



# Straight Talk

## Brigadier-General James Cox (Ret'd) on Veterans' Affairs

2011, Issue #3

The past decade has seen a striking resurgence in public and political expressions of support for our armed forces and Veterans, driven among many other things by the high-profile intervention in Afghanistan. But support must be reflected in deeds, not just words and a once-a-year poppy on the lapel.

Support, in turn, means more than just the tools to do the job. It means the nation looks after those who have put their lives on the line defending Canada, and their families that support them, especially including those maimed in body or spirit in the defence of our country.

In this third instalment of our Straight Talk series MLI talks to retired Brigadier-General James Cox about how well our system, and especially our Department of Veterans' Affairs, is upholding citizens' contract with those who have worn Canada's uniform.

**MLI:** Where does the responsibility of Veterans Affairs Canada [VAC] begin when it comes to members of the Canadian Forces (CF) and what is VAC meant to do?

**General Cox:** The responsibility of Veterans Affairs Canada starts on the day a member of the CF applies for benefits after being "released" from military service. A retiring military person is not automatically a client of VAC (the standard military pension is administered by the Department of National Defence). It is not until they have a problem and apply for benefits or services from VAC that they become a client. Note too that CF members who receive Disability Pension payments are VAC clients while continuing to serve in the CF. If a person retires from the Forces and has a problem, but does not apply to VAC, he or she does not automatically become a VAC client. This may be problematic.

**MLI:** How should that be fixed?

**General Cox:** A person being released from the CF should automatically be listed in the records of VAC, as a routine part of the release process. VAC should then



James Cox is a Veteran and former Brigadier-General in the Canadian Forces with over 35 years in operational command and staff appointments across Canada and abroad with NATO and the UN. Until last May, he served as a parliamentary analyst for six years, advising parliamentary committees on issues of national defence and veterans issues. He now teaches Canadian foreign policy at the University of Ottawa and civil-military relations at the Norman Paterson School of International Affairs at Carleton University. He is also a Senior Fellow of the Macdonald-Laurier Institute. He is also a client of Veterans Affairs Canada.

automatically make contact and notify the Veteran of what is available or at least refer them to the VAC website. An existing impediment lies in the fact that the transfer of information between government departments cannot always happen automatically because of privacy issues. I suggest such obstacles could be overcome with a couple of clever amendments to the relevant legislation (the National Defence Act, the Department of Veterans' Affairs Act and the Privacy Act).

**MLI:** If someone is released from the CF because of an injury is it generally easy for them to get the benefits that are meant to be available?

**General Cox:** It is very hard to give a blanket answer because every individual case is different. I truly believe a majority of VAC clients are treated appropriately, that their benefits arrive on time and that the paperwork is complete. On the other hand, a minority have problems ranging from simply not knowing what benefits are available, to complaints about the quality and speed of service from VAC frontline personnel, complicated paperwork, complicated processes and the inordinately long time it takes to do anything. There is also a panoply of complications involved in support provided to the families of disabled Veterans.

**MLI:** Would the situation be improved if Veterans Affairs made a point of having the frontline staff, themselves, be former service men and women?

**General Cox:** I like that idea because very often complaints about VAC service are aimed at frontline workers who, despite their best intentions, just have not had the kind of experiences soldiers have had and do not always understand where soldiers or their families are coming from. A number of the Veterans get cranky when they feel they are not being treated with the appropriate respect when calling on the phone, or on arrival in a VAC office. If more Veterans were hired across the country to fill VAC frontline contact positions there would be a greater and quicker degree of mutual understanding when a Veteran called with a problem. VAC might even extend this idea to hiring qualified Veteran family members too.

**MLI:** This might help address another concern that there should be a government duty to accommodate injured Veterans with jobs in the public service. The government has to do this for other federal employees, but not for Veterans.

**General Cox:** This is generally a good idea, however we might remember that members of the CF are not public servants and medically released members of the CF already enjoy some priority in being hired in public service jobs for which they are qualified. This is not the same as having a government obligation to provide reasonable employment for Veterans released from the CF as a result of becoming disabled while on duty. The essence of this idea is to ensure that disabled Veterans are gainfully employed as soon as possible, for as long as possible after release, to contribute to their continued physical and psychological recovery.

**MLI:** When there are no administrative problems and Veterans get disability compensation, benefits and so on in a timely way, are we taking sufficient care of members of the Canadian Forces? Is the package out there appropriate?

**General Cox:** No. Let me explain an important distinction here. The care of serving military members is the responsibility of the Chief of the Defence Staff, not VAC. I believe the treatment and care of serving members of the CF is excellent. It should be because the CF health care system is, per capita, the most expensive health care system in the country.

That said, beyond the CF, the overall package of compensation and benefits provided to Veterans by government should be better than any other package in the land. Right now, it is not. There are federal and provincial public service packages that are better. For instance, while I was employed as an analyst in the Library of Parliament, my insurance package would have paid me a greater lump sum for a disability in the course of service than are available to current or former members of the Canadian Forces.

**MLI:** I gather that VAC earnings loss benefits pay about 75 percent of the salary, enhanced to a minimum of \$40,000. Should it be higher?

**General Cox:** Yes, the Earnings Loss Benefit (ELB) currently pays up to 75% of salary at the time of release (less other designated income), but is now based on a minimum of \$40,000, all of which is taxable. The ELB should provide more. I have two points here. First, basing it on salary at the time of release does not address the issue that a soldier injured early in his career, as a private or corporal or junior officer, doesn't just have a disability, he also loses the opportunity to advance his career. This loss of opportunity should be recognized by some sort of compensation.

Consider that the average CF member who enrolls as a private will likely reach at least the rank of sergeant over a career, and the typical incoming officer will become a major. I therefore suggest that the Earnings Loss Benefit should be calculated, as a minimum, on the rank of sergeant for the person enrolled as a private, or of the rank of major for an officer.

Second, it must be recognized that the needs of a disabled Veteran and his/her family is not reduced by 25% upon release. In fact their requirements usually increase because of the disability. It should be pretty obvious that a person with a disability has greater needs for medical care, accommodation, transportation etc. So I suggest the ELB payments should be based on 100% of a sergeant's or major's pay (taxable).

I should add that I do not agree that future ELB payments should be further increased over time, on the grounds that the recipient 'may' have become a Master Warrant Officer or Lieutenant-Colonel.

**MLI:** Another issue that touches most on those Veterans whose medical problems are most serious is that Veterans' hospitals have been returned to provincial jurisdiction (except Sainte Ann-de-Bellevue outside of Montreal which seems to be getting transferred). Would it be better if these were under federal jurisdiction?

**General Cox:** Quite the reverse, in my view. I think turning them over to the provinces not only conforms to provincial prerogatives in the delivery of health care, it serves to get and keep provinces engaged in the care and treatment of our Veterans which is only right and proper because Veterans and their families are the responsibility of all levels of government in Canada. However, the program needs to be managed nationally. If you have an ailing Veteran in Saskatchewan who needs a hospital bed and can't get one, there ought to be a national office in VAC that is aware of the need and is able to find a spot available elsewhere in Canada. The Veteran is then offered a choice, either wait where you are or go to an available bed, say in the Maritimes, with an option to return closer to home when a bed space in Saskatchewan becomes available. This is, I believe, exactly how provincial health care jurisdictions manage bed spaces for the aged and infirm. Veterans should enjoy a priority in this process.

**MLI:** However the hospitals are managed, do you think they need to be ready for an expected increase in diagnoses of operational stress injuries, including post-traumatic stress disorder.

**General Cox:** Yes. This issue is obviously a function of the end of the combat mission in Afghanistan. But it's also the result of heightened awareness of the challenges of OSI (Operational Stress Injury is the term given

to the general category of all psychological injuries suffered by CF troops, the most extreme form of which is Post Traumatic Stress Disorder) and the manifest desire to deal with it that is now so apparent within the CF. Recently the Chief of Defence Staff met with some of his senior commanders and spoke explicitly about the need to encourage anyone in the CF who thought they might be suffering from an OSI to please step forward and ask for help. That is a real change from any approach in the past and I expect that, with this encouragement, a lot of soldiers will step up and at least seek advice. And if it has been spoken of in the CF, then VAC is undoubtedly also paying more attention to the issue. The ultimate challenge, however, is not simply diagnosis: it's treatment and I'm not confident that the military and provincial health care systems are sufficiently geared-up right now. I hope they will be, in time to meet future needs.

**MLI:** Finally, on a more cosmic scale, right now we have a patchwork of [VAC] regulations. How should the government try to get a more comprehensive grip on the whole situation?

**General Cox:** 'Cosmic' maybe, but remember that Sun Tzu, the ancient Chinese strategist, said that 'tactics without strategy is the noise before defeat.' We have a lot of Veterans programs underway, but Veterans, and perhaps Canadians at large, are unsure of the 'big idea' – the strategy behind them. The entire collection of programs relating to Veterans Affairs in government needs to be 'cleaned up.' I just checked on the Justice Canada Laws website and there are 288 Acts with some relevance to Veterans. There are also 232 regulations covering Veterans returning from the war in the 1940s up to the present. Each addresses a specific aspect and they lack any sort of shared over-arching idea of how Canada should approach the treatment and care of our Veterans. Government should rationalize all those Acts and build one modern, comprehensive Act catering to all Veterans, now and in the future. We cannot continue to ad hoc our way into new programs concocted after each individual conflict.

As much as people like the idea of the New Veterans Charter being a 'living document,' it may be that continual change only encourages "ad hocery" and masks a perverse procrastination of expending the time and energy to do it right. Remember that both the New Veterans Charter and the recent amendments were passed by the House of Commons and the Senate with unseemly haste at the end of parliamentary session.

The government should convene a Commission of Inquiry with a few experienced and eminent individuals to examine all the legislation, develop a philosophy of how Canada handles its Veterans and propose an appropriate piece of umbrella legislation. We need an enduring, bigger idea.

**MLI:** And it would grandfather existing benefits while creating a new package based on a comprehensive vision of what Canada owes those injured in the service of their country?

**General Cox:** Absolutely. Everybody who has a benefit now would keep it. There are significant advantages that would flow from one umbrella Act. First, it would be easier for VAC to administer. Second, overall legislation, with consistent compensation and benefits would make it easier for government to cost out all benefits for all groups of Veterans. Third, rationalized bureaucratic processes would certainly make it easier for Veterans applying for or appealing the award of benefits.

**Conclusions and Recommendations:**

- 1) Make Veterans' Affairs Canada automatically aware of all retiring Canadian Forces members and staff the front lines with more retired military people, or qualified members of military families.
  
- 2) Give qualified Veterans earnings loss benefits equal to 100% of the typical final pay grade (sergeant for enlisted personnel, major for officers), and ensure that the overall package of benefits is better than any offered elsewhere in the federal or provincial public service.
  
- 3) Create a nationally managed system for the placement of Veterans in hospitals across Canada.
  
- 4) Put plans in place to manage the treatment of an expected 'bow wave' of OSI patients in the future.
  
- 5) Convene an expert commission to develop a modern philosophy of how Canada will care for its Veterans in the future and, based on that philosophy, develop one comprehensive Act to replace the current patchwork of laws and regulations covering Veterans' Affairs.



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