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Feature: **The War of Attrition: Time is a veteran's enemy**

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[What is VeteranVoice.info?](#)

[The War of Attrition: Time is a veteran's enemy](#)

[Red Tape and Advertising](#)

[How you can help!](#)

[Recommended Links](#)



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VVi is for you, all veterans, regardless of whether you belong to a veteran organization or not. VVi is a distribution centre, a conduit for making sure that the information you need as a veteran is there for you in a timely fashion. Our aim is to provide a forum for *all* Canadian veterans, serving members and their families to have access to information pertaining to veteran rights.

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The War of Attrition: Time is a veteran's enemy

Dec 2014 Perry Gray

"Only the dead have seen the end of war." Plato

Veterans have long recognised that the fighting does not end when the official war ends. The unofficial war on the home front can be just as difficult, particularly as it is one of attrition that can severely demoralise and debilitate Veterans and their families. It is made worse by the fact that Canada is an unexpected battlefield because of the failure of federal politicians and bureaucrats to properly support the wounded and injured Veterans.

This war of attrition has gotten worse as time passes. During WW1 and WW2, Canada went to war and the entire population was aware that they were in a war because of the drastic changes wrought by these wars. Everyone had to make sacrifices. Fortunately, Canada was spared many of the horrors of war because the civilian population was not

directly involved unlike many European and Asian countries. The nation at war acknowledged the supreme sacrifices of the Veterans who fought by providing post-war services and support.

Since 1945, there has been a drastic reduction in the number of Canadians, who have been affected by conflicts such as the Korean War, the Cold War, the Gulf War, and the Afghan War. These wars take place while the majority of Canadians maintain their normal lives; some are completely oblivious to the fact that Canada is at war.

There has been a parallel reduction in the support for the Veterans Community, whether intentional or not, and this has ensured that time has become the main enemy of many Veterans and their families.

One of the first indicators of this change was the cold reception experienced by Korean Veterans, who applied for Veterans benefits at VAC offices. They were informed that they did not qualify for the same benefits as WW2 Veterans because Korea was a "police action" not a real war. It was real for the more than 25,000 Veterans and their families, but not the rest of Canadians.

Canada also was reluctant to honour the services of certain people, who were not considered traditional Veterans (Canadian Merchant Marine) or were of a different social status (aboriginals). Unsympathetic bureaucrats repeatedly denied Veterans of modern conflicts, and thus many had to wage a much longer war to be recognised as deserving of Veteran status. During the long home front battles, many of these Veterans will either give up the fight or die.

On 20 April 2005, the Honourable Albina Guarnieri, Minister of Veterans Affairs, introduced the NVC and cited the reason for the rewrite of the Pension Act (Part III of the New Act) was that disabled veterans had become too dependent on Pension Act benefits **despite acknowledgment that it was the Minister's failure to provide supporting programs for disabled veterans and their families** that created the Minister's perception of dependency. (Because it would cost an estimated \$4 billion to include new CF Veterans in "old charter".)

"To give you some history, returning veterans from the Second World War were offered a program that boasted of opportunity and security. But as they aged, the programs for veterans aged with them. Opportunity programs were dismantled and faded into history." Albina Guarnieri

The question that the Veterans Community should be asking is who authorised the cancellation of these programs?

For Veterans suffering from what is now defined as Operational Stress Injuries (OSI) such as Post Traumatic Stress Disorder (PTSD), the war of attrition can be extremely hard. They often will not admit to having a medical condition either because of pride or fear of being perceived as cowards. The latter is a historic problem.

Physical wounds caused by bullets and bombs or illnesses caused by exotic diseases and malnutrition are more obvious and warrant immediate medical treatment. Internal injuries are much harder to detect and often are not treated. Despite amazing advances in medical sciences, many injuries and illnesses can go undetected. Research of physical conditions can be traced back over millennia, while psychological research is a relatively modern. A good example of this type of problem is any injury caused by explosive forces from artillery and more recently IED.

"A concussion is a traumatic brain injury that alters the way your brain functions. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

Although concussions usually are caused by a blow to the head, they can also occur when the head and upper body are violently shaken. These injuries can cause a loss of consciousness, but most concussions do not. Because of this, some people have concussions and don't realize it.

Concussions are common, particularly if you play a contact sport, such as football. But every concussion injures your brain to some extent. This injury needs time and rest to heal properly." (Mayo Clinic)

OSI also affect how the brain functions.

"It is used to describe a broad range of problems which include diagnosed psychiatric conditions such as anxiety disorders, depression, and post-traumatic stress disorder (PTSD) as well as other conditions that may be less severe, but still interfere with daily functioning." (VAC website)

About 20 per cent of Veterans experience a diagnosable mental health disorder at some time during their lives – the most common are depression, PTSD, and anxiety disorders. The key word is **diagnosable** because many go undiagnosed. Of the more than 700,000 recognised Canadian Veterans, as many as 140,000 may suffer from one or more mental health disorders. It is impossible to determine the number because many refuse to admit they have a disorder or will not disclose any information (they suffer in silence).

Comparatively speaking, it is much harder to treat internal injuries, particularly psychological ones. Treatment must be specialised and may take a long time to have positive effects. A condition may become very severe because of the delays in treatment and the damages inflicted through self-medication (alcohol and narcotics).

Identifying the medical condition is only the first step in what can be a long process. Pre- and post-deployment medical screening can help to identify some medical conditions, but never all.

Identification can then be followed by treatment and transition, which involves learning to cope with physical and/or psychological limitations imposed by the injuries or illnesses.

*“Personal recovery is a **deeply unique process**, a journey from adversity to living and growing. This journey can become one of finding hope and meaning, of regaining personal power, and of engagement in the community even while coping with mental or physical health challenges. It is very important to remember that you are more than an illness and you can regain a more satisfying and meaningful life.”* (VAC website)

Treatment of mental disorders can include psychotherapy (Cognitive therapy, Behaviour therapy, Group Therapy, etc), psychopharmacology (drugs) and others (service dogs and caregivers). Finding the right balance is one of the most important aspects and may take years. We respond differently to drugs, therapy and other treatments. There is no universal solution to mental health conditions.

Regardless of the type of medical condition, it is essential that the appropriate medical treatment starts quickly and efficiently to ensure that the Veteran has a fighting chance at recovery, even if it will be less than 100%.

I have used quotes from VAC sources to demonstrate that VAC should be aware of why early identification of medical conditions is critical. Unfortunately, the department is often negligent in providing services, which frequently results in making conditions worse and creating new ones.

The usual threshold for OSI is 25-30% (using the 1995 Tables of Disabilities), despite the fact that VAC recognises that OSI are difficult to assess and severity may fluctuate drastically based on a wide variety of factors. A Veteran may exhibit anything from “*rare signs of stress*” to “*overt evidence of the disease, chronic psychotic illness*”. One of the major problems in determining the severity is that there is too much subjective assessment and a lack of standardisation of methodology. Professional therapists are aware of the challenges:

“The lack of appropriate services for people with serious mental illness is increasingly recognized as a systemic problem.

This proficiency is aimed at addressing this problem by:

- *identifying the skills and knowledge base required to provide effective psychological services related to Serious Mental Illness,*
- *providing curriculum goals for training programs and personal development goals for psychologists in training,*
- *and providing criteria for local credentialing and privileging of psychologists, as well as hiring guidelines for potential employers and contractors.”* (American Psychological Association)

While mental health assessments can be done by a family doctor, social worker or therapist, an in-depth assessment is much better. This may involve using the Minnesota Multiphasic Personality Inventory (MMPI), which is one of the most commonly used methods to assess personality and psychological characteristics. Like many standardised tests, scores do not represent percentile rank or how “well” or “poorly”, analysis looks at relative elevation of factors compared to the various norm groups studied. Additional examinations may be required to validate an initial assessment and these can include neuroimaging, which provide a “picture” of brain activity. Imaging includes magnetoencephalography and magnetic resonance imaging (MRI).

Unfortunately, any medical assessment is then reviewed by a VAC adjudicator, who uses the Merck Manual of Diagnosis and Therapy (a well respected medical textbook) to determine the level of disability in conjunction with the VAC tables of disabilities. Adjudicators have no inter-action with Veterans, so all of their research is based on information from other people and their own perceptions, **which means that this is a highly subjective process.**

Many Veterans and their family members can relate to the callous treatment of VAC. The numerous forms that have to be completed, the long delays in receiving services and benefits, and the reluctance to acknowledge the true extent of medical conditions and their related limitations. Dealing with VAC has gotten worse with the introduction of the NVC and the downsizing of VAC.

Senior bureaucrats seem more interested in receiving their bonuses by adhering to Treasury Board guidelines, which usually means reducing expenses than providing support. These bureaucrats seem to accept without question the self-realising prophecy that the Veterans Community is decreasing because they are influenced by the passing of war service Veterans (WW1, WW2 and Korea). The increase in client application because of service in Afghanistan was unforecasted, but did not affect plans to downsize VAC (there were 15,385 applications between 2006 and 2014). It was a blatant example of "damn the torpedoes...full speed".

This attitude disregards VAC's own research that demonstrates that there has not been a drastic decrease in the number of Canadian Veterans. The gerontological committee appointed by VAC determined that Veterans were living longer than the normal Canadian life span and that specialised support may only be required later in life. Ironically, VAC disregards much of this committee's research.

According to VAC, the numbers of Veterans in 2013 were as follows:

- 91,400 WW2 with an average age of 89;
- 9,900 Korea with an average of 81; and
- 594,300 CF with an average age of 56.

These are the numbers of potential clients of VAC, but actual client numbers are less:

- 47,379 WW2 and Korea (46%)
- approximately 86,000 CF (15%)

Based on VAC research, over 15,000 Veterans may have one or more mental health condition (of the approximately 140,000 mentioned above) and are not clients of VAC.

If anyone thinks that it is just younger Veterans who have to fight with VAC, then consider this information. In 2006, there were about 86,000 war service Veterans who were not eligible for VIP according to Minister of Veterans Affairs, the Honourable Greg Thompson.

The long term trend of VAC denies, VAC delays and Veterans die continues.

The need for improved VAC support for mentally and physically handicapped Veterans is highlighted by recent Statistics Canada revelations. The numbers for employment of handicapped Canadians are rather depressing:

- Mild disability — 68 per cent employment rate.
- Moderate disability — 54 per cent.
- Severe disability — 42 per cent.
- Very severe — 26 per cent.

Employment rates for university graduates with mild, moderate and severe disabilities are similar to those without any disabilities with the range being between 77 and 83 per cent. For very severe disabilities, the employment figure is 59%.

Men with disabilities and who have university degrees working full-time earned an average of \$69,200 in 2011, compared to \$92,700 for men with no disability. This is a difference of 34%.

It should be noted that VAC does not provide support for university education, although this was part of the post-WW2 benefits.

For Canadians with a severe or very severe disability and less than a high school diploma, the employment rate was only 20 per cent.

If the federal government needed any further proof that Veterans need long term support if they have any type of disability, then these statistics clearly indicate this need. A lump sum is inadequate to ensure that a Veteran with only a mild disability has a standard of living comparable with Canadians without disabilities. The greater needs of Veterans with moderate, severe and very severe disabilities should also be obvious based on this information.

VAC announced that it will be hiring more staff. Included in the new hires should be a significant number of Veterans because of the federal government's commitment to give priority to Veterans. If VAC does not employ Veterans, then this will be a clear indication that the federal government is once more failing the Veterans Community.

The problem is that anyone interested in one of the 318 case manager and client-service agent positions must have the following education requirements:

- Graduation with a bachelor's degree from a recognized university with specialization in social work, nursing, counselling or occupational therapy; or
- Graduation with a Master's degree from a recognized university in psychology. (case manager)
- Successful completion of post-secondary school diploma (includes community college, CEGEP, technical college or university) with specialization in a health-related or social work field or other speciality related to the position. (client-service agent)

As stated above, VAC does not pay for post-secondary education so any Veteran must pay for their own if they do not currently have such an education. Furthermore, they need the appropriate work experience as well.

(Of note, I actually found spelling errors on the VAC website where these positions are listed.)

Perry Gray is a Regular Force veteran, serving as both Publisher and Chief Editor of VVi. Perry has been with VVi for 12 years.



Red Tape and Advertising

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"We have taken resources out of backroom administration from bureaucracy. We have put it into services," (Prime Minister Harper 3 December 2014)

VAC has continuously advertised that it has reduced red tape.

I disagree strongly.

The downsizing of VAC by 897 jobs has increased the delays in providing essential services. This was reported by the VAC employees union, which requested a moratorium on further reductions, both to its budget and current personnel.

Of the position cuts, only 71 positions (8%) were from internal services, which was about 10% of the total management staff. By comparison, 296 (33%) of the staff in pensions and awards administration, and 372 (41%) in the health and rehabilitation branches were eliminated.

VAC continues to have a bloated upper management and internal administrative apparatus as reflected by over budget costs of \$12.5 million or 17% (expenses for management, communications, legal services and human resources).

So plenty of money and personnel to manage the department, while rejecting or denying the needs of the Veterans Community.

The fact that 318 positions may be added means that about 35% of the cuts should not have been approved.

VAC's share of federal government advertising was in excess of \$6 million. Money that would have better been spent actually helping the Veterans Community rather than telling it what a good job VAC is not doing.

It seems that the federal government has plenty of money for advertising (\$620 million - Rick Mercer Report 25 November 2014), but not for programs to help Canadians!

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You Can Help!







All veterans are encouraged to pass information, opinions, links to self-help sites onto VVi. VeteranVoice.info is a distribution centre and we are dependant on others to pass information. This is your site. Tell other veterans about your site.

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Veteran's Aide Memoire

http://veteranvoice.info/archive/aide_memoire/Vet_Aide_Memoire.pdf

[National \(US\) Gulf War Resources Center, Inc.](http://www.ngwrc.org/)

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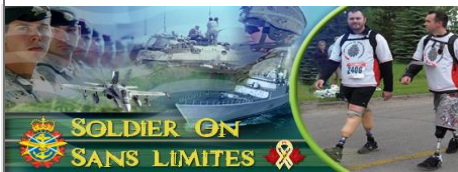
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