

Speaking notes for Dick Jamer, Chairman of the RUSI-NS Veterans' Affairs Committee

**Nov 11, 2009 - Branch 36 Royal Canadian Legion Veteran Banquet  
Perth-Andover, N.B.**

Thank you for the invitation to share Remembrance Day with you again this year. While I have been a member of this branch for over 40 years, I have not lived in the area since I went off to join the Air Force in 1966 and therefore I have not been very active in Branch activities. However, we do enjoy our visits home, especially on November 11, and it was a great pleasure to join you for the ceremonies earlier today and to be here this evening.

When I have the opportunity to speak with Veterans and Legion members, my first order of business is to say **thank you**.

The first and most important thank you is for what many of you did 65-70 years ago. Going in harm's way to deny Adolph Hitler his vision of a world dominated by Nazis and their values left my generation with a lifetime of relative peace, prosperity and freedom that is probably unequalled in history. 43,000 Canadian soldiers, sailors, airmen and airwomen gave their life in that struggle and many other veterans returned with physical and mental injuries that severely impacted the quality of their life. When passing out thank you s, one should never forget the suffering of the families back home. They endured the uncertainty, almost daily worrisome news and in 43,000 cases received that most dreaded telegram announcing the death of a husband, son, father or close friend. Wearing a poppy and attending commemorative services are two ways of saying thank you, but we should be saying thank you all year long.

A second thank you that I never forget is for the great programmes the Legion sponsors and the superb service they provide to the community. The list of beneficiaries of Legion generosity in our community and in our country would take all night to describe. I'm sure my welcome would run out long before I was even halfway through the list.

I would, however, like to say a particular thank you for two Legion programmes that were very important to me. The first is the Youth Leadership programme. I think that Youth Leadership is an extremely good programme and I congratulate the Legion for its initiative. It was an enormous help in my military career. For starters, it was difficult to be selected to attend university under the ROTP back then. Competition was fierce for a programme that paid all university expenses. I had good marks, but so did many others. I've always believed that my participation in the Legion's youth leadership programme gave me that extra point that made the difference in my selection. Of course, leadership is also a fundamental requirement for a military career and the Legion's Youth Leadership camp certainly gave me a head start.

I should also mention the Track and Field programme. I very much enjoyed the programme throughout my school years and it gave me the basis for continuing track and cross country at the college level. I would especially like to thank my father, who worked very hard to make Legion Track and Field a success both while I was participating and for more than 40 years after I left.

I had some difficulty deciding what to talk about this evening. November 11 is always a time to remember those who served and made the ultimate sacrifice. It is also a time to say thank you to those who served, survived and returned to Canada for a lifetime of Community Service through the Legion and other organizations. However, it is not easy to find an original way to express these sentiments. Furthermore, most of what I could say on these topics, I learned from you, either during my school days or later on when I joined you for November 11 ceremonies. Repeating your own messages back to you is clearly unnecessary.

This evening I would like to take a few minutes to discuss a topic that I believe is or should be a concern for all Legion members and all Canadians. The issue that concerns me is the policy of Veterans' Affairs Canada that treats post Korean War veterans differently than those who served in WW II and Korea. The modern veterans do not have access to the specialized health facilities owned by VAC or those under contract to VAC. In Nova Scotia, where I live, that means that the younger veteran does not have access to Camp Hill hospital, which is run by the Province of Nova Scotia for VAC. That same principle applies to all specialized facilities from the Veterans' hospital in Ste Anne de Bellevue, Quebec, which is the only

veterans' hospital still owned by VAC, to the smaller nursing homes around the country that have a few beds under contract to VAC. In these VAC owned or contracted facilities, VAC sets the priorities for admission. The veteran judged to have the greatest need gets the next bed. Modern veterans in need of in patient care must compete with the general public for beds in nursing homes or hospitals. As most of you know, waiting lists are long in most of these facilities and a younger person may be given a lower priority even if he or she desperately needs "in patient" care. Once the modern veteran does find a bed, the facility is unlikely to offer the expertise to deal with special veteran needs such as PTSD treatment or perhaps amputee rehabilitation.

Please don't take my comments as blasting Veterans' Affairs Canada. There is much to like about the new Veterans' Charter. There is a much stronger focus on reintegrating the injured veteran into the work force and society in general. There are extensive training opportunities, some hiring priority in the federal civil service and a wide variety of medical and psychological services that are funded by VAC such as the Operational Stress Injury Social Support Centres. As with traditional veterans, these VAC services are only available to those who have a condition attributable to their military service.

Furthermore, DND and VAC have collaborated to set up Joint Personnel Support Units and Integrated Personnel Support Centres at various military bases across the country. These are "one stop shopping" offices for Canadian Forces members to get the support they need from either the military or Veterans' Affairs. No longer do serving military members with a problem have to go from place to place hoping to find the office that can help. This is a real step forward. This new system is less effective if a soldier has left the military, settled in a location far from a military base and then realizes he has a problem. However, I believe access to benefits, possibly with the help of a Legion Service Officer is easier now than in the past.

If a veteran with a physical or mental disability is still a member of the Canadian Forces, I believe that he or she receives top-notch care in a timely manner. Eventually however, someone who is permanently unable to perform his military duties due to his disabilities will be released from the CF and will have to rely on the provincial health systems and VAC for their treatment.

The problem is the lack of access for modern veterans to the appropriate “in patient” facility or specialized care. VAC will fund the services as they do for traditional veterans, but, as I said earlier, it is up to the disabled veteran and his physician to find both the nursing home bed and the special care from within the provincial health system. Given the shortage of nursing home beds in most or all of Canada, that is not easy to do. If a bed is found, it is unlikely that they will be able to cope with the special needs of veterans such as Post Traumatic Stress Disorder (PTSD) or perhaps amputation rehabilitation. I should note that in most provinces, physicians are not adequately paid for administrative activity such as finding a nursing home bed or searching out rare specialist services. An office call is an office call for billing purposes whether it takes five minutes or several hours.

This is not just a hypothetical situation that may never occur. A physician friend of mine has a patient suffering from severe dementia that stemmed from PTSD. This veteran, who is now in his early sixties, was on a so called peace keeping mission in Bosnia where he witnessed atrocities against children that permanently affected him. He left the military on his return from the mission and the PTSD was only diagnosed and attributed to his overseas service years later. His condition is now such that he should be in a veteran’s home as he is a danger to himself and others. He is not eligible to be admitted to Camp Hill hospital, where they have extremely capable experts to help him and my friend has been unable to find a provincially sponsored bed for him. His wife is overwhelmed with the responsibility of looking after him.

I am not bashing the provinces. Why would they have extra beds and these specialized services when they had no say in sending the soldiers in harm’s way. Furthermore, a province may have difficulty giving priority to a veteran when there is an equally needy civilian on the waiting list. The federal government sends soldiers on these missions and part of the contract with a soldier is, or should be, that he or she and their family will be looked after if things go wrong. That is part of the cost of the mission.

The solution, especially in the long term is not easy. In the short term, modern veterans could simply be given access to both the traditional veteran facilities and their experts, with some modification to the programmes to accommodate the younger veterans. However, the long-term plan is to phase out the veteran hospitals and other facilities as the number of WWII and Korea veterans declines and to eventually close them completely. Not only

will the beds be gone, but so will the experts in the special problems and needs of veterans. Even though it seems like we are having many soldiers wounded and killed in Afghanistan, the numbers are very small compared to WWII and, to a lesser extent, Korea. The numbers needing the special care will not likely justify even one hospital in all of Canada, let alone regional facilities. Furthermore, most veterans prefer to be in a care facility near to their friends and family rather than in a city hundreds of miles away.

I don't know what the solution is, but VAC must take steps to ensure that the "in patient" beds and the needed expertise are available and readily accessible to all veterans. I suspect the solution requires some sort of contract between Veterans Affairs and the provincial health systems whereby VAC pays for a few priority beds and services to be available but shares them with the provinces when not needed by veterans. Negotiating such a contract would not be easy and probably not cheap, but I believe VAC has a fundamental responsibility to provide the needed care to veterans, not just pay for it if the veteran is able to find it.

This is not just a problem that affects a military community far away. The tragic death of Corporal Aaron Williams from right here in Perth-Andover in Afghanistan a couple of years ago clearly reminds us that we are all involved. As I look over the group here tonight, I believe I see medals from some of those post Korea Peace Keeping missions. Perhaps the current policy will affect you some day. In addition, more reservists, including some from NB, are now deployed on these frequently dangerous overseas missions. They will almost certainly return to their home area after the mission and may require special medical care.

I plan to tell anyone who will listen that the policy of two classes of veterans must change. I understand that the Legion has recognized this problem and is considering what steps it should take to obtain improvements. I encourage you to work through the Branch and the Provincial command to have this problem highlighted and solved.

Well, I've spoken long enough. Having vented on this subject I would like to close by again saying thank you again for the invitation to be here tonight and by offering a special thank you to all veterans who have served Canada and to all those who waited anxiously at home.

**Thank you**