



# Care of the Ill and Injured in the Canadian Forces

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Personnel and Family Support Research*

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DGMPRA TM 2009-015  
September 2009

Defence R&D Canada  
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## **Abstract**

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Recent military operations have resulted in a significant number of casualties for the Canadian Forces (CF). This paper reviews CF services on health care, career assistance, financial assistance, and casualty management. In addition, a preliminary overview of services offered by The Technical Cooperation Program (TTCP) nations – Australia, Canada, New Zealand, the United Kingdom (UK) and the United States (U.S.) – for the care of military casualties is presented. Recommendations concerning further work in this area are also presented.

## **Résumé**

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Nombreux sont les membres des Forces canadiennes (FC) qui ont été blessés dans le cadre des opérations militaires récentes. Les auteurs du présent document passent en revue les services offerts par les FC au chapitre des soins de santé, de la réorientation professionnelle, du soutien financier et de la gestion des blessés. Ils font également un survol des services offerts aux militaires blessés des États membres du Programme de coopération technique (TTCP) – c'est-à-dire l'Australie, le Canada, la Nouvelle Zélande, le Royaume-Uni et les États-Unis. Finalement, ils formulent des recommandations pour pousser plus avant le travail dans ce domaine.

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## Executive summary

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### Care of the Ill and Injured in the Canadian Forces:

**Zhigang Wang; Jason Dunn; Leesa Tanner; DGMPRA TM 2009-015; Defence R&D Canada – DGMPRA; September 2009.**

**Introduction:** Recent military operations have resulted in a significant number of casualties for the Canadian Forces (CF). This paper reviews CF services on health care, career assistance, financial assistance, and casualty management. In addition, a preliminary overview of services offered by The Technical Cooperation Program (TTCP) nations – Australia, Canada, New Zealand, the United Kingdom (UK) and the United States (U.S.) – for the care of military casualties is presented. Recommendations concerning further work in this area are also presented.

**Discussion and Recommendations:** While the authors acknowledge that the information gathered in this report is exploratory in nature and is therefore limited, this work serves as a starting point in documenting services and programs in the domain of care of the ill and injured. This preliminary work should be distributed to TTCP nations, along with a request for additional information in order to obtain more comprehensive and detailed information on their services.

The Department of National Defence (DND), the CF and Veterans Affairs Canada (VAC) have put significant efforts into the care of the ill and injured, and work closely together in providing a period of “both hands on the baton” so that the transition of CF members and their families can be as seamless as possible. The social contract between Canadian society and CF members does not end with release from the CF.

Caring for the ill and injured is a complex undertaking which requires significant dedicated resources. In addition, it requires regular evaluation to ensure that the services and programs being offered to CF members are meeting their needs. Based on the information gathered to date, it is recommended that:

- a. Research be undertaken on CF members’ perceptions, satisfaction, and expectations of CF services and programs. For example, why some military casualties have higher/lower expectations on care and support than others; how services are perceived; how unintended service failures affect CF members’ perceptions, satisfaction, and expectations; how military casualties’ perceptions, satisfaction, and expectations on care and support relate to their quality of life;
- b. Research be undertaken on future injuries that CF members may experience. For example, will future changes in warfare lead to different types of casualties;
- c. Research be undertaken to determine if attitude changes of future generations will impact casualty care services;
- d. Research be undertaken on stigma associated with mental health. For example, developing approaches to reduce the stigma associated with mental health;

- e. Research be undertaken on the post-deployment reintegration experiences of CF members who have been ill and injured;
- f. Research be undertaken on families of ill and injured CF members to assess their experiences and needs;
- g. Research and programme evaluation be undertaken on whether the intent and policies surrounding current programs and services are meeting the needs of ill and injured CF members and their families;
- h. Research and programme evaluation be undertaken on the effectiveness of the JPSU casualty-management model; and
- i. Research be undertaken on what factors contribute to the career-transition success/failure of seriously injured veterans.

# Sommaire

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## Care of the Ill and Injured in the Canadian Forces:

**Zhigang Wang; Jason Dunn; Leesa Tanner; DGMPRA TM 2009-015; R & D pour la défense Canada – DRASPM; Septembre 2009.**

**Introduction :** Nombreux sont les membres des Forces canadiennes (FC) qui ont été blessés dans le cadre des opérations militaires récentes. Les auteurs du présent document passent en revue les services offerts par les FC au chapitre des soins de santé, de la réorientation professionnelle, du soutien financier et de la gestion des blessés. Ils font également un survol des services offerts aux militaires blessés des États membres du Programme de coopération technique (TTCP) – c'est-à-dire l'Australie, le Canada, la Nouvelle Zélande, le Royaume-Uni et les États-Unis. Finalement, ils formulent des recommandations pour pousser plus avant le travail dans ce domaine.

**Discussion et recommandations :** Les auteurs du présent rapport dressent un tableau des services et des programmes de soin offerts aux blessés et aux malades. Ils ne prétendent toutefois pas à l'exhaustivité, puisque leur travail s'appuie sur des informations préliminaires. Le rapport devrait être transmis aux États membres du TTCP et être accompagné d'une demande de renseignements additionnels sur les services offerts par ces pays, afin que les autorités canadiennes disposent d'une information détaillée et exhaustive.

Le ministère de la Défense nationale, les Forces canadiennes et le ministère des Anciens combattants ont déployé des efforts considérables pour assurer la prestation de soins aux blessés et aux malades et ils travaillent en étroite collaboration afin de faciliter – dans la mesure du possible – la transition pour militaires et leurs familles. Le contrat social qui lie la société canadienne aux membres des forces armées n'est pas rompu par la libération des militaires.

Assurer la prestation de soins aux malades et aux blessés est une tâche complexe qui nécessite la mobilisation de ressources importantes. De plus, l'évaluation régulière des services et des programmes offerts aux membres des FC s'impose afin d'assurer l'adéquation du soutien apporté. À la lumière des informations recueillies jusqu'ici, les auteurs du rapport recommandent d'entreprendre des recherches :

- a. Sur les perceptions des membres des FC à l'égard des programmes et des services qui leur sont offerts, et sur leur degré de satisfaction et leurs attentes. La recherche pourrait chercher à répondre notamment aux questions suivantes : Pourquoi les attentes au chapitre des soins et de l'appui sont-elles plus fortes chez certains et plus faibles chez d'autres? Quel est l'impact des ratés involontaires au chapitre des services sur les perceptions, la satisfaction et les attentes des membres des FC? Quel est le lien entre la qualité de vie des militaires blessés et leurs perceptions, leur satisfaction et leurs attentes au chapitre des soins et de l'appui?
- b. Sur les changements susceptibles d'être observés au chapitre des blessures infligées aux membres des FC en raison de l'évolution des formes de la guerre.



- c. Pour tenter de déterminer si les changements d'attitudes des générations futures auront un impact sur les services de soins aux blessés.
- d. Sur les stigmates liés à la maladie mentale en vue, notamment, d'élaborer des approches qui contribueront à réduire ces stigmates.
- e. Sur la réinsertion dans la société des membres des FC malades ou blessés une fois de retour au pays.
- f. Sur les familles des militaires blessés ou malades pour comprendre ce qu'elles vivent et pour évaluer leurs besoins.
- g. Pour tenter de savoir si les programmes et les services offerts actuellement aux militaires blessés ou malades et à leurs familles répondent aux besoins de cette clientèle.
- h. Pour évaluer l'efficacité du modèle de gestion des blessés de l'Unité interarmées de soutien du personnel.
- i. Sur les facteurs qui contribuent au succès ou à l'échec de la réorientation professionnelle des vétérans gravement blessés.

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# 1 Introduction

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## 1.1 Background

*Shaping the Future of the Canadian Forces: A Strategy for 2020*<sup>1</sup> states that the “Defence mission is to defend Canada and Canadian interests and values while contributing to international peace and security”. To accomplish its mission, the Canadian Forces (CF) has played an active role in United Nations (UN) and North Atlantic Treaty Organization (NATO) operations. Military operations in Afghanistan have resulted in a significant number of casualties.

At the request of the Chief of Military Personnel (CMP), Director General Military Personnel Research and Analysis (DGMPPRA) was tasked to provide an inventory of services available for CF members who are ill and injured. This paper reviews CF services on health care, career assistance, financial assistance, and casualty management. In addition, a preliminary overview of services offered by The Technical Cooperation Program (TTCP) nations – Australia, Canada, New Zealand, the United Kingdom (UK) and the United States (U.S.) – for the care of military casualties is presented. Recommendations concerning further work in this area are also presented.

## 1.2 Definition

Casualty is defined in the *CF Casualty Administration Manual* (2007) as “A member of the Regular Force (serving or on non-effective strength (NES)), a member of the Primary Reserve (P Res) on Class ‘A’, ‘B’ or ‘C’ Reserve Service, or a member of foreign military service on training, operations or exchange duty who: becomes seriously injured/ill or very seriously injured/ill (SI/VSII); is reported missing; or dies or is killed.”

It should be noted that casualty is defined differently across TTCP nations – Australia, Canada, New Zealand, the United Kingdom (UK) and the United States (U.S.). For example, the UK military also includes “Unlisted” and “Incapacitating Illness or Injury”, while the U.S. military includes “DUSTWUN (Duty Status – Whereabouts Unknown)”, “Not Seriously Injured” and “Incapacitating Illness or Injury”. This paper mainly focuses on care and support to military personnel who become seriously and/or very seriously ill or injured during military operations. This paper does not include care and support to military personnel who (1) are not seriously ill or injured, (2) are reported missing, and (3) die or are killed.

## 1.3 Aim

Given the amount of overlap with services on support to operations, this paper should be read in conjunction with Otis, Dunn, and Wang (2008). Together, these papers demonstrate a continuum of care in terms of CF members in general, and the ill and injured. This paper specifically focuses on services offered to CF members, who have been ill and/or injured in overseas operations, upon their return to Canada.

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<sup>1</sup> [http://www.cds.forces.gc.ca/pubs/strategy2k/intro\\_e.asp](http://www.cds.forces.gc.ca/pubs/strategy2k/intro_e.asp).

## **1.4 Limitations**

The authors acknowledge that the information gathered is exploratory in nature and is therefore limited. The aim of this paper is to provide an inventory of services and not to assess how the CF compares to other TTCP nations in terms of the support provided to military casualties and their families. Information for Canada and other TTCP nations was gathered directly from open sources and may not reflect recent initiatives.

## 2 Health Care

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### 2.1 Canada

The health care of all military personnel is a key priority for the CF. A number of services are offered before, during and after deployment in order to prevent and/or reduce casualties. Some of these services have been discussed in Otis, Dunn, and Wang's companion paper (2008) on personnel support to operations. They include<sup>2</sup>:

a. **Pre-Deployment Health Care**

- (1) Pre-Deployment Physical Health Screening;
- (2) Preventive Health Measures;
- (3) Assessment of Deployment Health Threats;
- (4) Comprehensive Briefings on Deployment Health Threats and Deployment Stress;
- (5) Pre-Deployment Psychological Screening;
- (6) Human Dimensions of Operations (HDO) Survey;
- (7) Mental Health Training; and,
- (8) Comprehensive Briefings on Deployment Health Threats and Deployment Stress.

b. **Deployment Health Care**

- (1) Prevention;
- (2) Medical Care;
- (3) HDO Survey;
- (4) Mental Health Professionals; and,

c. **Post-Deployment Health Services**

- (1) Post Deployment Briefings;
- (2) Post-Deployment Medical Examination;
- (3) Enhanced Post-Deployment Screening;

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<sup>2</sup> See Otis, Dunn and Wang (2008) for additional information concerning these services.



- (4) HDO Survey;
- (5) Decompression at a Third Location;
- (6) Family Reintegration Briefings;
- (7) Special Follow-Up;
- (8) CF Depleted Uranium Testing Program;
- (9) Workplace Reintegration;
- (10) Post-Deployment Readjustment Period; and,

d. **General Counselling Services**

- (1) Canadian Forces Member Assistance Program (CFMAP).

In addition, the Department of National Defence (DND)/CF and Veterans Affairs Canada (VAC) provide other physical care services such as:

- a. **Periodic Health Assessments.** The CF introduced enhanced Periodic Health Assessments (PHAs) to improve the common health-care management system for all military personnel and to make pre- and post- deployment screenings more efficient and effective<sup>3</sup>.
- b. **DND Rehabilitation Program.** CF members can participate in the Medical Rehabilitation Program. The intent of the Program is to restore a member's functioning to the highest level in order for them to return to work – as long as they meet the Universality of Service requirements.
- c. **VAC Rehabilitation Program.** VAC's Rehabilitation Program is available to CF members who medically release from the CF (including provisions for Reservists) and apply within 120 days of their release. It is also available to CF Veterans who, at any time, apply and have a rehabilitation need primarily related to their service in the CF. Medical, psycho-social and vocational rehabilitation services are offered. Medical rehabilitation supports medical treatment to stabilize and restore basic physical and psychological functioning.
- d. **VAC Treatment Benefits.** VAC Treatment Benefits are available to CF Veterans for medical conditions for which they have been granted a Disability Pension or a Disability Award. Treatment Benefits are also available to CF Veterans for medical conditions for which they are participating in VAC's Rehabilitation Program, to the extent required to achieve the rehabilitation goals.

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<sup>3</sup> Departmental Performance Reports (2007-2008) at <http://www.tbs-sct.gc.ca/dpr-rmr/2007-2008/inst/dnd/dnd02-eng.asp>.

- e. **Veterans Independence Program.** VAC's Veterans Independence Program (VIP) is available to CF members when the need for VIP benefits is related to a pensioned condition (or a disability for which a Disability Award has been granted) and to the extent that services or care are not available to them as members or Veterans of the CF.
- f. **Access to Group Health Insurance through the Public Service Health Care Plan (PSHCP).** CF Veterans who are eligible for VAC's Rehabilitation Program can purchase group health insurance for themselves and their family from the Public Service Health Care Plan, if they are not already eligible for the PSHCP (for example, if they are not a *CF Superannuation Act* (CFSA) recipient). Once eligible, veterans can maintain the PSHCP coverage for life.
- g. **Military Family Services Program.** The Military Family Services Program provides support to families who have an ill or injured CF member. For further discussions on mandated services see Tanner, Aker, Otis, and Wang (2008).

The new Military Family Resource Centre Liaison positions are mandated to support the Integrated Personnel Support Centre (IPSC) team in delivering standardized, consistent care, service and support to CF families coping with illness, injury and/or a special need, while concurrently allowing for flexibility to meet individual family and community needs. General roles and responsibilities of the Liaison positions include:

- (1) Tailor the suite of Military Family Services Program services to meet the needs of CF families coping with illness, injury and/or a special need;
- (2) Advocate on behalf of CF families coping with illness, injury and/or a special need;
- (3) To support educational sessions, briefings, and resources regarding: transition; change management; crisis management; family violence; impact of occupational stress injuries; post traumatic stress; and other types of injuries on families, etc;
- (4) To support family members dealing with potential and actual crisis situations (family violence, suicide, depression, substance abuse, child abuse);
- (5) To provide outreach to reserve units;
- (6) To maintain and develop strong relations and community partnerships with both civilian and military organizations;
- (7) To conduct group and individual counselling sessions related to illness, injury and/or special needs;
- (8) To participate on various committees in the community and on Base: base wellness; health promotions; family violence; etc;
- (9) To enhance the capacity of families of ill or injured CF members to cope with casualty management;

- (10) To assist families with special needs to navigate the system in order to access programs and services;
- (11) To collaborate on the coordination and provision of general information briefs for the chain of command, unit personnel and CF families;
- (12) To staff claims for support requirements such as travel, emergency child care, etc.;
- (13) To provide CF members with operational stress injuries and their families with referrals to peer support programs and bereavement social support programs; and,
- (14) To identify and address gaps in the provision of services and benefits to injured and ill CF members and their families in cooperation with other IPSC staff.

h. **Operational Trauma and Stress Support Centres.** Military operations can cause a myriad of psychological, spiritual and relationship problems. Because these problems are multi-faceted, there is a need to address them from a holistic approach, with a multi-disciplinary team of professionals. Operational Trauma and Stress Support Centres (OTSSCs) have a inter-disciplinary mandate to assist CF members in dealing with operational stress, emotional troubles and/or circumstances. They also assist members with relationship difficulties and/or mental health issues arising from operational trauma. OTSSCs work in conjunction with local service providers to help in the prevention, diagnosis, and treatment of operational trauma. These inter-disciplinary teams consist of psychiatrists, psychologists, General Duty Medical Officers (GDMOs), social workers, mental health nurses, chaplains, addictions counsellors, and administrative support personnel.

The CF has OTSSCs in Halifax, Valcartier, Edmonton, Esquimalt and Ottawa. The mandate of these Centres is threefold:

- (1) To develop and maintain a body of expertise and experience on the management of problems associated with military operations;
- (2) To share this expertise and experience with care providers at the base level through constant liaison and outreach educational activities; and
- (3) To apply this expertise and experience in the management of individual cases referred to them.

At the moment, OTSSCs only focus on operational mental health matters. At each site, however, there is a parallel general mental health program that manages non-operational mental health matters.

- i. **Operational Stress Injury Social Support Program.** The Operational Stress Injury Social Support (OSISS) Program<sup>4</sup> is provided by the Centre for the Support of Injured and Retired Members and their Families, which is a joint effort of the DND and VAC. The Program is available throughout Canada to serving CF personnel, veterans, and their families.
  - (1) This nation-wide confidential peer support program is aimed at increasing the level of social support to CF members and former members (as well as their families) who have been affected by OSIs as a result of military service. Social support is offered by individuals who have themselves experienced an OSI, and by family members who understand, through their own experiences, OSI issues.
    - a. **Peer Support.** Trained Peer Support Coordinators, who themselves have been injured by operational stress, offer support by listening to those who are suffering, drawing on similar experiences, and providing guidance on resources available in DND, VAC and their own community. Peer Support Coordinators respect individual situations, privacy, and confidentiality.
    - b. **Family Support.** Family Support Coordinators offer support to families affected by an OSI. They do so by listening, providing information, engaging in discussion groups, and making connections to community resources.

The OSISS Program also provides education and training to the CF community in order to create an understanding and acceptance of OSIs.

- j. **VAC Mental Health Program.** The VAC Mental Health Program is a suite of more than thirty services and benefits which VAC provides to assist Veterans living with mental health conditions. These include fifteen specific mental health services tailored to meet the needs of Veterans and their families, as well as other services which have a broader impact on client mental health and well-being. Specific mental health services include: the network of OSI Clinics; the VAC Assistance Service; OSISS; Psycho-social Rehabilitation; Pastoral Outreach; Clinical Care Manager service to support case management; psychiatric and psychological counselling; and treatment programs for stabilization, addictions, detoxification and co-morbidity. Several of these services are expanded upon below.
  - (1) **Short-Term Counselling Services.** The CFMAP provides members and their families with access to confidential short-term professional counselling services. In most cases, clients are referred to professional counsellors in their community for face-to-face counselling. The VAC Assistance Service provides veterans and their families with access to similar short-term professional counselling services.

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<sup>4</sup> An operational stress injury (OSI) is any persistent psychological difficulty resulting from operational duties performed by a CF member. The term OSI is used to describe a broad range of problems which usually result in impairment in functioning. OSIs include diagnosed medical conditions such as anxiety, depression and post traumatic stress disorder (PTSD) as well as a range of less severe conditions.

- (2) **OSI Clinics.** VAC has established a number of OSI clinics to help veterans, CF members, and their families recovering from an OSI. They are located in Calgary, Winnipeg, London, Quebec, Fredericton, Vancouver, Ottawa and Edmonton. The OSI clinics have teams of mental health professionals, including psychiatrists, psychologists, nurses and clinical social workers, who provide standardized assessment, treatment, prevention and support services. VAC also has registered community health professionals who provide veterans with care in their communities<sup>5</sup>.

VAC, the DND and the CF are working together to harmonize and strengthen the joint network of clinics. Current efforts are aimed at: maintaining consistency in who receives services and how services are provided; ensuring adequate capacity based on client demand; and ensuring common performance measurements are in place and monitored to ensure that objectives are being achieved.

To receive services at an OSI clinic, veterans, CF members, and their families must be referred by a medical doctor from VAC or a military base. For a referral, veterans and their families can call VAC's toll-free telephone number Still-serving CF members can contact their Base Medical Officer for a referral.

- (3) **Pastoral Outreach Program.** Offered jointly by VAC and DND, the Pastoral Outreach Program is similar to the pastoral care that military Chaplains provide to CF members. The program assists CF Veterans and their families to deal with difficult situations as well as cope with "end of life" issues, such as death, funerals and bereavement.
- (4) **VAC Outreach.** VAC offers information sessions and provides communication products to CF members (both Regular Force and Reservists), Veterans and their families to increase awareness and understanding of the programs and services available through the Department (e.g., medical, psycho-social, and vocational rehabilitation, health benefits, etc.). Outreach activities are conducted across the country, and where possible, in partnership with veterans' organizations, DND, Family Resource Centres and others to educate and encourage CF members, Veterans and their families to contact VAC for assistance. Regular contact with clients through pro-active screening helps ensure that members receive the services and benefits necessary to improve their quality of life.
- (5) **Ste. Anne's Hospital.** Ste. Anne's Hospital, the last remaining hospital administered by Veterans Affairs Canada, was built to take care of ill and injured soldiers returning from WWI. Throughout the intervening years, the focus at Ste. Anne's has been the provision of chronic and long-term care service. In more recent years the mandate of Ste. Anne's has been broadened, particularly with respect to the mental health of modern-day Veterans returning from missions abroad. Through the mandate of the National Centre for Operational Stress Injuries, housed at Ste. Anne's, the facility now offers care and services to

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<sup>5</sup> See Operational Stress Injury Services and Supports at [http://vac-acc.gc.ca/pdf/mental-health/osi\\_service\\_txtonly.pdf](http://vac-acc.gc.ca/pdf/mental-health/osi_service_txtonly.pdf).

individuals with military-related operational stress injuries and coordinates VAC's OSI clinics across the country. Now affiliated with McGill University in Montreal, Ste. Anne's also provides leadership in the area of research.

- (6) **Canada Remembers Program.** Veterans Affairs Canada, through its Canada Remembers Program, plays a role in ensuring that CF Veterans are recognized. This is accomplished through a variety of programs which include learning initiatives, public information, ceremonies and events, memorials, cemetery maintenance, funeral and burial assistance as well as partnerships.

VAC continues to modernize its remembrance programming so that the unique contributions of the Canadian Forces are recognized and honoured by the CF community and all Canadians. Remembrance programming is evolving to actively involve CF Veterans in remembrance activities and events and to help create linkages between Veterans' sacrifices and achievements in past wars to those of CF Veterans and still-serving members. The Canada Remembers Program has reached out to CF Veterans and still-serving members to get a better understanding of how to further engage them in remembrance and how to help develop a deeper appreciation for their place in Canada's military history.

## **2.2 Australia**

### **2.2.1 HealthKEYS**

The largest and most significant e-health project across the Australian Department of Defence (DoD) is HealthKEYS. This single, corporate health information system is designed to provide timely and accurate information to meet the operational, management and clinical needs of Australia Defence Force (ADF) members' health. The healthcare services provided by Department of Veterans' Affairs (DVA) are also supported by a significant information technology (IT) infrastructure and development program. DVA has increased the veteran community's ability to access health services, as well as supported and enhanced management of care delivery through the sharing of information with health care professionals.

### **2.2.2 Family Support**

The ADF provides crisis support to the seriously ill or injured. They also sponsor next of kin (NOK), relatives, or a nominated person to visit an ADF member hospitalized through serious injury or illness. Eligible persons include:

- a. A member's spouse or de facto spouse together with children who could not reasonably be separated from the spouse;
- b. A member's mother and father;
- c. A child of the member accompanied by a support person;

- d. Those persons, in the order listed, identified by the member for notification in the event of casualty;
- e. A NOK; or
- f. Any other person whom the member or person identified in the points above may nominate to visit instead of themselves (i.e., transfer of visiting rights).

When a person eligible to visit is either elderly, infirm or physically handicapped, or when it is considered necessary by the approving authority for other reasons, that person may be accompanied on the visit by an attendant of their own choosing at public expense.

### **2.2.3 Veterans and Veterans' Families Counselling Service**

The Veterans and Veterans' Families Counselling Service, a specialized, free, confidential Australia wide service for Australian veterans and their families, provides a wide range of counselling and group programs for war and service-related mental health conditions.

## **2.3 United Kingdom**

### **2.3.1 Rehabilitation Centres**

Regional Rehabilitation Units (RRUs) are responsible for the rehabilitation of injured soldiers. Rehabilitation staff includes: specialist medical officers, nurses, remedial instructors, physiotherapists, occupational therapists, speech and language therapists, a cognitive therapist, social workers, engineers, and administrative support staff.

The flagship location is at Headley Court; other RRUSs are located in Aldergrove, Aldershot, Bulford, Catterick, Colchester, Cranwell, Edinburgh, Halton, Honnington, Lichfield, Plymouth, and Portsmouth. Headley Court is specialized in the treatment of orthopaedic and sports injuries, spinal injuries, neurological rehabilitation (head & brain injuries) and rheumatic disease. It hosts the unique Limb Fitting and Amputee Centre, which enables military personnel to quickly receive prosthetic limbs that are expertly fitted. The Defence Rheumatology Centre (DRC) at St Thomas's Hospital (London), a sub-unit of Headley Court, provides treatment for out-patients.

### **2.3.2 Treatment for Mental Illness**

#### **2.3.2.1 Department of Community Mental Health**

The Ministry of Defence (MoD) has established 15 Departments of Community Mental Health (DCMH) across the UK, plus satellite centres overseas, to provide out-patient mental healthcare. DCMHs are located in the areas with a large military population, such as Aldershot, Brize Norton, Catterick, Colchester, Cranwell, Donnington, Kinloss, Leuchars, Marham, Faslane, Plymouth, Portsmouth, Tidworth, Belfast, and Woolwich. These military treatment centres for psychiatric illness are staffed by military mental health specialists.

The mental healthcare program for recently demobilized Reservists, launched in November 2006, provides a dedicated mental health assessment by qualified members of the Defence Medical Services. It also offers out-patient treatment at one of the DCMHs for combat related mental health conditions.

### **2.3.2.2 Veterans Support**

The Ex-Services Mental Welfare Society (Combat Stress) is a charity that specializes in helping veterans suffering from psychological disability as a result of their service. It has three short stay treatment centres and a residential home.

### **2.3.3 Spiritual Support**

Chaplains provide support to all regardless of faith and they can be contacted via the unit<sup>6</sup>. This support is confidential and is outside of the Chain of Command.

### **2.3.4 Family Support**

The travel of NOK to the bedside of a casualty is authorized under the Dangerously Ill Forwarding of Relatives (DILFOR) scheme in appropriate circumstances.

## **2.4 United States<sup>7</sup>**

### **2.4.1 Rehabilitation**

#### **2.4.1.1 Components of Rehabilitation**

The rehabilitation needs of injured service members are currently met through an array of military, Department of Veterans Affairs (VA), and private-sector health facilities. Components of rehabilitation include:

- a. Preventing additional impairments or disabilities;
- b. Protecting uninjured or uninvolved body systems;
- c. Improving functional capacity lost from injury;
- d. Promoting use of adaptive equipment and technology;

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<sup>6</sup> For more information on chaplaincy support to military personnel among other TTCP militaries, see Coulthard (2008), A Preliminary Review of Chaplains in the Military.

<sup>7</sup> Cited from Serve, Support, Simplify: Report of the President's Commission on Care For America's Returning Wounded Warriors July 2007 – Subcommittee Reports & Survey Findings, at <http://www.pccww.gov/docs/TOC%20Subcommittee%20Reports.pdf>.



- e. Enhancing patient and family adjustment through education; and,
- f. Removing barriers from the patient's environment.

#### **2.4.1.2 Polytrauma Rehabilitation Centers**

In 1991, the VA, with funding support from the DoD, designated three VA facilities as Traumatic Brain Injury (TBI) Centers for active-duty service members. A fourth Center was added in 1993. As a result of 2004 legislation that required the VA to expand these Centers in order to treat multi-injured service members, the Centers were renamed "Polytrauma Rehabilitation Centers." The Polytrauma Rehabilitation Centers (PRCs) are located in Palo Alto, California, Richmond, Virginia, Tampa, Florida, and Minneapolis, Minnesota.

#### **2.4.1.3 Rehabilitation Network**

In addition to the four inpatient PRCs, the VA developed a rehabilitation network to address the ongoing needs of multi-injured service members and veterans:

- a. 23 Polytrauma Network Sites provide both inpatient and outpatient rehabilitation care;
- b. 72 Polytrauma Support Clinic Teams are distributed in VA facilities across the country to assist veterans and service members with rehabilitation needs close to their home communities; and
- c. A Polytrauma Telehealth Network provides additional support for patients throughout the system, by using communications technologies to involve experts from distant locations in the patient's care.

Depending on the needs and capabilities of the patient, private-sector rehabilitation programs and services are also provided to injured service members in a variety of ways and location. According to the Centers for Medicare and Medicaid Services, there are now 224 free-standing inpatient rehabilitation hospitals – where the most intensive rehabilitation programs are based – and 1,010 inpatient rehabilitation units within acute care hospitals.

#### **2.4.1.4 Center for the Intrepid**

The Center for the Intrepid, which opened in January 2007 in San Antonio, Texas, provides state-of-the-art rehabilitation facilities for military personnel who have been catastrophically disabled in operations in Iraq and Afghanistan, and veterans severely injured in other operations or in the normal performance of their duties. The Center includes state-of-the-art physical rehabilitation equipment and extensive indoor and outdoor facilities, all of which serve the rehabilitation needs of patients and their caregivers. The Center for the Intrepid is co-located with two 21-room Fisher Houses, "comfort homes" that house the families of patients in a home-like environment at little or no cost, so that families can be close to their loved ones and participate in their recovery.

## **2.4.1.5 Wounded Warrior Projects (WWP)<sup>8</sup>**

### **2.4.1.5.1 WWP Soldier Ride**

The WWP Soldier Ride is a rehabilitative cycling program for wounded warriors. For many of these combat-wounded veterans, Soldier Ride provides the first steps in the return to an active lifestyle. Given that many of these wounded warriors have been physically active throughout their lives, Soldier Ride offers these individuals the chance to get on a bike and prove to themselves that they can still be physically active.

### **2.4.1.5.2 WWP Outdoors**

Through activities such as hunting, fishing, archery, hiking, and camping, wounded warriors continue their rehabilitation in the outdoors. WWP Outdoors helps participants build life-long skills they can enjoy in their home communities.

### **2.4.1.5.3 WWP Disabled Sports Project**

The WWP Disabled Sports Project is a partnership between the WWP and Disabled Sports USA to provide year-round sports programs for severely wounded service members.

## **2.4.2 General Programs**

### **2.4.2.1 DoD Resources**

Once identified through screening (self-referral, medical referral, or other methods) individuals on active duty can obtain mental health services in settings ranging from medical centers with research and training programs, small-scale community clinics, or rugged deployed settings. For example, DoD resources include:

- a. **The Deployment Health Clinical Center.** Performs deployment-related health research, develops deployment-related health education and training programs for conditions including PTSD. It offers an intensive three-week day treatment program for patients with PTSD at Walter Reed Army Medical Center.
- b. **The Center for Deployment Psychology.** Trains military and civilian health care providers treating mental health conditions of returning combat veterans.
- c. **U.S. Army Center for Health Promotion and Preventative Medicine.** Produces combat and operational stress research and education materials.
- d. **Walter Reed Army Institute of Research.** Their research has resulted in the implementation of military programs such as “Battlemind”.

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<sup>8</sup> <https://www.woundedwarriorproject.org/>.

#### 2.4.2.2 VA Resources

VA has an extensive network of specialized inpatient, outpatient, day hospital, and residential treatment programs. VA also provides routine screening for PTSD, substance abuse, depression, and sexual trauma. VA resources include:

- a. **The National Center for PTSD.** Consists of seven VA academic centers of excellence located throughout the country;
- b. **Ten Mental Illness Research, Education, and Clinical Centers.** One of these Centers specifically focuses on the post-deployment needs of Iraq and Afghanistan war veterans; and
- c. **209 Vet Center clinics.** These clinics provide community-based mental health services<sup>9</sup>.

#### 2.4.2.3 Other Resources

Other resources include:

- a. **Bob Woodruff Family Fund.** The fund was founded by ABC news anchor Bob Woodruff and his wife in February 2007 to raise awareness and money to assist members of the military injured while serving. Special emphasis is placed on the “hidden signature injuries” of the wars in Iraq and Afghanistan – TBI and combat stress injuries, including PTSD.
- b. **WWP Peer Mentoring.** The WWP and the Phoenix Society for Burn Survivors have joined forces to connect service members with severe burn injuries returning from Iraq and Afghanistan with a peer mentoring program for burn survivors.
- c. **WWP Odyssey.** WWP Odyssey brings together warriors dealing with combat stress to offer them a chance to spend time with fellow warriors in an attempt to start the healing process.
- d. **WWP Backpacks.** The Backpacks contain essential care and comfort items, including clothing, toiletries, a calling card, a CD player, and playing cards, all designed to make a hospital stay more comfortable. They are provided to severely wounded service members arriving at military trauma centers. A smaller version of the WWP Backpacks, Transitional Care Packs, are sent directly to Iraq and Afghanistan to provide immediate comfort during a warrior’s relocation to the U.S. military trauma center.

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<sup>9</sup> Department of Veteran’s Affairs Fact Sheet (2006). Veterans with Post Traumatic Stress Disorder (PTSD), Washington D.C.

### **2.4.3 Traumatic Brain Injury Programs**

A TBI occurs when a blow or jolt to the head is significant enough to change the person's normal level of neurological functioning, often producing an immediate change in consciousness, orientation, awareness, or recall of events surrounding the injury. The consequences of TBI can be temporary or permanent, and many factors combine to result in highly individualized injuries. An array of physical, cognitive, emotional, and behavioural problems may result from TBI, such as sleep disturbances, headaches, sensitivity to light and noise, decreased attention and poor frustration tolerance.

Mild TBI cases are identified in-theatre through the use of recently established clinical practice guidelines. These individuals are not typically evacuated out of the combat theatre; rather the Defense Veteran Brain Injury Center recommends that these individuals receive rest, education and symptomatic treatment for their complaints as close to their units as possible.

Mild to moderate TBI cases identified after returning from deployment may be managed by local military, VA, TRICARE<sup>10</sup> network providers, or some combination thereof depending on the geographic location and capabilities of the local military medical facility. In relatively serious cases, treatment usually includes medical stabilization in acute-care hospitals, which is followed by rehabilitative care from a multidisciplinary team of providers in diverse settings<sup>11</sup>.

### **2.4.4 Family Support Programs**

#### **2.4.4.1 Initial Support**

##### **2.4.4.1.1 Travel Orders**

Families of injured service members usually learn of injuries via a telephone call by either a military casualty affairs staff member or the unit commander in the field. Family members quickly receive information about travel, lodging, and support from the treating medical facility. If the injury falls into defined serious or very serious categories, Invitational Travel Orders can be issued for up to three family members, usually for 14 days and sometimes for 30 days (or even longer, under the Service Secretary's order). Travel orders provide: travel expenses, lodging, local transportation expenses, and daily allowances.

When the service member is discharged from the hospital, a Non-Medical Attendant Order can be issued if the attending physician believes that having a family member in attendance will aid in the patient's recovery. These orders cover transportation and meals and are usually issued in 14-day increments to only one family member. Additional family members may receive this service in extraordinary circumstances.

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<sup>10</sup> TRICARE is DoD's health care program. It provides services to military members, their families, and survivors and serves more than 9.1 million beneficiaries worldwide.

<sup>11</sup> Such as acute-care hospitals, post-acute care units, rehabilitation hospitals, outpatient rehabilitation departments, day treatment centers, transitional treatment facilities, and home.

#### **2.4.4.1.2 Bedside Lengths of Stay**

Family members' bedside lengths of stay range from one day to six months, the average being 45 days. Most injured service members recover quickly and return to duty, while others take longer to recover. In cases where recovery will take a long time (e.g., severe burn cases), the military Service may decide to move the family permanently. Moving the family can facilitate normal family interactions. If the family is uprooted, an abundance of military and community support organizations, including more than 1,000 non-profit organizations, play a vital role in family support.

#### **2.4.4.1.3 Fisher Houses**

The Fisher House Program is a unique private-public partnership that provides families of injured and wounded service members with a "home away from home", at no charge, to enable them to be close to a loved one during hospitalization. There is at least one Fisher House at every major military medical center to assist families in need and to ensure that they are provided with the comforts of home in a supportive environment.

#### **2.4.4.1.4 Other Initial Support**

Walter Reed and Brooke Army Medical Centers have Soldier and Family Assistance Centers, where family members are connected on-site with a host of programs and referral services. The Army recently directed all its medical facilities to develop a capability to open such Centers if needed, while the other Services offer family support in other ways. For example, family members of injured marines and sailors can receive assistance from the Marine For Life Injured Support Program, which provides information, advocacy and assistance from the time of injury through return to full duty or transition to the Veterans Administration.

Additionally, DoD and VA treatment facilities offer family members:

- a. Education about the service member's specific injuries and the physical, psychological, and social functioning changes that will result in both the short and long term;
- b. Training for family members who will need to be caregivers; and
- c. Counselling to deal with family members' emotional reactions and adjustments.

#### **2.4.4.2 Ongoing Support**

Each Service has a program to help seriously wounded and injured service members and their families. These include the Army Wounded Warrior Program, the Navy Casualty and Safe Harbor Program, the Marines Wounded Warrior Regiment, the Marine for Life Injured Support Program, and the Air Force Palace HART (Helping Airmen Recover Together) Program. These programs assist by:

- a. Providing advice and assistance during treatment, recovery, and re-entry to military or civilian life;

- b. Cutting through bureaucratic red tape;
- c. Providing referrals to public and private agencies;
- d. Facilitating job searches;
- e. Helping to remedy communication problems affecting families and injured service members; and
- f. Identifying needed changes in policies or procedures.

#### **2.4.4.2.1 Military Severely Injured Center**

In close collaboration with the programs listed above, the Military Severely Injured Center helps injured service members and their families with:

- a. Financial planning,
- b. Education, training, and job placement,
- c. Information on VA benefits and other entitlements,
- d. Home, transportation, and workplace accommodations for disabilities,
- e. Personal, couples, and family issues counselling; and
- f. Personal mobility and functioning.

#### **2.4.4.2.2 Heroes to Hometowns Program**

The Heroes to Hometowns program is designed to welcome home service members who, because of injuries sustained, can no longer serve in the military. Heroes to Hometowns is a program that focuses on reintegration back home, with networks established at the national and state levels. The aim is to work with local communities to coordinate government and non-government resources necessary for long term success.

State Heroes to Hometowns Committees link the military Services and VA case workers at military and VA hospitals as well as the severely injured and their families to their local community. Types of support have included:

- a. Help with paying bills;
- b. Finding suitable homes and adapting as needed;
- c. Adapting vehicles;
- d. Transportation to medical appointments;

- e. Finding jobs and providing educational assistance;
- f. Child care support;
- g. Arranging welcome home celebrations;
- h. Help working through bureaucracy and obtaining government benefits and entitlements;
- i. Sports and recreation opportunities; and
- j. Holiday dinners.

#### **2.4.4.2.3 WWP Patient and Family Support**

WWP Family Assistance and Benefits Counselling is designed to meet the long-term needs of wounded warriors. During rehabilitation, the Program helps with necessary expenses for families of the wounded, including housing, food, childcare, and transportation costs to the hospital so the service member does not have to recover alone.

Benefits counsellors work with severely wounded service members as soon as they return to the U.S. Counsellors provide guidance and help to navigate government benefits available to military personnel and their families. They also help build connections between wounded warriors and networks of peers to provide the necessary assistance and friendship.

#### **2.4.4.2.4 VA Support**

After leaving the hospital, some service members require personal caregiver services. VA provides two kinds of support:

- a. An aid and attendance allowance that ranges from \$1,851 to \$2,757 per month for veterans living at home who are blind, need routine assistance with activities of daily living, or have at least two significant impairments. This allowance pays for nursing assistants or other aides. The higher amounts cover licensed health professionals who provide services directly or supervise the aides. Most beneficiaries of this allowance are rated as 100 percent disabled, and a veteran with a spouse and two children receives monthly disability compensation, ranging from \$2,781 to as much as \$7,380 if severely impaired.
- b. Respite care is available for up to 30 days a year for all disabled veterans. Respite care provides care-giving services while family caregivers take a break from their daily burden.

#### **2.4.4.2.5 Department of Labor REALifelines**

The Department of Labor (DOL) REALifelines (Recovery & Employment Assistance Lifelines) is a new approach to ensuring that wounded and injured service members and their families get the support they need to be successful and competitive as they return to their homes and normal lives.

#### **2.4.4.2.6 Wounded Soldier and Family Hotline**

The U.S. Army's Wounded Soldier and Family Hotline assists wounded warriors and their family members to get information or assistance with medical or other issues.

#### **2.4.4.2.7 Other Ongoing Support**

DoD provides no explicit benefits for care-giving. Aid/attendance and respite care are not available to injured service members on active duty. A few States provide benefits to disabled adults who require care-giving, however, in most states, this benefit is only for the elderly. Some charitable organizations offer respite care to military families.

While the service member is on active duty, spouses and dependents receive comprehensive health benefits through TRICARE. This coverage continues after a medical retirement from service, but this extension lasts only 180 days for regular service members who receive a medical separation (with a DoD disability rating of zero to 20 percent) and for demobilized reservists.

Homes for Our Troops is a non-profit, non-partisan organization founded in 2004. This organization is strongly committed to helping those who have selflessly given to their country and have returned home with serious disabilities and injuries. They assist injured service members and their immediate families by raising donations of money, building materials and professional labor. They also coordinate the process of building a new home or adapting an existing home for handicapped accessibility.

### **2.4.5 Spiritual Support**

After wounded service members from operations in Iraq and Afghanistan are sent to Landstuhl Regional Medical Center, spiritual support is provided through unit ministry teams from the Army Reserve. Army Reserve Unit ministry teams, mobilized from their stateside units, go to Germany to help tend to the religious needs and spiritual comfort of injured and wounded military personnel. Currently, Army Reserve chaplains make up 75 percent of the medical center's ministry staff.

In addition, the U.S. Army introduced the program Building Strong and Ready Families in 1997. Strong Bonds programs are fully-funded and chaplain-led with the support of the Commanding Officer. Soldiers and their families attend with others in the unit who share the same deployment cycle. During the retreat, soldiers and families participate in small group activities that reveal common bonds and nurture friendships. This shores up spousal support at home, which can be vitally important while the soldier is away. In addition, soldiers and families gain awareness of community resources that can assist with concerns about health and wellness as well as crisis



intervention. The Strong Bonds program is now being expanded to meet the specific needs of wounded soldiers and their families. For example, some chaplains have already begun offering specific weekends to wounded warriors and their families on an informal basis<sup>12</sup>.

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<sup>12</sup> Former Army Chaplain Chiefs Discuss Issues Facing Chaplaincy (February 23, 2008 by Caleb) at <http://prodeopatria.wordpress.com/2008/02/23/former-army-chaplain-chiefs-discuss-issues-facing-chaplaincy/>.

## **3 Career Assistance**

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### **3.1 Canada**

#### **3.1.1 Return to Work Program**

The CF Return to Work Program (RTW) was developed and is coordinated by the Directorate of Casualty Support Administration (DCSA). The Program facilitates the restoration of the physical and mental health of injured or ill members by helping them reintegrate back into the workplace as soon as medically possible. The RTW process is initiated by CF Health Services (CFHS), usually by a medical officer (MO). When an MO prescribes RTW as part of the treatment, employment limitations are evaluated and a Modified Work/Modified Duties Plan is developed in consultation with the member, his/her unit, his/her supervisor, the RTW unit representative or RTW Office Of Primary Interest (OPI), and any other specialists as required (such as Case Managers). The transitional employment of the member is monitored to ensure their well being and the recovery of the member as well as the progress of the transitional employment. The member is re-evaluated regularly by the MO.

#### **3.1.2 Personal Enhancement Program**

CF members, who are ill/injured, may also participate in the Personal Enhancement Program (PEP), which is made up of the Second Career Assistance Network (SCAN) Program<sup>13</sup>, the Military Civilian Training Accreditation Program (MCTAP)<sup>14</sup> and the Canadian Forces Continuing Education Program (CFCEP)<sup>15</sup>. It offers career transition services, recognition for military training and experience, and opportunities for upgrading education and training qualifications.

##### **3.1.2.1 Transition Assistance Program**

The Transition Assistance Program (TAP) is also coordinated by DCSA. It assists CF members who have been or will be medically released in making the transition to the civilian workforce. TAP encourages prospective employers, in both the public and private sectors, to consider providing employment to medically releasing CF members. Public and private sector organizations must sign on as TAP “Employer Partners” in order to access the TAP Talent Bank. CF members who have registered with TAP are encouraged to maintain an active and up-to-date resume on the website in order to maximize their chances of finding employment. VAC has also been an active participant in the TAP program by providing placements for still serving CF Members.

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<sup>13</sup> See CFAO 56-20.

<sup>14</sup> See Defence Administrative Orders and Directives (DOAD) 5031-6.

<sup>15</sup> See DAOD 5031-5.

TAP works collaboratively with such stakeholders as CF Personnel Selection Officers (PSOs) via the SCAN Program, CF Case Managers, Service Income Security Insurance Plan (SISIP) counsellors, as well as VAC Case Managers and Job Placement Providers, in order to maximize the transition for CF members leaving the CF due to medical conditions. TAP also provides eligible CF members with information on the availability of rehabilitation training, counselling, assistance with resume writing, and the development of job search techniques.

### **3.1.3 Public Service Employment Priority**

The *Public Service Employment Act* permits eligible CF members to be appointed to Federal Public Service jobs in priority to other candidates, provided they meet all the mandatory qualifications for the position. Qualified members have up to five years in which to be declared by a competent authority as fit to return to the workforce and, once registered for the priority entitlement, have up to two years in which to be appointed to an indeterminate position.

Since December 31, 2005, Government departments have been able to expand the area of competition to still-serving CF members. Since this time, there have been significant increases in the number of advertized processes open to CF members.

### **3.1.4 VAC Rehabilitation Program**

VAC's Rehabilitation Program is available to CF members who are medically released from the CF (including provisions for Reservists) and apply within 120 days of their release and to CF Veterans who, at any time, apply and have a rehabilitation need primarily related to their service in the CF. Medical, psycho-social and vocational rehabilitation services are offered. Vocational Rehabilitation provides assistance to identify and achieve an appropriate vocational goal, given a person's health, education, skills and experience. This may include training, job finding skills and job placement.

### **3.1.5 VAC Job Placement Program**

Regular Force members and some Reservists, who are completing their period of service in the CF and do not have a rehabilitation need, can participate in VAC's Job Placement Program and receive practical help finding civilian employment. Application for the Program must be made within two years of completing the period of service. The Job Placement Program is offered in three phases. Phase one includes workshops on career assessment, resume basics, job search strategy and techniques, as well as interview and negotiation strategies. Phase two of the Program provides one-on-one career counselling to assist with identifying transferable skills, creating an individualized job search strategy and a personal return to work plan. Phase three of the program provides job finding assistance to help the client understand local job markets, identify interview opportunities and to market himself/herself.

## 3.2 Australia

### 3.2.1 Career Transition Assistance Scheme

The Career Transition Assistance Scheme (CTAS)<sup>16</sup> is a series of benefits<sup>17</sup> that assists ADF members to transfer to civilian employment. For example, on behalf of DoD, DVA provides an optional and free Transition Management Service (TMS) to assist members who are medically unfit in their transition from military to civilian life. The TMS is an adjunct to existing procedural components of the medical termination process, performing a coordination and support function for eligible members. This ensures appropriate service provision and access to entitlements that will assist in making a smooth and prepared transition from military to civilian life.

If there is a possibility that a member may be discharged on medical grounds, a TMS Coordinator will, as required:

- a. Explain the discharge process and highlight the decisions a member will need to make;
- b. Prepare a 'Discharge Impact Statement' which is provided to the member's Career Manager for consideration by the Medical Classification Review Board (MCRB);
- c. Refer the member to external or community providers for additional assistance;
- d. Encourage the member to attend an ADF Transition Seminar; and,
- e. Refer the member to the Transition Coordinator and Resettlement Officer.

When a formal decision to medically discharge a member has been made, the member's TMS Coordinator will develop a "Personal Transaction Plan" that includes possible future employment options.

### 3.2.2 Military Rehabilitation and Compensation Act

Under the Military Rehabilitation and Compensation Act, an ADF member will receive:

- a. Assistance in finding suitable defence employment for serving members; and
- b. Assistance in moving from defence service to civilian life.

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<sup>16</sup> See CTAS at [http://www.defence.gov.au/dsg/organisation/ctas/documents/CTAS\\_OG's\\_Oct\\_2007.doc](http://www.defence.gov.au/dsg/organisation/ctas/documents/CTAS_OG's_Oct_2007.doc).

<sup>17</sup> There are three CTA levels of benefits, depending on length of service and reason for termination.

### 3.3 United States<sup>18</sup>

#### 3.3.1 Vocational Rehabilitation & Employment Program

Under VA's Vocational Rehabilitation and Employment Program, eligible veterans with service-related disabilities and other veterans with disabilities receive:

- a. Full tuition in approved training programs;
- b. Subsistence allowance (e.g., \$508/mo if single, \$799 for a family of four);
- c. Employment assistance; and
- d. Independent living assistance.

Employers also have incentives to hire veterans from the VA's Vocational Rehabilitation and Employment Program. These include:

- a. **VA On-the Job Training Program.** VA supplements entry wages for disabled veterans hired through the Vocational Rehabilitation and Employment program. The employer pays an apprentice wage and VA increases the wage to the journeyman level.
- b. **VA Special Employer Incentive Program.** Employers, who hire veterans judged to have extraordinary obstacles to employment, are reimbursed up to 50% of the veteran's pay for up to six months and also qualify for the Federal Work Opportunity Tax Credit.
- c. **VA Non-Paid Work Experience Program.** This program places veterans in local, state, or federal government agencies to gain particular skills and, hopefully, obtain a permanent position in the agency. VA pays the veteran its standard monthly subsistence allowance for trainees.

#### 3.3.2 Disabled Transition Assistance Program

The goal of this program is to encourage and assist eligible service members in making an informed decision about VA's Vocational Rehabilitation and Employment Program. It is also intended to facilitate the expeditious delivery of vocational rehabilitation services to eligible persons by assisting them in filing an application for vocational rehabilitation benefits.

#### 3.3.3 Employment Priority

Disabled veterans qualify for ten extra points on the federal civil service examination. For scientific and professional positions at GS-9 or higher, candidates are rank-ordered by points including preference points. For other positions, veterans with a disability rating of 10% or

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<sup>18</sup> Cited from Serve, Support, Simplify: Report of the President's Commission on Care For America's Returning Wounded Warriors July 2007 – Subcommittee Reports & Survey Findings, at <http://www.pceww.gov/docs/TOC%20Subcommittee%20Reports.pdf>.

higher are listed above all other candidates for the position. In general, a veteran may not be passed over for a non-veteran without good reason. Disabled veterans may also be appointed without competition through a Veterans Recruitment Appointment. In addition, federal agencies are also required by law to establish a separate affirmative action program for disabled veterans to promote their maximum of employment and job advancement opportunities.

### **3.3.4 Operation Warfighter Program**

The DoD Military Severely Injured Center is sponsoring Operation Warfighter, a temporary assignment or internship program for service members who are undergoing therapy at military treatment facilities in the U.S. Operation Warfighter provides service members on medical hold to build their resumes, explore employment interests, develop job skills, and gain valuable federal government work experience that will help prepare them for the future. The Program also assists those service members interested in the Continue On Active Duty process of the Medical Evaluation Board (MEB). This process keeps service members in uniform and allows them rank progression and professional development that can lead to a successful and continued career in the Services.

### **3.3.5 Disabled Veterans Outreach Program**

Disabled Veterans' Outreach Program specialists<sup>19</sup> develop job and training opportunities for veterans, with special emphasis on veterans with service related disabilities. The specialists work from VA facilities, state or local veterans service offices, or non-profit agencies. They act as case managers for veterans with a serious employment handicap, and work with DoD and VA, employers in the veteran's community, veterans service organizations, and others to identify appropriate training and employment opportunities. They also follow up with veterans who find employment and their respective employers to assist in job retention.

### **3.3.6 Warriors To Work**

WWP has launched a Warriors to Work program, which works with participants individually to tailor the program to their needs, skills, and interests. Warriors to Work can help draft a resume, develop interviewing skills, lend a hand in identifying jobs that fit a participant's strengths, or refer an individual to educational programs to train them for a new career.

### **3.3.7 OnTRACK**

The WWP is also in the process of launching OnTRACK to offer wounded warriors an integrated approach to address long-term needs for education and training, advocacy, and secondary rehabilitative care for the mind, body and spirit. This unique program offers participants a range of college preparatory classes and other services customized to their needs.

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<sup>19</sup> The Department of Labor's Veterans Employment and Training provides funding through grants to States (\$225 million in fiscal year 2006) in order for them to hire staff to assist veterans in finding employment. The grants carry a requirement to give "special disabled veterans" preference in referrals to potential employers.

### 3.3.8 Computer/Electronics Accommodation Program

Eligible members for this program are service members with injuries that have caused dexterity impairment, vision/hearing loss, or cognitive injury. DoD offers assistive technology and services for:

- a. Eligible active duty members during medical recovery; and
- b. Eligible veterans in a federal job.

### 3.3.9 Other Federal Incentives

Other federal incentives include:

- a. **Architectural/Transportation Tax Deduction.** Businesses can deduct up to \$15,000 per year to make facilities or work vehicles more accessible and usable by disabled persons.
- b. **Disabled Access Credit.** Small businesses that incur expenses to provide access to persons with disabilities can take a tax credit of 50% of the costs per year above \$250 and up to \$5125. The expenses must comply with the *Americans with Disabilities Act*.
- c. **Veterans Job Training Act.** VA provides training costs incurred by employers who hire long-term unemployed veterans. This program currently applies only to veterans from the Korean and Vietnam eras; it will likely be extended to veterans of other wars.
- d. **Work Opportunity Tax Credit.** This one-time tax credit of up to \$2400 is for businesses that hire individuals with disabilities who have completed or are in the process of completing rehabilitative services. This includes the VA's program.

## 4 Financial Assistance

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### 4.1 Canada<sup>20</sup>

#### 4.1.1 Canadian Forces Superannuation Act

The CFSA applies to all members of the Regular Force. The type of benefit payable depends upon the reason for retirement as certified by the Service Pension Board (SPB). Members released on medical grounds who have less than 10 years service receive the greater of a return of contributions or a cash termination allowance. However, medically released members are entitled to an immediate unreduced annuity if they have more than 10 years of service. Members who are released for other reasons, are not normally eligible for an annuity until after 20 years of service.

#### 4.1.2 Canada Pension Plan

To receive a disability pension under the Canada Pension Plan (or Quebec Pension Plan) (CPP/QPP), a contributor: must have been disabled according to the terms of the CPP legislation; must have made sufficient contributions to the Plan; must be under the age of 65; and must apply in writing. Benefits terminate when the disability ceases, when the recipient dies, or when the CPP/QPP retirement pension commences at age 65. Vocational rehabilitation is available to disabled pensioners who are able to access it.

#### 4.1.3 Pension Act

The *Canadian Forces Members and Veterans Re-establishment and Compensation (CFMVRC) Act* is administered by VAC. This *Act* provides for the payment of benefits with respect to disability or death arising out of military service. The *CFMVRC Act* came into force on April 1, 2006, under the *New Veterans Charter* (discussed below). Prior to this date, disability benefits were provided by VAC under the *Pension Act*, in the form of a disability pension, clothing allowance, attendance allowance and exceptional incapacity allowance.

The *New Veterans Charter* introduced a dual award approach toward compensation that recognizes both economic (loss of work) and non-economic impacts (pain & suffering, quality of life) that a service related injury or illness has on the CF Member and their family. The Disability Award is intended to compensate the member for the pain and suffering arising from a service-related permanent disability.

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<sup>20</sup> See more programs at (1) Wang & Tanner (2007), *Military Compensation and Benefits: A preliminary Exploration of Policies in TTCP Countries*; and (2) *Benefits Available to Deceased or Injured Canadian Forces Personnel and Their Families* at <http://www.cmp-cpm.forces.gc.ca/cen/ps/ben/doc/bsdicfpf-popfcdbf-eng.pdf>.



CF members may apply for a disability benefit while they are still serving or after they are released. The disability award under the *CFMVRC Act* is a tax-free lump-sum payment, which is paid based on the extent of the disability (from 1% to 100%). CF members in receipt of a disability pension under the *Pension Act* will continue to receive their regular CF pension. New applications for disability benefits are processed under the *CFMVRC Act* unless service was during wartime, or unless there is a link to an existing condition pensioned under the *Pension Act*.

Recipients of Disability Awards of 5% or greater are eligible for reimbursement of financial counselling fees (up to a maximum of \$500) so that they can receive professional financial advice.

#### **4.1.4 New Veterans Charter**

Financial benefits compensate for the economic impact that a service-related or career-ending condition has on a member's ability to earn a living. A suite of financial benefits are available to CF Veterans under the *New Veterans Charter*:

- a. Monthly income replacement is available while veterans take part in the Rehabilitation Program.
- b. If veterans successfully complete the Rehabilitation Program and are capable of working but have not yet been successful in finding work, they may be able to receive monthly income support, if they meet the eligibility requirements.
- c. If veterans are unable to work, and will not benefit from vocational rehabilitation, they may continue to receive monthly income replacement benefits until they reach age 65.
- d. Veterans who participate in VAC's Rehabilitation Program and are the most seriously disabled may qualify for a Permanent Impairment Allowance.
- e. Veterans who participated in VAC's Rehabilitation Program and were unable to work due to disability may also qualify for a Supplementary Retirement Benefit from VAC to make up for the lost opportunity to contribute to a retirement fund.

#### **4.1.5 Service Income Security Insurance Plan**

SISIP is a group insurance plan designed to meet the disability and life insurance needs of CF members. Enrolment in the Long Term Disability (LTD) component of the plan is compulsory for all members who enlisted on or after 1 April 1982, and 85% of the cost of premiums is paid by the government. The LTD Plan provides a monthly income for all medically releasing CF members, including those who become "totally disabled" and are released from the CF. A member may file a claim for disability income within 120 days of release. The amount paid is 75% of the member's last pay rate, or the amount which, when added to income derived from the CFSA, CPP/QPP, and the *Pension Act*, would provide a total of 75% of the last pay rate. The LTD benefit includes a cost of living adjustment, and is payable until the recipient's 65<sup>th</sup> birthday.

A member who qualifies for LTD benefits is encouraged to participate in a vocational rehabilitation program which consists of:

- a. Counselling regarding future goals and the resources available to attain them; and
- b. Financial assistance for re-training or re-education when feasible and where such assistance is not available from other sources.

Accidental Dismemberment Insurance Plan (ADIP) provides a lump-sum benefit to CF personnel<sup>21</sup> for an accidental dismemberment or the loss of sight, speech or hearing that is attributable to military service and occurred by way of accidental, external, and violent means. To qualify:

- a. The injury should have occurred while the member was insured under this coverage;
- b. The loss should have occurred within 90 days of the injury; and
- c. The loss should have resulted directly and solely from the injury and independently of all other causes.

## **4.2 Australia**

### **4.2.1 Military Rehabilitation and Compensation Scheme**

The Military Rehabilitation and Compensation Scheme (MRCS) provides rehabilitation, treatment and compensation for ADF members who suffer mental or physical injury or contract a disease as a result of service on or after 1 July 2004. It assists them in: making as full a recovery as possible; returning to their normal service duties; or after discharge, civilian work if they are able. In the event of death, the MRCS provides compensation to their eligible dependants: if their death is related to service on or after 1 July 2004; if they were entitled to maximum permanent impairment compensation; or if they were eligible for a Special Rate Disability Pension. The MRCS replaces the compensation provided by the *Veterans' Entitlements Act* (VEA) and the *Safety, Rehabilitation and Compensation Act* for injury, disease or death from service on or after 1 July 2004. Some income support and treatment entitlements continue to be available under the VEA.

Under the *Military Rehabilitation and Compensation Act*, an ADF member may be eligible for some of the following financial help:

- a. Rehabilitation programs;
- b. Permanent impairment compensation paid as a periodic payment, lump sum or a combination of the two;
- c. Incapacity payments as income replacement where there is a reduced capacity for work;

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<sup>21</sup> Regular Force, Reserve Force Class C, and Primary Reserve Force Class A and B Members.

- d. Special Rate Disability Pension (SRDP) as an alternative to incapacity payments if the member's ability to work is significantly reduced;
- e. Treatment for discharged members through:
  - (1) Payment of reasonable treatment costs for short-term conditions;
  - (2) The White Repatriation Health Card for ongoing treatment for service-related conditions; or
  - (3) The Gold Repatriation Health Card providing free medical care for all conditions (regardless of whether they are service-related) where the member suffers serious impairment;
- f. Assistance with the cost of household and attendant care;
- g. Assistance with vehicle modifications;
- h. Pharmaceutical allowance for White and Gold Card holders; and
- i. In some circumstances, where the member suffers severe impairment, lump sum compensation and/or education assistance for dependent children.

If a claim is accepted, widowed partners may be eligible for:

- a. Compensation paid as a periodic payment or lump sum;
- b. An additional lump sum for service-related death;
- c. The Gold Repatriation Health Card, providing free medical care; and
- d. Telephone allowance, funeral benefit and continuation of the member's permanent impairment payments, incapacity payments or the SRDP for 12-weeks after death.

Dependent children may be eligible for:

- a. A lump sum compensation payment;
- b. A periodic payment (if wholly or mainly dependent);
- c. Education assistance; and
- d. The Gold Repatriation Health Card.

A lump sum payment can also be made to other family members who were wholly or partly dependent on the deceased member.

### **4.2.2 Disability Pension**

A disability pension is paid to compensate veterans for injuries or diseases caused or aggravated by war service or certain defence service on behalf of Australia. The General Rate is the scale of compensation that takes into account the medical impairment and life style effects of a disability; it does not take into account whether or not a veteran is employed. The initial assessment of pension follows automatically after a disability is recognized as war or defence caused. If a veteran cannot work because of a war or defence-caused disability, the Intermediate or Special (Totally and Permanently Incapacitated (TPI)) Rate might be payable. Veterans, who are 65 or over with very severe disabilities, could also be entitled to an Extreme Disablement Adjustment.

### **4.2.3 White Card**

The White Card is one of the three kinds of repatriation health & pharmaceutical cards<sup>22</sup> issued by DVA for:

- a. An accepted war or service-caused injury or disease;
- b. Malignant tumour, whether war-caused or not;
- c. Pulmonary tuberculosis, whether war-caused or not;
- d. PTSD, whether war-caused or not; and
- e. Anxiety and/or depression, whether war-caused or not.

The White Card enables the holder to access health care and associated services for war or service-related conditions. White Card holders are eligible to receive, for specific conditions, treatment from registered medical, hospital, pharmaceutical, dental and allied health care providers with whom DVA has arrangements. Travel assistance may also be available to and from the nearest health care facilities where treatment is being provided.

### **4.2.4 Financial Counselling**

ADF members who are medically separated, declared redundant or separated from the Service under management-initiated early retirement provisions are also eligible to receive professional financial counselling from people who work for, or represent, a financial advisory business that holds an Australian Financial Services (AFS) licence.

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<sup>22</sup> Veterans who have service-caused injuries or diseases can also apply for the other two kinds of health cards: the Golden Card and the Orange Card, which enables the holder to access various health care and related services.

#### **4.2.4.1 Career Transition Assistance Scheme**

The CTAS provides an optional and free TMS to assist members who are going to be discharged on medical grounds. A TMS Coordinators will, as required:

- a. Advise a member of his/her possible entitlements and how to claim them; and
- b. Refer the member to the relevant areas in DVA to discuss compensation and rehabilitation issues.

When a formal decision to medically discharge a member has been made, the member's TMS Coordinator will develop a Personal Transaction Plan that includes:

- a. Maximum discharge entitlements;
- b. Post discharge medical matters;
- c. Superannuation;
- d. Housing;
- e. Financial planning;
- f. Insurance;
- g. Compensation; and
- h. Other help for the member to obtain the assistance and services that he/she needs.

### **4.3 United Kingdom**

#### **4.3.1 War Pensions Scheme**

The War Pensions Scheme is for ex-Service personnel whose injuries, wounds and illnesses arose prior to 6 April 2005. Under this Scheme, ex-Service personnel injured or disabled through military service are entitled to extra Supplementary Allowances<sup>23</sup> such as:

- a. Allowance for a Lowered Standard of Occupation;
- b. Age allowance;
- c. Clothing Allowance;
- d. Comforts Allowance;
- e. Constant Attendance Allowance;

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<sup>23</sup> See details at [http://www.veterans-uk.info/pensions/supp\\_all.html](http://www.veterans-uk.info/pensions/supp_all.html).

- f. Exceptionally Severe Disablement Allowance;
- g. Funeral Expenses;
- h. Invalidity Allowance;
- i. Mobility Supplement;
- j. Severe Disablement Occupational Allowance; and
- k. Unemployability Supplement.

In addition, they may also receive the following assistance:

- a. Appliances;
- b. Convalescence;
- c. Home Nursing Equipment;
- d. Hospital Travelling Expenses;
- e. House Adaptation Grants;
- f. Part-time Treatment Allowance;
- g. Prescription Refund;
- h. Priority Treatment;
- i. Private Treatment;
- j. Provision of Treatment Overseas;
- k. Skilled Nursing Care; and
- l. Treatment Allowance.

Other entitlements they may receive include:

- a. Basic State Retirement Pension;
- b. Bereavement Benefit;
- c. Career's Allowance;
- d. Council Tax Benefit;
- e. Housing Benefit;

- f. Incapacity Benefit;
- g. Income Support or Pension Credit;
- h. Industrial Injuries Benefit;
- i. Jobseeker's Allowance;
- j. Maternity Benefit;
- k. Warm Front Grant; and
- l. Working Tax Credit and Child Tax Credit.

### **4.3.2 Armed Forces Compensation Scheme**

The Armed Forces Compensation Scheme covers all Regular, Reserve, and ex-Service personnel whose injuries, wounds and illnesses arose on or after 6 April 2005. Under the terms of the scheme a lump sum is payable to Service or ex-Service personnel based on a 15-level tariff which is increased according to the seriousness of their condition<sup>24</sup>. A Guaranteed Income Payment (GIP), payable for life, will also be paid to those who could be expected to experience a significant loss of earning capacity. A GIP will also be paid to surviving partners (including unmarried and same sex partners when a substantial relationship can be demonstrated) when the service person's death was caused by service<sup>25</sup>.

## **4.4 United States<sup>26</sup>**

### **4.4.1 DoD Disability Compensation**

A service member's disability rating determines whether he or she receives lifelong disability retirement payments or a lump-sum disability severance payment. Service members with a zero, 10 or 20 percent disability rating and less than 20 years' service receive a lump-sum payment upon separation from the military.

Disability retirement pay is capped at 75 percent of base pay. The DoD also provides a lifetime TRICARE benefit to veterans with disabilities rated at 30 percent or higher or who have at least 20 years of service, regardless of the disability rating percentage. DoD disability pay is taxable unless the medical condition is combat-related.

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<sup>24</sup> Level 1 gives the highest payment covering the most severe conditions. Level 15 covers less severe injuries such as minor burns or a dislocated knee.

<sup>25</sup> See details at <http://www.veterans-uk.info/pensions/afcs.html>.

<sup>26</sup> Cited from Serve, Support, Simplify: Report of the President's Commission on Care For America's Returning Wounded Warriors July 2007 – Subcommittee Reports & Survey Findings, at <http://www.pceww.gov/docs/TOC%20Subcommittee%20Reports.pdf>.

#### 4.4.2 Repayment of Enlistment Bonuses

DoD policy states that a wounded service member who is discharged as a result of combat injuries will not have to pay back his/her enlistment bonuses<sup>27</sup>.

#### 4.4.3 VA Disability Compensation

Veterans given a VA disability rating of 10 percent or higher can receive monthly compensation from VA. The base amount of the payment depends on the percent rating and family status of the applicant – whether the veteran has a spouse and dependants, including parents, and the ages of any children. VA disability compensation is tax free. VA also increases the amount provided to veterans with specific impairments through a schedule of Special Monthly Compensation payments. While these may add only a modest amount to the basic compensation level, the most severely impaired veterans can receive almost \$7500/month.

VA has the following disability benefits:

- a. **Medical Care.** VA provides medical care for disabled veterans with service-related disabilities. VA makes an important distinction among veterans based on the nature of their disability. This distinction, service-related or non-service related, determines the cost and availability of VA medical services. Any veteran who was disabled by injury or disease incurred or aggravated during active military service in the line of duty will receive VA medical care on a “mandatory” basis. In general, this means that service will be provided as needed, at no cost to the veteran. Any veteran whose disability originated outside of active service will receive VA medical care on a “discretionary” basis. VA generally provides medical care to those in the discretionary category on a space-available basis as long as the veteran agrees to make a co-payment.
- b. **Pharmacy.** VA also provides free outpatient pharmacy services to veterans with a service-related disability of 50 percent or more and veterans receiving medication for service-related conditions.
- c. **Dental.** Veterans having service-related and compensable dental disabilities or conditions can receive outpatient dental treatment, including examinations and the full spectrum of diagnostic, surgical, restorative and preventive procedures.
- d. **Service-Disabled Veterans Insurance.** The program was established to meet the insurance needs of certain veterans with service-related disabilities. It is available in a variety of permanent plans as well as term insurance. Policies are issued for a maximum face amount of \$10,000.
- e. **Specially Adapted Housing Grants.** Grants are available to help veterans with service-related permanent and total disabilities due to specific conditions<sup>28</sup> in adapting housing to their special needs.

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<sup>27</sup> Cited from Resources for America’s Returning Wounded Warriors and Their Families at <http://www.military-money-matters.com/wounded-warriors.html>.



- f. **VA's Civilian Health and Medical Program.** This Program covers most health care services and supplies that are medically and psychologically necessary for the spouse or child of a veteran who has been rated permanently and totally disabled for a service-related disability.

#### **4.4.4 Coordination of DoD and VA Disability Payments**

All veterans can apply for VA disability pay. Most veterans who are medically separated or retired, however, cannot receive disability pay from both VA and DoD. They must offset one pay with the other. Veterans who receive the lump-sum severance payment do not receive a VA cheque until VA pays back the DoD severance pay. Individuals who are medically retired receive the higher of the two payments. Only disabled veterans who have completed 20 years of military service and who have received at least a 50 percent VA disability rating are eligible for both DoD and VA disability pay – this is called “concurrent receipt”.

#### **4.4.5 Spouses' and Dependents' Educational Assistance**

VA offers a dependant of a service member or veteran who is permanently and totally disabled due to a service related condition, up to \$860/month for 48 months for educational assistance. VA also provides education and training for spouses and dependants of service members who are permanently and totally disabled due to a service-related condition, or who died while on active duty or as a result of a service-related condition. The program offers up to 45 months of education benefits. These benefits may be used for degree and certificate programs, apprenticeships, and on-the-job training. Remedial, deficiency, and refresher courses may be approved under certain circumstances.

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<sup>28</sup> See details at <http://www.insurance.va.gov/inforceGLISite/buying/speciallyAdaptedHousing.htm>.

## 5 Casualty Management

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### 5.1 Canada

#### 5.1.1 Authorities

DAOD 5018-0 *Injured Members and Military Casualties*, identifies the following authorities for implementing injury and military casualty policy:

- a. The CMP has the authority to approve injury and military casualty policy.
- b. DCSA is mandated to:
  - (1) Coordinate the development of injury and military casualty policy;
  - (2) Formulate instructions required to implement the policy; and
  - (3) Evaluate the effectiveness of the policy and its supporting instructions.

#### 5.1.2 The DND Centre for the Support of Injured Members and their Families

In 1997, a research report, *The Care of Injured Personnel and their Families Review* (McLellan, 1997), recommended strengthening DND coordination in addressing the care of injured personnel and their families. As a result, The Centre was established as an organization to provide referral, support and advocacy assistance to injured personnel and their families<sup>29</sup>. The Centre's Director is a CF member who reports to the Director General Personnel and Family Support Services (DGPFS).

Strengthening DND/VAC coordination in addressing the care of injured personnel and their families has evolved to include the establishment of IPSCs. Through the Centres, DND and VAC staff work side-by-side to deliver services, benefits and programs by using a Government of Canada approach to client care and support.

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<sup>29</sup> The functions of the Centre can be found at [http://www.dnd.ca/hr/centre/engraph/func\\_e.asp?subject=1](http://www.dnd.ca/hr/centre/engraph/func_e.asp?subject=1).

The Centre acts as an initial contact point and referral service. In addition to the original consultation and referral, follow-up calls are made to ensure that an individual's concerns or issues have been resolved, and that they have received the assistance to which they were entitled. The Centre also co-ordinates a variety of programs including Vocational Rehabilitation, Transition Assistance, the CF Casualty Database, Reserve Force Disability Compensation<sup>30</sup> and the Contingency Fund<sup>31</sup>.

### **5.1.3 CF Casualty Database**

The CF Casualty Database is an information bank administered by the Centre. It contains records of serious injuries, illnesses and deaths of CF members. Information in this bank is used by DND staff to ensure that seriously injured and ill members and their families are referred for assistance to any programs and services which may be beneficial to them.

### **5.1.4 Decentralized Casualty Management**

In June 2008, the Chief of Defence Staff (CDS) directed that DCSM stand up a Joint Personnel Support Unit (JPSU) with regional offices. JPSU also oversees and manages the IPSCs. VAC and DND are working together to establish a number of IPSCs across the country. These Centres will provide a more coordinated approach to the care of injured/ill CF members and their families as they either return to work in the military or transition to civilian life. By housing both VAC and DND front-line service providers together, the IPSCs will encourage a more collaborative approach to client care and service delivery. Resources will now be placed closer to the client at the community level.

The standing up of the JPSU and IPSCs provide standardized care and support to all Regular Force and Reserve Force personnel and their families, regardless of environment or location. The core functions delivered through the IPSCs include:

- a. RTW Program coordination;
- b. Casualty Support Outreach delivery;
- c. Casualty tracking;
- d. Casualty administrative and advocacy services;
- e. Support Platoon structure to provide military leadership, supervision, and administrative support for all ill and injured personnel posted or assigned to the JPSU;

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<sup>30</sup> Reserve Force Disability Compensation is for members of the Reserve Force, who suffer an injury, disease or illness attributable to the performance of Class "A", "B" or "C" Reserve Service, undergoes medical treatment but is not in hospital for that injury, disease or illness (see CFAO 210-29 Compensation for Disability – Reserve Force).

<sup>31</sup> The Contingency Fund is a short-term fund for the purpose of providing immediate aids to the daily living of injured and retired military members and their families.

- f. VAC client and transition services;
- g. CF Case Management services;
- h. Adapted Physical Fitness Managers;
- i. SISIP services;
- j. Military Family Resource Centre Liaison Officers; and,
- k. Other base support representatives as provided by local Commanders.

### **5.1.5 CF Case Management Program**

The CF Case Management Program is coordinated by CFHS and addresses the particular needs of CF members suffering from long-term and complex health care issues. The Case Management Program is a process model that provides a mechanism for managing cases across the continuum of care, thereby providing an integrated care process.

The program has more than 40 Case Managers across the country. A Case Manager is available at most CF Medical Clinics<sup>32</sup>. CF Case Managers meet with members to: carry out a needs assessment; counsel members on available services or programs; follow-up on a regular basis with both members and other health care providers in the circle of care; assist with the RTW Plan in collaboration with the RTW Coordinator; and work with members to decide when case management is no longer required.

### **5.1.6 Management of Disability Leading to Post CF Support**

Once members release from the CF, primary responsibility for their care and support passes over to VAC. As such, VAC's programs and services are included in this document to reflect the continuing care and support that is available to CF Veterans from the Government of Canada.

The Government of Canada has passed *The Canadian Forces Members and Veterans Re-establishment and Compensation Act (New Veterans Charter)*. It is the most sweeping change to occur to veterans' benefits in Canada in more than half a century. In addition to providing compensation for disability, VAC is now providing a package of "wellness" programs and services to assist CF members and their families in successfully re-establishing themselves in civilian life.

VAC and the CF work closely together in providing a period of "both hands on the baton" so that the transition of CF members and their families can be as seamless as possible. While some VAC benefits, such as disability and health benefits are available to CF members while they are still serving, most of VAC's benefits and services are available to CF members once they release from the CF.

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<sup>32</sup> <http://www.forces.gc.ca/health-sante/ps/cm-gc/default-eng.asp>.

Transition Services include access to a VAC Case manager and other VAC team members on various bases/wings across the country. A face to face transition interview allows for the provision of information on the full range of VAC services, benefits and programs. It also provides a point of referral to a network of other government, community and local services, while ensuring a close working relationship with the CF Case Manager and other CF personnel.

### **5.1.7 VAC Case Management Service**

Case Management in VAC is offered to clients who are having trouble navigating the transitions in their lives; whether those are based on leaving the military, coping with serious illness, adjusting to the loss of a spouse and/or other difficulty they may not be able to manage on their own. Case Management enables and assists Veterans and their families in optimizing their level of independence, resilience and well being.

## **5.2 United Kingdom**

### **5.2.1 Joint Casualty and Compassionate Centre**

The Joint Casualty and Compassionate Centre (JCCC) is the Tri-Service point of contact and casualty management coordinating centre, responsible for monitoring and directing all aspects of casualty management. The JCCC is kept informed of any changes to a casualty's state or location so that the Emergency Contact/NOK and the chain of command can be kept informed<sup>33</sup>. The JCCC can authorize the travel of NOK to the bedside of a casualty.

### **5.2.2 Electronic Notification of Casualty**

In the UK Armed Forces, all casualty reports are made via electronic means (i.e., electronic Notification of Casualty (e-NOTICAS)). These reports are incorporated into the Joint Personnel Administration (JPA) system. The JCCC distributes the e-NOTICAS and appoints a Notifying Authority to ensure that the nominated Emergency Contact and, where applicable, the NOK are informed.

### **5.2.3 Casualty Notification Officer**

Notification of a casualty is carried out by a Casualty Notification Officer (CNO) to the nominated Emergency Contact:

- a. When a service person becomes a notifiable casualty, the Service appoints a CNO to notify, in person, the NOK and/or the additional NOK.

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<sup>33</sup> Cited from Casualty Reporting at <http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/SPVA/CasualtyReporting.htm>.

- b. Where the NOK lives near the service person's permanent unit, notification will normally be undertaken by an officer from the unit. There may be times when this is not possible and in those circumstances a request is usually made to the Divisional or Brigade Headquarters where the NOK and/or additional NOK reside to appoint a CNO.
- c. It may be that there are no Army Units within a reasonable distance of the NOK, in which case a request may be made to the civil police or nearest Royal Navy, Royal Air Force or Royal Marines establishment to appoint a CNO.
- d. The Army is fully aware of the anxiety and confusion that a family suffers in such distressing times and therefore a Visiting Officer will be appointed to provide practical support and assistance to the bereaved family of an injured service person. They will continue to be available until, in the case of an injured casualty, no further assistance is agreed mutually between the NOK and the Service, or in the event of death, until after the funeral. They are there to advise the NOK on matters such as funeral arrangements and practical assistance in respect to service-related issues.

## **5.3 United States<sup>34</sup>**

### **5.3.1 Authorities**

DoD Instruction 1300.18, Military Personnel Casualty Matters, Policies, and Procedures (December 18, 2000) states that:

- a. The Assistant Secretary of Defense (Force Management Policy), under the Under Secretary of Defense (Personnel and Readiness) shall:
  - (1) Be the focal point for interfacing and coordinating between the Military Services and the other Agencies of responsibility, and chair the Military Services Casualty Advisory Board;
  - (2) Provide policy guidance to the Military Services on casualty notifications, casualty assistance to the NOK, and individual casualty recording and reporting, including advising the Military Services by memorandum of legislation affecting casualty matters; and
  - (3) Respond to special requests for information from other Departments of Government and from the general public regarding DoD policy on casualty notifications, casualty assistance to the NOK, and individual casualty recording and reporting.

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<sup>34</sup> Cited from Serve, Support, Simplify: Report of the President's Commission on Care For America's Returning Wounded Warriors July 2007 – Subcommittee Reports & Survey Findings, at <http://www.pceww.gov/docs/TOC%20Subcommittee%20Reports.pdf>.

- b. The Director, Washington Headquarters Services (WHS), shall:
- (1) Provide technical guidance to the Military Services concerning the individual recording and reporting of casualty information, including the data specifications and method of transmission of such information to the DoD;
  - (2) Notify the Military Services by memorandum of the determination of terrorist activities, after consultation with the appropriate Government Agencies involved, and of the designation of official combat areas or zones by Presidential or congressional authority and the subsequent requirement for special casualty reports;
  - (3) Maintain and operate the DoD Worldwide Casualty System and notify the Military Services, by memorandum, when coding requirements and data specifications are changed;
  - (4) Review all Reports of Casualty for accuracy and prescribe corrective action to the Military Services; and
  - (5) Prepare consolidated casualty information reports for use by the DoD, and, as required, for use by the President, the Congress, other Federal Agencies, and the general public. This responsibility includes performing DoD special studies and providing casualty information for military memorials.
- c. The Chairman of the Joint Chiefs of Staff shall:
- (1) Be the focal point for all joint operational procedures and develop operational policy on casualty reporting during hostile situations;
  - (2) Assign executive agency and administrative agency responsibilities in joint operational areas and appoint lead agencies in emergency, contingency, and mass casualty incidents involving personnel of more than one Military Service;
  - (3) Develop implementation and planning guidance to the Military Services and the Combatant Commands to ensure uniform handling of personnel casualty operations; and
  - (4) In time of crisis, provide the Directorate for Information Operations and Reports, WHS, with a daily personnel status report indicating, at a minimum, the number of military personnel casualties killed in action or died of wounds received in action, missing in action, captured, wounded in action, DUSTWUN, and non-hostile deaths, injuries, and missing, with the number of each category separately shown.
- d. The Secretaries of the Military Departments shall:
- (1) Maintain a military casualty office for each Military Service as the focal point on all casualty matters;

- (2) Maintain an organizational capability to provide for casualty notification, casualty assistance, and individual casualty recording and reporting;
  - (3) Establish internal controls as specified in DoD Directive 5010.38, Management Control Program, to ensure the accuracy of casualty information;
  - (4) Certify the accuracy and validity of casualty information;
  - (5) Ensure that the casualty information is documented and provided to the Directorate for Information Operations and Reports, WHS within the time constraints prescribed by that organization;
  - (6) Respond to special requests from all Departments of Government and from the general public regarding casualty notification, casualty assistance to the NOK, individual casualty recording, individual name listings, and casualty incidents whenever the respective Military Service maintains that information; and
  - (7) Ensure that casualty information is not released to the WHS until after the NOK has been notified.
- e. The Heads of the DoD Components shall participate in casualty notification and assistance when requested to do so by the Military Services. The requesting Military Service shall provide funds for travel and incidental expenses required for executing casualty notification and assistance visits.
- f. The Military Services Casualty Advisory Board shall be a permanent board that is responsible for developing and recommending broad policy guidance, for proposing goals for the Military Services to ensure uniform policy regarding the care of military members and their families, and to ensure accurate reporting and accounting for the status of military members regarding mission accomplishment. The Board shall recommend policy on joint operations to ensure uniform and equitable treatment of all military members and their families and to ensure uniform procedures are used. The Board shall perform the following functions regarding military casualty matters:
- (1) Recommend broad policy to be coordinated within the Military Services and approved by the Assistant Secretary of Defence (Force Management Policy);
  - (2) Recommend uniform operational procedures to be coordinated within the Military Services and approved by the Chairman of the Joint Chiefs of Staff;
  - (3) Recommend basic responsibilities and executive agency roles to be considered and approved by the Chairman of the Joint Chiefs of Staff for joint operations;
  - (4) Recommend and review policies regarding the release of casualty information and statistics to the media; and
  - (5) Review major disaster and contingency responses to casualty incidents to ensure adequacy of existing policies and procedures.



## **5.3.2 Notification Procedures**

### **5.3.2.1 Initial Notification**

The desires of the military member, expressed in the record of emergency data or expressed by the member at the time of the casualty concerning whom not to notify, shall be honoured unless, in the judgment of the member's commander, official notification by the Military Service should be made.

Initial notification(s) in person to the primary NOK by a uniformed representative of the Military Service concerned is encouraged; otherwise, telegraphic or telephonic communication shall be used. Whenever a casualty occurs as the result of a hostile action or terrorist activity and the casualty is classified as "not seriously injured", official notification to the NOK by the Military Service concerned needs to be made only if the member expressly requests it. If an injury renders the member physically or mentally incapable of communicating with the NOK or involves serious disfigurement, major diminution of sight or hearing, or loss of a major extremity, initial notification(s) shall be made to the NOK.

### **5.3.2.2 Follow-on Notification and Casualty Assistance**

The Military Service concerned shall keep the NOK informed regularly of the member's medical progress. In those very seriously injured/ill or seriously injured/ill cases in which a competent medical authority requests the presence of NOK at the bedside to aid in the member's physical recovery (not solely for compassionate reasons), the casualty office of the Military Service concerned shall be the final approval authority and shall assist in arranging appropriate Government-funded invitational travel.

The NOK shall also be provided the circumstances surrounding the incident as best known to the Military Service concerned. In addition to preliminary information provided at the time of initial notification, as additional information becomes available, the Military Service concerned shall inform the NOK. In cases involving a deceased or missing casualty, the member's commander should provide an appropriate letter of sympathy, condolence, or circumstance to the NOK not later than five days after the initial notification, unless circumstances surrounding the incident indicate discretion is more appropriate. In the event a casualty occurs during a classified operation, all information of an unclassified nature shall be provided. Every effort shall be made to declassify information, particularly in those incidents in which a member is declared deceased or missing.

### **5.3.2.3 Casualty Reporting Requirements**

In addition to any reporting requirements that may be unique to each Military Service concerned, casualty reports from each of the Military Services are submitted to the Directorate for Information Operations and Reports.

The Monthly Casualty Report is submitted within the first 15 days of the current month and reflects casualties and casualty changes, corrections, or deletions recorded during the previous month. A revised Monthly Casualty Report must be submitted when an official combat area or zone is retroactively designated and previously reported casualties change from non-hostile to hostile casualties.

Under special circumstances or when an official combat area or zone is designated, a special casualty report is required at the direction of the WHS for each circumstance, combat area, or zone. As required, the information contained in these special casualty reports will be made accessible to the Assistant Secretary of Defence for Public Affairs on a daily or weekly basis.

### **5.3.3 Case Management**

#### **5.3.3.1 Seamless Transition of Returning Service Members Program**

In August 2003, VA established a program for the “Seamless Transition of Returning Service Members” in which veterans with combat-related injuries or illnesses transition their health care from the DoD Military Treatment Facility (MTF) into the VA system seamlessly. Both the DoD and VA’s goal is to improve dialogue and collaboration at all levels, focusing on the ability to identify and serve all returning service members who have sustained injuries or illnesses while serving the U.S. in a theatre of operations. The Military Health System case manager (or patient administrative staff, as appropriate) is responsible for coordinating the transition of care between the MTF and VA through the VA/DoD liaison.

The VA/DoD liaison is the point of contact for all coordination between the MTF and the accepting VA healthcare facility. They are located at various VA Medical Centers (VAMCs). Based on a beneficiary’s geographic location, he/she will be referred to a particular VA healthcare facility closest to their home in the U.S.

When the MTF case manager identifies the requirement to transfer care to VA, he or she will complete a referral packet for the VA/DoD Liaison which contains a discharge plan and medical record documentation. After the referral packet has been completed, the MTF case manager or patient administrative staff contacts the Veterans Health Administration (VHA). Once the VA liaison receives the referral form and medical record documentation, he or she will initiate the referral with the accepting VAMC. Depending on the urgency and request for healthcare services, the transition time may occur as quickly as a few days. The VBA representative may also provide the service member with more information on eligible benefits.

#### **5.3.3.2 Operation Enduring Freedom/Operation Iraqi Freedom Case Management Program**

VA’s Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) Case Management Program provides a fully integrated team approach at every VAMC. It includes a Program Manager, Clinical Case Managers, a VBA Veterans Service Representative, and a Transition Patient Advocate:

- a. OEF/OIF veterans with severe injuries are automatically provided a case manager; all other OEF/OIF veterans are assigned a case manager upon request.
- b. Clinical Case Managers, who are either nurses or social workers, coordinate patient care activities and ensure all VHA clinicians are providing care to the patient in a cohesive, integrated manner.
- c. VBA team members assist veterans by educating them on VA benefits and assisting them with the benefit application process.
- d. Transition Patient Advocates (TPAs) serve as liaisons between the VAMC, the Veterans Integrated Service Network (VISN), the VBA, and the patient. TPAs act as communicators, facilitators and problem solvers. The team documents their activities in the Veterans Tracking Application, a web-based tool designed to track injured and ill service members and veterans as they transition to VA.

VHA is also using the Primary Care Management Module, an application within VHA's VistA Health Information system, to track patients assigned to an OEF/OIF Case Management team.

### **5.3.3.3 Case Management in the Polytrauma System**

In the case of polytraumas, the care coordination process between the referring DoD MTF and the TBI/PRCs begins weeks before the active duty service member is transferred to VA for health care:

- a. The PRC physician monitors the medical course of recovery and is in contact with the MTF treating physician to ensure a smooth transition of clinical care.
- b. The admissions nurse case manager maintains close communication with the referring facility, obtaining current and updated medical records.
- c. A social work case manager is in contact with the family to address their needs for psychosocial and logistical support.

Before transfer, the PRC interdisciplinary team meets with the DoD treatment team and family by teleconference as another way to ensure a smooth transition. The PRCs provide a continuum of rehabilitative care, including a program for emerging consciousness, comprehensive acute rehabilitation, and transitional rehabilitation. Each of the PRCs is accredited by the Commission on Accreditation of Rehabilitation Facilities. Intensive case management is provided by the PRCs at a ratio of one case manager per six patients, and families have access to assistance 24 hours a day, seven days a week. The interdisciplinary rehabilitation treatment plan of care reflects the goals and objectives of the patient and his or her family.

The transition plan from the PRCs to the next care setting evolves as the active duty service member progresses in the rehabilitation program. Families are integral to the team and are active participants in therapies, learning about any residual impairments and ongoing care needs. The team collaborates with the family to identify the next care setting, and determine what will be needed to accommodate the transition of rehabilitative care.

Before discharge, each family and patient is trained in medical and nursing care appropriate for the patient. Once a discharge plan is coordinated with the family, VA initiates contact with necessary resources near the veteran's home community. Based upon the patient's desired discharge location, a transition plan is prepared with one of the 21 VA Polytrauma Network Sites or another provider in the Polytrauma System of Care within the patient's chosen community.

As veterans and service members transition to their home communities, ongoing clinical and psychosocial case management is provided by a rehabilitation nurse and social worker from one of 76 Polytrauma Support Clinic Teams. VA social work case managers follow each patient within the Polytrauma System of Care at prescribed intervals contingent upon need. For example, there are four levels of case management:

- a. Intensive case management, where contact is made daily or weekly;
- b. Progressive case management, where VA contacts the patient monthly;
- c. Supportive case management, quarterly; and
- d. Lifetime case management, annually.

For the many patients who are still active duty service members, the military case managers are responsible for obtaining authorizations from DoD regarding orders and follow-up care based upon VA medical team recommendations.

## 6 Conclusion and Recommendations

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This report provides an overview of CF and TTCP programs and services related to the care of the ill and injured. While the authors acknowledge that the information gathered in this report is exploratory in nature and is therefore limited, this work serves as a starting point in documenting services and programs in the domain of care of the ill and injured. This preliminary work should be distributed to TTCP nations, along with a request for additional information in order to obtain more comprehensive and detailed information on their programs and services.

The DND, the CF and VAC have put significant efforts into the care of the ill and injured, and work closely together in providing a period of “both hands on the baton” so that the transition of CF members and their families can be as seamless as possible. The social contract between Canadian society and CF members does not end with release from the CF.

Caring for the ill and injured is a complex undertaking which requires a significant amount of resources. In addition, it requires regular evaluation to ensure that the services and programs being offered to CF members are meeting their needs. Based on the information gathered to date, it is recommended that:

- a. Research be undertaken on CF members’ perceptions, satisfaction, and expectations of CF services and programs. For example, why some military casualties have higher/lower expectations on care and support than others; how services are perceived; how unintended service failures affect CF members’ perceptions, satisfaction, and expectations; how military casualties’ perceptions, satisfaction, and expectations on care and support relate to their quality of life;
- b. Research be undertaken on future injuries that CF members may experience. For example, will future changes in warfare lead to different types of casualties;
- c. Research be undertaken to determine if attitude changes of future generations will impact casualty care services;
- d. Research be undertaken on stigma associated with mental health. For example, developing approaches to reduce the stigma associated with mental health;
- e. Research be undertaken on the post-deployment reintegration experiences of CF members who have been ill and injured;
- f. Research be undertaken on families of ill and injured CF members to assess their experiences and needs;
- g. Research and programme evaluation be undertaken on whether the intent and policies surrounding current programs and services are meeting the needs of ill and injured CF members and their families;
- h. Research and programme evaluation be undertaken on the effectiveness of the JPSU casualty-management model; and

- i. Research be undertaken on what factors contribute to the career-transition success/failure of seriously injured veterans.

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## List of symbols/abbreviations/acronyms/initialisms

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ADF	Australian Defence Force
ADIP	Accidental Dismemberment Insurance Plan
AFS	Australian Financial Services
CDS	Chief of Defence Staff
CF	Canadian Forces
CFCEP	Canadian Forces Continuing Education Program
CFHS	Canadian Forces Health Services
CFMAP	Canadian Forces Member Assistance Program
CFSA	Canadian Forces Superannuation Act
CMP	Chief of Military Personnel
CFMVRC	Canadian Forces Members and Veterans Re-establishment and Compensation
CNO	Casualty Notification Officer
CPP	Canada Pension Plan
CTAS	Career Transition Assistance Scheme
DAOD	Defence Administrative Orders and Directives
DCMH	Departments of Community Mental Health
DCSA	Director Casualty Support Administration
DGMPRA	Director General Military Personnel Research and Analysis
DGPFSS	Director General Personnel and Family Support Services
DILFOR	Dangerously Ill Forwarding of Relatives
DND	Department of National Defence
DoD	Department of Defence
DOL	Department of Labor
DRC	Defence Rheumatology Centre
DUSTWUN	Duty Status – Whereabouts Unknown
DVA	Department of Veterans' Affairs
e-NOTICAS	Electronic Notification of Casualty
GDMO	General Duty Medical Officer
GIP	Guaranteed Income Payment
HART	Helping Airmen Recover Together
HDO	Human Dimensions of Operations
IPSC	Integrated Personnel Support Centre
IT	Information Technology
JCCC	Joint Casualty and Compassionate Centre
JPA	Joint Personnel Administration
JPSU	Joint Personnel Support Unit



LTD	Long Term Disability
MCRB	Medical Classification Review Board
MEB	Medical Evaluation Board
MO	Medical Officer
MoD	Ministry of Defence
MRCSS	Military Rehabilitation and Compensation Scheme
MTF	Medical Treatment Facility
NATO	North Atlantic Treaty Organization
NES	Non-Effective Strength
NOK	Next Of Kin
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OPI	Office Of Primary Interest
OSI	Operational Stress Injury
OSISS	Operational Stress Injury Social Support
OTSSC	Operational Trauma and Stress Support Centre
PEP	Personal Enhancement Program
PRC	Polytrauma Rehabilitation Centers
PSO	Personnel Selection Officer
PTSD	Post Traumatic Stress Disorder
QPP	Quebec Pension Plan
RRU	Regional Rehabilitation Unit
PSHCP	Public Service Health Care Plan
RTW	Return to Work
SCAN	Second Career Assistance Network
SISIP	Service Income Security Insurance Plan
SPB	Service Pension Board
SRDP	Special Rate Disability Pension
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
TMS	Transition Management Service
TPA	Transition Patient Advocate
TPI	Totally and Permanently Incapacitated
TTCP	The Technical Cooperation Program
UK	United Kingdom
U.S.	United States
UN	United Nations

VA	Department of Veterans Affairs
VAC	Veterans Affairs Canada
VAMC	VA Medical Center
VEA	Veterans Entitlement Act
VHA	Veterans Health Administrator
VIP	Veterans Independence Program
VISN	Veterans Integrated Service Network
WHS	Washington Headquarters Services
WWP	Wounded Warrior Project

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Recent military operations have resulted in a significant number of casualties for the Canadian Forces (CF). This paper reviews CF services on health care, career assistance, financial assistance, and casualty management. In addition, a preliminary overview of services offered by The Technical Cooperation Program (TTCP) nations – Australia, Canada, New Zealand, the United Kingdom (UK) and the United States (U.S.) – for the care of military casualties is presented. Recommendations concerning further work in this area are also presented.

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