

Veterans

INTRODUCTION

Our veterans served Canada — and were willing to risk their lives to do so. Now it's Canada's turn to support veterans of the Canadian Armed Forces and the Royal Canadian Mounted Police, to ensure they and their families have equitable outcomes and the well-being, care and benefits they deserve.

In 2017, Federal Retirees held a series of twelve town halls and digital surveys across the country, reaching out to our more than 60,000 veteran members and their families, and to the broader veterans community. We heard from hundreds of veterans about what worked and what was challenging during their transitions to civilian life, and we followed up with a series of summit meetings with veterans and experts in services and advocacy for serving members and veterans.

- Canadian Armed Forces members identified challenges with timely payment of pensions and access to benefits, delays and inconsistencies in medical transfer of care and records, gaps in transition support and inadequate release information.
- Royal Canadian Mounted Police experience inconsistent release procedures, information gaps and issues with medical documentation.
- Veterans generally found Veterans Affairs Canada's application and appeals processes difficult. They reported challenges with assessments and reassessments and noted unmet communication needs and struggles to obtain clear information — all of which can lead some veterans and their families to lose trust in the department.
- Family members and support networks said that they are faced with unmet support and information needs, especially for mental health.

Transition to civilian life can be especially challenging for those dealing with illness, injury or trauma. The move into the civilian medical system is often marked by difficulty finding

family doctors, long waits and incomplete or missing medical records. These challenges can mean that ill or injured veterans are unable to access financial, health and other benefits and services from Veterans Affairs Canada.

Rebuilding trust with veterans is critical. Whether they were forced to take their own government to court for earned benefits, or are still healing from military sexual trauma, many of today's veterans have lost their trust in the chain of command and in government. Numerous changes to the ministry and payment calculation errors have compounded this lack of confidence in the system.

As we engaged with veterans, we learned how under-served and under-represented serving military and veteran women are, and about the serious challenges they face that still must be addressed. Women comprise about 16 per cent of the military; the goal is to have 25 per cent serving by 2026¹. Women are the fastest growing segment of Veterans Affairs Canada's clients². Many aspects of military and veterans systems are gender-blind, resulting in systemic biases, research gaps and increased rates of injury and illness resulting in medical release for women. For a variety of complex structural and social reasons, the sex- and gender-specific issues and needs of women veterans have not been equitably addressed at the federal level in Canada.

RECOMMENDATIONS

1. Achieve equitable outcomes for serving military and veteran women

As more women enter the military, women continue to suffer injuries and illnesses, and resultant medical releases, at higher than expected rates, making women a growing segment of Veteran Affairs Canada's clients³. But aspects of military and veterans' systems are gender-blind, characterized by systemic biases and research gaps⁴.

To this day, civilian health research and medical care systems



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struggle to address male-normative assumptions and biases⁵ — that is also true for military and veteran health care in Canada. This is further complicated by military medicine biases and the fact that operational military roles were held almost exclusively by men until one generation ago. Since the Canadian Armed Forces was compelled by the 1989 Canadian Human Rights Tribunal to allow women into all operational roles (except submarine service)⁶, no provisions have been made by the federal government for systemic reviews or dedicated financial supports to ensure evidence-based gender integration, so that women signing on the dotted line for service would be set up for success.

Women in the military are being hurt, injured and medically released from military service at higher rates than men⁷, and there are significant differences between the medical releases of men and women⁸. It takes longer for the federal government to adjudicate claims from military and veteran women⁹, and women face challenges at the Veterans Review and Appeal Board related to gendered misconceptions about the nature of sexual assault and trauma.

Many serving military and veteran women and men suffer from military sexual trauma (MST)^a. In a 2016 survey completed by the Canadian Armed Forces, 80 per cent of Regular Force members reported seeing, hearing or experiencing inappropriate sexual or discriminatory behavior. Sexual misconduct can have far reaching repercussions for victims, ranging from sexual health problems, substance abuse, depression and post traumatic stress disorder (PTSD), to headaches, gastrointestinal disorders and chronic pain conditions¹⁰. U.S. data show that MST and combat exposure together increase women's risk of experiencing PTSD symptoms, and tend to be under-diagnosed¹¹.

Finally, labour market impacts mean veteran women have less earning potential in civilian jobs than men with similar experience and skill sets¹².

The full integration of women into the military has been tackled head-on by other nations by providing dedicated lines of spending for initiatives such as “women's health or

equity offices”¹³. In these countries, efforts are being made to quickly and safely incorporate women into all military operational roles and environments while ensuring equitable veteran benefits and care. This is being done through strategic, systemic and coordinated actions to identify and address sex- and gender-based research and knowledge gaps, and to then develop evidence-based policy, programs and practices. Unfortunately, the Government of Canada has not yet developed similar focused action plans for their uniformed service women and veterans.

Use of sex and gender-based analysis (GBA+) when we speak about veterans issues is imperative. Without consistent use of GBA+, there can be unintended consequences that result in inequitable outcomes for the men and women who served Canada. For example, emergency shelter data show that veterans are twice as likely to be homeless than the average Canadian in Canada's largest cities¹⁴. However, use of this data does not tell the full story for homeless women veterans, many of whom avoid emergency shelters for a variety of reasons (shame, risk of sexual trauma or discrimination, safety concerns, being accompanied by children). As a result, many of these homeless veteran women go uncounted and their specific needs are invisible. Research from the United States suggests the causes of veterans' homelessness are different for women and men — due to factors such as military trauma, abuse and postmilitary mental illness and medical issues¹⁵ — yet little research exists for Canadian homeless women veterans.

The National Association of Federal Retirees has been proud to answer these challenges as co-chair of a new initiative called the Women Veterans Research and Engagement Network (WREN). Federal Retirees joined forces in October 2019 with co-chairs Dr. Maya Eichler, PhD (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University) and female veteran health advocate Dr. Karen Breeck, CD, MHSc, MD. WREN's membership is made up of female veteran advocates, including veterans, academics, research experts and various non-governmental organizations, and leverages the

a MST is a term defined by the USA DVA (see : <https://www.mentalhealth.va.gov/msthome/>), while VAC uses “sexual trauma during service” (see : <https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/understanding-mental-health/sexual-trauma-during-service>). For the purposes of this document, the term MST is used.



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collective experience and expertise of its membership to amplify the voices of military women.

It is now time for Canada to act to ensure equitable lifetime outcomes for serving military and veteran women across the seven domains of well-being¹⁶, as defined by the Government of Canada. The first step in this journey is to require all federally-funded defence and veteran related health and wellness research to follow GBA+ and Sex and Gender Equity in Research (SAGER) guidelines. By doing this, Canada will be acting to ensure the use of sex- and gender-informed data and research in developing evidence-based policies and practices in defence and security – the foundation needed to achieve equitable lifetime outcomes for all serving military members and veterans.

2. Ensure a seamless, supported, successful transition and release from service

One witness speaking before the Senate subcommittee on Veterans Affairs had this to say about transition in the subcommittee's 2014 report: "When you join the military, you go through a cultural indoctrination to become a soldier, sailor, airman or airwoman [...] You are in a military community. You are looked after. It is unique. When you are released ... you [no longer] have that military community looking after you."¹⁷ Veterans and families must fend for themselves and can feel a real sense of abandonment.

In 2017, the Office of the Veterans Ombudsman released the report "Transitioning Successfully: A Qualitative Study", and the feedback shared by participants in that report was consistent with Federal Retirees' findings during outreach to veterans in 2017¹⁸. The ombudsman's study found that the biggest stressors during transition were maintaining financial security, health issues and maintaining a family life. Veterans who had participated in the report's development cited broken lines of communication between government departments, incorrect or incomplete information being provided, information overload and difficulty processing the volume of things necessary to transition.

Spouses, friends, children and mental health professionals

proved to be invaluable supports for veterans going through transition.

Many of the study participants reported struggling to find new purpose after leaving the military; they had spent most of their adult lives within the military and had little experience with work or social relationships in the civilian world.

They also found helpful elements in the transition process and pointed to specific actions that could be taken to improve transition, including:

- Improving screening of at-risk cases before release;
- Having adequate time and assistance to prepare and plan for transition;
- Providing counselling, family and peer support;
- Addressing health needs (especially related to mental health and disability) during transition;
- Providing needs-based care through culturally aware caregivers;
- Addressing mental illness stigma during civilian life;
- Encouraging a sense of belonging in the civilian community;
- Providing post-service education programs; and,
- Improving access to rehabilitation¹⁹.

It is important to consider the impact that transition has on the spouses and family of veterans who experience such stressors as health issues, financial insecurity and family instability. Their employment prospects can be affected by a career spent jumping from job to job due to frequent moves, while their mental and physical health can suffer if they are required to become caregivers^b. Services such as mental health treatment benefits should be provided to family members during transition²⁰.

Veterans shared with Federal Retirees concerns about persistent delays in pension and benefits, including delays in their first pension payments. Veterans reported frustration with late, absent or conflicting pension and financial

b A caregiver, for the purposes of this document, is an unpaid individual who provides assistance for daily living activities.



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information, and with requirements for multiple assessments and re-assessments for access to new financial programs and re-worked existing programs.

These valid concerns may point to underlying systemic problems in claims handling and prioritization, complexity, staff availability and training. The financial strain faced by veterans in financially vulnerable situations could be alleviated by prioritizing claims for those individuals, and by backdating the benefits start date to the date of application. The work of the Canadian Armed Forces Transition Group may also lead to better transition outcomes, as it is working to establish early connections between serving members and veterans with Veterans Affairs Canada.

This government has started some good work on better addressing the challenges of transition out of military service, and progress is being made on reinforcing the most effective and meaningful parts of the transition process. Continuing to build on this work — led by the new Canadian Armed Forces Transition Group working together with Veterans Affairs Canada, and using a GBA+ lens — is essential. Transition must be made seamless and must address the challenges veterans have identified, such as continuity of medical care and records transfers, co-ordinated programs and a clear, simplified application process (one application for all benefits). Transition out of service must be treated seriously, and full release should not occur until the member has achieved maximal readiness. As noted above, applying sex and gender-based analysis to this work to assure equitable outcomes for all veterans is vital to successful transition and release from service.

3. Ensure ill and injured veterans and their informal caregivers are supported

Amendments to the new Pension for Life regime are required to address the elimination of the Career Impact Allowance Supplement, which offered monthly compensation to veterans with severe and permanent impairments who had diminished earning capacities. According to an analysis by

the Parliamentary Budget Officer, around five per cent of new entrants would have received greater lifetime payments under the Veterans Well-being Act, while three per cent of new entrants would be disadvantaged under Pension for Life, receiving an average of \$300,000 less in financial support. In all cases, the former Pension Act regime would have been the most generous²¹ and would have provided better financial security.

That said, it is also recognized that the new Pension for Life regime takes a more comprehensive approach to veteran well-being. While financial compensation is not a panacea, financial security is especially important for ill and injured veterans, and many veterans stand to benefit from improved outcomes that will be made possible under Pension for Life — for example, by improved provisions for rehabilitation and training.

Ill and injured veterans receive inadequate home care and long-term care support. With 32 separate policies and 28 distinct eligibility groups, the programs are too complex and are based on type of military service^c rather than need. What's required is a simplified program that adjusts benefits to ensure adequate respite and other supports needed by family and caregivers. Similarly, the Long-Term Care and Veterans Independence Programs could be merged into a single continuum of care, with access determined once, and with provisions to support veterans who do not require long-term care but who cannot stay in their own homes. While access to home care and long-term care is a problem for many Canadians, particularly seniors, the Government of Canada must clarify the veteran covenant and determine the standards of home care and long-term care, and more generally the health and other supports, that Canada owes the uniformed women and men injured in its service.

Injured and ill veterans are often cared for by spouses, adult children, parents and extended family. For single veteran women, caregivers may more often include extended family, friends or others within their support networks (in addition

^c "Not all Veterans are eligible for the same benefits. Some benefits require a link between the need for the benefit and a service-related injury. For example, former CAF members do not have the same access to the LTC Program as War Service Veterans, irrespective of whether the need is service-related." – Veterans Ombudsman, August 2017.



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to health care providers or other formal, paid support care provisions). These caregivers provide emotional support and physical care which can include a variety of daily activities from dressing and bathing to taking on household duties like shopping, finances and household maintenance. These same caregivers also assist with therapy, navigating health and legal systems or providing patient care advocacy on behalf of veterans when they are unable to do so themselves. The Caregiver Recognition Benefit criteria must be adjusted to provide easier access to compensation for caregivers when service-related conditions inhibit a veteran's ability to perform the activities of daily living and childcare.

Veteran women — especially if single or divorced — and service couples with a deployable spouse may face more challenges finding a caregiver for themselves. Caregiver provisions must be reviewed and amended to reflect the realities and needs of these individuals who are more likely to be without a traditional support system.

The health and well being of veterans' families and their caregivers also should be considered. Participants in the veterans outreach conducted by Federal Retirees reported difficulty in accessing mental health services. In their own right, families and caregivers should be provided mental health treatment benefits such as counselling, as well as information, communications and outreach. Again, as we see gender-based demographic shifts in the veteran community, gender-based analysis is essential in ensuring equitable outcomes for all veterans and their caregivers.

4. Ensure timely and transparent assessments and reassessments for veterans

The Veterans Ombudsman's Office reports that the most common complaints it receives are about the length of time it takes to get a decision from Veterans Affairs Canada on disability benefits, inconsistencies in how certain groups were treated, a lack of prioritization for those who may be at risk and a lack of transparency and communication²².

In terms of inconsistencies, francophone applicants waited longer than anglophone applicants, while delays were longer for women than for men. Discrepancies in how the Service Standard Start Date is determined resulted in some veterans

with less need seeing applications move up the queue before others. Disability benefit decisions under the Pension Act resulted in better access to treatment benefits than decisions made under the Veterans Well-Being Act²³. Families were treated unfairly when a veteran died while an application was in process. For example, if a veteran dies while their application is in progress, current legislation does not allow Veterans Affairs Canada to pay disability benefits to an estate if the veteran does not have a surviving spouse or dependent child²⁴.

Regarding prioritization, Veterans Affairs Canada automatically prioritizes applications submitted by elderly veterans, while other veterans can request a more timely decision when they have an unmet health need or are experiencing financial distress. However, this process is not advertised or well-communicated, and there is no way to know if everyone who needs it has made a request, since those with unmet health needs are not tracked or prioritized²⁵.

Also, because of the inconsistencies in how Service Standard Start Dates are determined, turnaround times are not accurately reported or understood. Veterans are not given enough information about the status of their applications or decisions, or reasons for any delays.

During Federal Retirees outreach events, veterans also expressed a lack of trust in appeals processes. Their expectation was that it would take a long time, and that the first couple of decisions would be "no" and "no". Many veterans we spoke to felt decisions were being made by people who lack the background to understand the military environment and veterans' problems.

While some progress has been made following the Veterans Ombudsman's report *Veterans' Right to Fair Adjudication* (2012)²⁶, some recommendations have yet to be addressed.

Decisions for ill and injured veterans must be timely and transparent. Each applicant should receive an individualized, expected turnaround time for their application, and should be told promptly if the decision will be delayed and why. Additionally, the Minister of Veterans Affairs should direct the Bureau of Pensions Advocates to be available to represent



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applicants on judicial reviews of decisions of the Veterans Review and Appeal Board in the Federal Court, if applicants request it.

A re-evaluation of the way the appeals process deals with Military Sexual Trauma (MST) cases is also needed. MST affects both women and men in the military; statistically, the prevalence is higher for women than for men. Research has also shown recently that people who have experienced MST have consistently had issues with claims being adjudicated by the Veterans Review and Appeal Board. Many of them face challenges while seeking disability benefit entitlements — such as having to establish that the sexual trauma arose out of, or was directly connected to, their military service, or seeing their medical testimony being questioned, or having issues with establishing their own credibility or that of the evidence. The author of “The Experiences of Military Sexual Trauma Survivors with the Veterans Review and Appeal Board” has this to say: “There are many difficulties MST survivors face during and after service as they seek support. These difficulties are compounded by the often poor handling of their cases and a narrow understanding of the military’s responsibility, as well as gendered misconceptions about the nature of sexual assault and trauma.”²⁷

5. Rebuild institutional trust with veterans by improving outcomes and communications

Expressions of concern about communications from Veterans Affairs Canada were frequent in the feedback received in Federal Retirees’ veterans outreach initiative. Both Canadian Armed Forces and RCMP veterans reported a dearth of information about Veterans Affairs Canada when they released medically, with no differences noted between people who released recently and those who left longer ago.

When they did get information, veterans typically noted difficulties with the format in which they received it. While some found the “My VAC Account” electronic system helpful, many were not comfortable trying to access their information online, or information relating to their personal case with

Veterans Affairs Canada. Others found the information available to them online was out of date and/or inaccurate. Some veterans said they preferred having a case manager — although this preference was predicated on having a “good” case manager, usually defined as someone with solid knowledge of the military and VAC systems who is willing to be an advocate for the veteran within those systems. Veterans who did not have, or who no longer had, a case manager were worried about missing necessary information and advocacy.

Many veterans have felt disrespected and hurt by inadequate communication (in-person, by phone and in written and electronic communications) as they tried to access programs, services or compensation. Some of these concerns were experienced during transition or release from the military and have been noted above. As a result, some veterans have indicated a low level of trust in, and a feeling of institutional betrayal^d by, Veterans Affairs Canada.

Repairing this relationship is critical for veterans, who must depend on Veterans Affairs Canada to achieve wellbeing, meaning and security for themselves and their family after service in the Canadian Armed Forces or RCMP.

There are ways to improve these perceived issues of trust. The federal government must enhance access to information and resources to ensure more veterans and caregivers are reached (even if they are not connected to Veterans Affairs Canada) by working on sex and gender-informed solutions with national service providers, civilian health care providers, non-profit and community-based organizations. Emphasis also must be placed on horizontal communication and programming that reaches across government departments — such as the transition initiatives underway by the Canadian Armed Forces under the Department of National Defence with linkages to Veterans Affairs Canada and organizations that serve veterans and families.

^d Refers to wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals (e.g. sexual assault) committed within the context of the institution.



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CONCLUSION

This government has demonstrated its commitment to veterans’ well being. Good progress is being made by the newly stood-up Canadian Armed Forces Transition Group to achieve (where possible) seamless transition to Veterans Affairs Canada for individuals who are releasing from service. Ongoing end-user feedback and regular quality improvement in the process will help to get the systems and processes right going forward — though yesterday’s veterans still have pressing concerns that need to be addressed.

The relevant ministerial mandate letters indicate a continued focus on addressing the common concerns and challenges of the veterans community, particularly on continuing work to ensure a seamless, supported and successful transition and release from service, and on achieving more timely results for veterans and their caregivers. There is a pressing need for adjustments and simplifications to programs and policies that

affect critically ill and injured veterans and their caregivers. They should be addressed by this government promptly, as should measures to ensure serving military and veteran women achieve equitable outcomes during and after their service to Canada. Sex- and gender-informed policies are a keystone of nearly all the 2019 ministerial mandate letters; this issue will be critically important to how this government measures its success.

Finally, the Government of Canada needs to start a national conversation — and make clear commitments to those who stand up to serve their country — about what veterans should and should not expect if they are injured or become ill due to their service to Canada. Taking a person-centred approach and responding to the recommendations noted here will result in a supportive, respectful system that focuses on the whole veteran, helping them to achieve their full potential while serving and as civilians.

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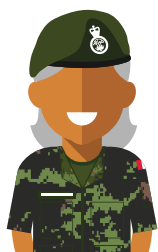
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