Pin for the incumbent Branch President;

WHEREAS there is a Legion Lapel Pin for the incumbent Command President; and

WHEREAS there is no Legion Lapel Pin for the incumbent Zone or District Commander:

THEREFORE BE IT RESOLVED that new Legion Lapel Pins be struck for both incumbent Zone and District Commanders.

RESPONSE:

The Ritual and Awards Committee has authorized the Supply Department to strike new badges for these two command positions.

LEGION'S POSITION:

The Ritual and Awards Committee concurred with this resolution and supports its premises.

77. Initiation Ceremony

BC/YUKON 12

WHEREAS The Royal Canadian Legion's initiation procedure reads "The Legion shall stand for strong and united comradeship among all members and those who have served, so that neither their rights nor their interests are forgotten, and that their welfare and that of their dependants, especially the disabled, the sick, the aged and the needy, may always be safeguarded;" and

WHEREAS Canada's military presence on the world stage has increased:

THEREFORE BE IT RESOLVED that the initiation procedure be changed to read, “The Legion shall stand for strong and united comradeship among all members and those who have served and are serving, so that neither their rights nor their interests shall be forgotten, and that their welfare and that of their dependants, especially the dependents of the disabled, the sick, the aged and the needy, may always be safeguarded.”

RESPONSE:

The Ritual and Awards Committee has amended the Ritual and Insignia Manual at section 305 to reflect the required changes.

LEGION’S POSITION:

The Ritual and Awards Committee concurred with this resolution and supports its premises.

78. Mountain Naming on VC Range

DOMINION COMMAND NO: BC/YUKON 18

WHEREAS a range of mountains in Jasper National Park has been designated the Victoria Cross Range;

WHEREAS so far only five peaks have been named after Victoria Cross winners;

WHEREAS the five peaks so far named are for World War I Veterans who served in the Canadian Army; and

WHEREAS no aviators, naval personnel, nor Victoria Cross winners since World War I have been so commemorated:

THEREFORE BE IT RESOLVED that Dominion Command make representation to the Geographical Names Board of Canada to have the peak located at grid reference 959779 (Map 82 E/2 – Resplendent Creek) in the Victoria Cross Range named for Robert Hampton Gray, V.C., D.S.C., R.C.N.V.R.

RESPONSE: Natural Resources & Parks Canada

The Government understands and shares your view on the importance of this proposal both to The Royal Canadian Legion members and all Canadians in recognizing Canada’s Victoria Cross winners.

Parks Canada regrets that they cannot support the Legion’s request based on the history of the Victoria Cross Ranges, and the intent behind its naming in the 1950s.

In 1950, the Geographic Board of Alberta recommended the naming of five mountains (Mt. Kerr, Mt. Kinross, Mt. McKean, Mt. Pattison and Mt. Zengel) after First World War recipients of the Victoria Cross, all from Alberta. Park Officials questioned the idea of honouring only Victoria Cross winners from Alberta, arguing that naming within national parks should be national in scope, rather than provincial.

A memorandum prepared by the Canadian Board on Geographical Names (CBGN) in November, 1950 suggested that a “proposal to name a group of peaks after all Canadian V.C. holders would, if practical, seem to be a more satisfactory procedure,” but conceded that “the total (of V.C. winners) prohibits such a course.” The Department of National Defence was

also consulted on the matter. Although Lt.-Col. C.H. Smith found the CBGN's suggestion to be "worthy of further consideration," he stated: "These men's names undoubtedly should be perpetuated, but used individually would have no significance to the average map reader." Smith's letter also suggested that it "might be feasible to give the name Victoria Cross to as range," the first reference in our files to this idea. In the end, despite the hesitation of the national parks administration, the proposed names for the five mountains were officially adopted in 1951, and in 1952 the name Victoria Cross Ranges was adopted as a comprehensive way to honour all recipients of the Victoria Cross,

Since the 1950s, there have been other requests to name peaks within the range after individual Victoria Cross winners. None of these proposals have been approved. Given that there are 96 Canadian Victoria Cross winners to date, naming authorities have understandably been concerned about representation and consistency, and have chosen to follow the intent of the 1950s decision to establish a range that would honour Victoria Cross recipients as a group.

I would also like to mention that Lt. Robert Hampton Gray has been honoured through the naming of another geographical feature, Lake Gray, in Alberta. This name was approved in 1953, as a way to commemorate the military service and sacrifice of Lt. Gray. While I regret that parks Canada cannot be supportive of the Legion's request, I hope you will agree that Lt. Robert Hampton Gray is remembered and honoured through existing geographical names, individually with Lake Gray and collectively with the Victoria Cross Ranges.

LEGION'S POSITION:

The Legion will continue to advocate for specific recognition of Lt. Hampton Gray, V.C., within the Victoria Cross Ranges.

**79. National Flag of Canada
BC/YUKON 19**

WHEREAS flags are symbols that identify People belonging to a group;

WHEREAS the National Flag of Canada is a symbol of honour and pride for all Canadians;
and

WHEREAS the National Flag of Canada should be displayed only in a manner befitting this important national symbol. It should not be subjected to indignity or displayed in a position inferior to any other flag or ensign:

THEREFORE BE IT RESOLVED that the National Flag of Canada remain upright, erect and proud during the playing of our National Anthem and the Royal Anthem.

RESPONSE:

The Ritual and Awards Committee has amended the Ritual and Insignia Manual at all sections referring to colour party activities to reflect the required changes.

LEGION'S POSITION:

The Ritual and Awards Committee concurred with this resolution and supports its premises.

82. Canadian National Anthem

Sask 1/C

WHEREAS our National Anthem is a song of national pride and should be sung accordingly:

THEREFORE BE IT RESOLVED that The Royal Canadian Legion make public our desire to have any performance of the anthem performed with the dignity and respect it deserves – sung in accordance with the intent of national pride and patriotism.

RESPONSE: Office of the Prime Minister

The views expressed in this resolution have been given careful consideration.

LEGION'S POSITION:

The Legion will continue to make public our desire to ensure that the Canadian National Anthem is performed with the dignity and respect it deserves.

