

REHABILITATION OF THE HANDICAPPED

A Comparative Study of the Rehabilitation
Programmes of the Department of Veterans
Affairs and the Workmen's Compensation
Board of British Columbia.

by

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ABSTRACT

The term "rehabilitation" is used in many fields to indicate a restoration of various functions to an individual. In social work and related fields the restoration of the handicapped individual in the physical and economic areas has taken precedence over the restoration and development of the individual in his social environment. The lasting value of rehabilitation lies in the adequate functioning of a disabled individual as a member of his family and community.

This study examines the rehabilitation programme of the Department of Veterans Affairs and the Workmen's Compensation Board of British Columbia. The rehabilitation programmes have been divided into what is called the elements of a rehabilitation programme: the rehabilitation process, rehabilitation services, rehabilitation personnel and rehabilitation maintenance allowances and auxiliary aids. These elements have formed the basis for discussion of the legislative framework and the facilities of each agency. Selected cases have been used to indicate how the rehabilitation process operates in each agency.

The availability of a large amount of funds and a favourable state of public feeling have allowed the Department of Veterans Affairs to inaugurate what is considered to be the best rehabilitation programme in Canada. The medical and training aspects of the Workmen's Compensation Board's programme are comparable to that of the Department of Veterans Affairs. They have not carried their programme into the area of psycho-social rehabilitation to the same extent as the Department of Veterans Affairs. Some points are also set forth around which further research and investigation could take place.

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**A COMPARATIVE STUDY OF THE REHABILITATION
PROGRAMMES OF THE DEPARTMENT OF VETERANS
AFFAIRS AND THE WOMEN'S COMPENSATION
BOARD OF BRITISH COLUMBIA.**

CHAPTER I

THE ELEMENTS OF A REHABILITATION PROGRAMME: DESIGNED TO MEET
COMMON NEEDS OF THE DISABLEDIntroduction

Rehabilitation of the handicapped is not a new concept in the field of human relations but has been one of the basic doctrines when one individual or society helps another individual or society who is in need. The present concept of rehabilitation evolved during and after World War II but had its basic roots in the programmes arising out of World War I. Both wars dramatized the age old concept that men and women can surmount seemingly insurmountable limitations, live useful satisfying lives, and make important contributions to society. The remarkable advances made in knowledge and practices in the medical, social and vocational aspects of adjustment have made it possible for large numbers of the handicapped population to take their rightful place in the community. It is proposed, in this study, to examine the various aspects of rehabilitation and then to compare two rehabilitation programmes, one for the war injured and the other for the industrially injured with a view to determining how effectively these aspects are applied and carried out.

There are many definitions of rehabilitation. Webster's dictionary defines it as the process of restoring to a state of physical, mental and moral health through

treatment and training. The Montreal Rehabilitation Survey Committee, in defining rehabilitation, states:

"Vocational and employment rehabilitation are recognized as a sound economic investment. The inter-relation of the two is such, that a proper definition of rehabilitation must include the total process which is to develop and restore the handicapped individual to the fullest physical, mental, psycho-social, vocational, and economic usefulness of which he is capable, within the restrictions inherent in his environment."¹

This definition, in line with many others of a similar nature, appears to place the emphasis upon physical and vocational rehabilitation with incidental emphasis upon the social phase. There is an immediate apparent failure to view the individual as a whole.

Although, at times, we treat the individual as a series of separate structural units or functions, he is a psychophysical entity. Mind and body cannot be divorced from the need of meeting each problem with which it is faced in an integrated way. The individual does not merely use his residual normal capacities to solve his specific problems. The significant factor is the dynamic action which is the product of the whole mind-body structure and function. Physical examination and vocational testing serve a definite purpose but they will not determine the way the whole person meets his physiological, vocational and social requirements. Social rehabilitation, therefore, is inherent in every phase

1.

The Montreal Rehabilitation Survey Committee. Re-establishment of Disabled Persons. Sun Life Assurance Company of Canada, Montreal, 1949. p.19.

of the individual's adjustment. Spiritual rehabilitation too, must have its place.

Elements of a Rehabilitation Programme.

(a) The Rehabilitation Process

The humanitarian aspects of assisting the handicapped to live useful, happy lives, at their highest potential is self evident. The economic productivity of this population must also be utilized for there is a limit to the burden a working population can carry. It has been estimated that 97 percent of disabled persons can be rehabilitated to the point where they can lead useful lives and that 80 percent of the handicapped can be rehabilitated into employment through the effective use of up to date community services and educational facilities.

The United States National Council on Rehabilitation lists, in a report submitted by the Committee on the Process of Rehabilitation, the following five principles of the process.¹

- (i) Rehabilitation should begin at the earliest possible moment after recognition of the existence of a continuing disability.
- (ii) Before rehabilitation services are instituted an examination by a physician, competent in the area of the individual's disability, should be made. In the case of multiple disabilities, examinations by physicians, competent in the respective areas, are indicated.
- (iii) Rehabilitation should be an individualized process and all medical, social, and vocational diagnoses and activities should be directed toward the adjustment of the individual as a

1. National Council on Rehabilitation. "Report of the Committee on the Processes of Rehabilitation. New York, December, 1954 p.2.

total person. The disabled person should participate in all planning and ultimate decisions.

(iv) Psychological adjustment, mental and spiritual health are essential pre-requisites to successful physical, social and economic rehabilitation.

(v) All professional workers concerned with any of the rehabilitation processes should take responsibility for identifying problems which require rehabilitation services and for making the appropriate referral. Each professional worker should act as a specialist within the skills of his particular field and recognize the inter-relationships of the several functional groups without confusing their functions.

The Council divides the process into three fields:

In the medical field the physician assumes leadership and the staff includes a nurse, physical therapist, occupational therapist, physical education worker, dentist, medical social worker, and psychologist.

The social adjustment field, in which the social worker assumes leadership, bases its work on the diagnosis and recommendations of the physician. The social worker's activities are supplemented by the services of the psychologist, the guidance counsellor, the vocational counsellor, the teacher of special classes, and the teacher of special skills.

The vocational field in which the vocational counsellor assumes leadership, bases its work on the diagnoses and recommendations of the physician. The vocational counsellor's activities are supplemented by the social worker, psychologist, vocational teacher, sheltered workshop supervisor, vocational school teacher, placement agent and the "follow up" field agent.¹

1. National Council on Rehabilitation op cit p.2

The following have been summarized in the Background Data for the National Conference on Rehabilitation, as successive steps from original client contact to final establishment in the community.¹

- (a) Registration and Rehabilitation Counselling.
- (b) Evaluation
 1. Medical Diagnosis
 2. Psycho-social Evaluation
 3. Educational-Vocational-Employment Evaluation.
- (c) Rehabilitation Plan
- (d) Rehabilitation Programme
- (e) Establishment in Community
- (f) Follow up.

In industrial and war injury the individual must, of necessity, receive hospitalization and treatment before he is able to see any rehabilitation worker. However, as far as rehabilitation is concerned, the steps in the process would be similar. Besides the principles listed above, these steps involve many principles inherent in social casework. Confidentiality must be maintained in regard to any disclosures which the client makes. In the past, it has been customary and often necessary to segregate disabled persons permanently or for long periods of time. Disabled persons, as others, are whole people and individuals with native and culturally acquired abilities, and should be rehabilitated as such into the communities in which they live. Rehabilitation must be based on sound medical procedures. Social, educational, vocational and employment rehabilitation require personnel familiar with the whole process, skilled in their

1. Background Data for the National Conference on Rehabilitation, The Rehabilitation of Disabled Persons, Toronto 1951, p.6.

particular service areas and experienced in team work techniques.

(b) Rehabilitation Services:

Medical rehabilitation services should provide a correct diagnosis as to the health and physical competence of the individual. In cases of certain categories of patients where physical rehabilitation is highly specialized and long term daily training is required in hospital, rehabilitation services should be provided simultaneously. Physical restoration services should also be provided for those who need to overcome or mitigate physical disabilities. Training rehabilitation services should include authoritative evaluation for sound planning usually provided by a psychologist. Medical supervision of all training, by qualified instructors, is necessary and all curricula must meet accepted standards in order that trainees can be transferred to vocational schools as soon as they are qualified. Commercial education, general crafts, trades and academic education should be included in training. Shops, set up for training, can also be used for work therapy and employment. Another possibility would be a method of trying out disabled trainees in vocational and employment situations.

Employment rehabilitation services are of special importance to the handicapped as well as the employers. The high turnover of some handicapped workers cannot be ignored. They should be encouraged to take vocational counselling, They should be encouraged.

retraining, or sheltered employment. These workshops would provide an opportunity to maintain accepted standards of employment and more important, provide work they are capable of and with pay commensurate with their work contribution. These workshops would provide both permanent and transitory employment. Transitory employment should be provided for those with debilitating diseases and those recovering from such ailments as tuberculosis or a cardiac condition. Alternatively employment may be provided by employers who are reimbursed for training workers until the necessary skills and efficiency are acquired. The greatest need is to protect the worker from exploitation.

Special rehabilitation services are essential to any comprehensive programme of rehabilitation. Transportation service is essential for those who are unable to use public conveyances. Prosthetic services are required for any programme where orthopedic treatment is involved. Recreational services are valuable as a treatment and training device for the disabled. It is essential that services also be provided to those who are no longer in the institution. This involves the necessity of working with community agencies. Qualified staff are required to give direction to all members of the community who come into contact with the disabled person.

(c) Rehabilitation Personnel

Personnel and their qualifications determine the scope and quality of performance. In certain areas of re-

habilitation where established professional people such as physicians, nurses, occupational therapists, physical therapists, social workers and teachers are employed, the standards of qualifications are well established. These people receive a definite period of instruction which must meet definite standards. In most cases, they have received internship or field work experience under expert supervision.

In other areas where few qualified workers existed and the services for certain types of rehabilitation workers were in demand, personnel were recruited to fill requirements. Their duties often fell across several areas of rehabilitation service. As a result there has been no accepted educational or experience criteria for these classifications of workers as compared to those set up for professional personnel. These people have learned their disciplines through experience, special courses of study, institutes and in-service training. The training and qualifications of personnel in the rehabilitation fields are matters that require further study and recommendation. As the functions of these personnel often vary from programme to programme, the specific functions of such workers need clarification for administrative purposes.

Another essential of the rehabilitation worker is that he can participate with and share his knowledge with others. Carlaine Elledge explains this quite clearly..

"Teamwork in rehabilitation is created through the mutual understanding generated by two or more persons offering different, though related services to the individual with a physical impairment. This understanding stems from two sources; one, recognition of the particular area of competence for which training and experience have prepared the given expert to offer specific rehabilitation services; and two, knowledge, understanding and appreciation of the value that services by other experts may have for the individual in terms of his total restoration. Teamwork is spontaneous under such circumstances. It can be enriched through patterns of working together such as in regular conferences, but it cannot be produced by virtue of the fact that various experts are housed under the same roof."

(d) Rehabilitation Maintenance Allowances and Auxiliary Aids.

In order that clients can take advantage of the service of a rehabilitation programme it is basic that some form of financial assistance should be provided. This should include training allowances and cash benefits. Training allowances are basic for any rehabilitation programme and the trainee's dependents must also be maintained if the programme is to be successful. Financial assistance is a yardstick to measure the extent to which services can be used. Both the Department of Veterans Affairs and the Workmans Compensation Board make provision for training and maintenance of the disabled. These will be discussed in the following chapter.

Problems of the Disabled.

(a) External Adjustment.

All of the physically handicapped have problems to

1. Ellledge C.H. The Rehabilitation of the Patient, Social casework in Medicine, T.P. Lippencott Company, Montreal, 1948, p.85.

Meet as they attempt to adjust their limited equipment to the demands of living in a social environment. These adjustments may be classified as external and internal. External adjustment has historically been very difficult. Primitive man sacrificed the crippled and disabled for the good of the group and, although public and private efforts have improved the status of the disabled, much of the historical repugnance and distaste still exists. The disabled, the crippled and the deformed have been condemned as unproductive and useless burdens. Employers often have rationalized their prejudicial feelings on economic grounds. Employment of the disabled reduces productivity, the disabled person with limited physical capabilities is more accident prone, and finally, in case of injury, the employer will have to bear the cost of aggravation of the previous injury. The first two have no validity in fact. The employer has been protected from the third fear by the second injury fund in the workmen's Compensation Acts and, in case of veterans, the pensioner's disability is reassessed in case of aggravation.

The disabled, from the standpoint of functional adjustment, are often divided into three groups. The productive, partially productive and bedridden. All these groups must become adjusted to their environment. The adjustment of veterans of World War I and the development of job analysis and disability analysis which arose out of the work of the Department of Soldiers Civil Re-establishment directly after

the war added great impetus to the public acceptance of the war and industrially injured in Canada. Despite the use of all resources, some cases are considered socially inoperable and from the common sense viewpoint, must be accepted as such by social workers and other rehabilitation officials.

Occasionally, the injured worker and the disabled veteran are faced with problems involving litigation concerning claims for disability. These often take months to adjudicate with the result that the foremost thought of the handicapped individual is whether his claim will be accepted or not. Another distracting obstacle to the handicapped is the amount of time which he must spend wandering from one official to another, all of which appears fruitless and time-wasting. The industrial worker, perhaps, has a greater feeling of frustration in this regard than the disabled veteran. The veteran, as a rule, through his service experiences, has become more adjusted to such procedures.

Members of the disabled man's family and community must also adjust to his handicap. Interpretation by the rehabilitation worker is often essential. His limitations are often not accepted with the result that he will attempt to keep up to the former level of his social activities or may withdraw entirely from activities of any sort. On the other hand he may be overprotected and lose the independence which he has once had and which in most instances is essential to his satisfactory adjustment.

(b) Internal Adjustment.

The disabled themselves, react in many varied ways to their handicaps. Reactions will depend upon the total life experiences, the type of disability, the circumstances which brought about the disability, the attitude of relatives and friends and above all, upon his intellectual, emotional and personal attributes which he has brought into the new experience. The ultimate success of the rehabilitation process depends upon the individual himself. A mature individual who has learned to face other problems will likely meet a disability directly. He will accept the new limitation, take advantage of resources, and in some cases reach a stage of maturity which he might have otherwise never attained. On the other hand the immature individual may develop an attitude of belligerence to protect himself from pity and criticism. The only way he can defend himself is to fight. Another may become overdependent and remain a complete invalid. Another may seek to deny that he is not physically perfect. In some cases he may succeed but in most cases the individual fails and often develops another handicap to act as a crutch for the first. It is well for the rehabilitation worker to remember that each individual has a breaking point and may develop problems which he cannot face without help. In some cases, he may require only financial assistance to help him over the first hurdle. In others, he will require constant support to his strengths to help him over succeeding hurdles.

(c) Special Problems of Veterans.

The veteran has handicaps to overcome which the civilian does not encounter. War, with its military need for obedience to orders and its frequent subordination of self direction and independent thinking offers little incentive to the adolescent to complete emancipation. The temptation is often present to yield to an external dependency. The serviceman's loss of individuality often was compensated by a feeling of belonging and realization of acceptance which he may never have received in civilian life. Demobilization brought a feeling of insecurity as he had to find new groups and other figures upon which to fasten his loyalties. The serviceman, turned civilian, had to overcome feeling of aggressiveness which military authority had instilled in him. In the majority of cases the progress of adjustment was one of gradual movement, first to veterans organizations and afterwards to acceptance of his own community and social life. The veteran develops a brusqueness and a callousness to face the realities of war which, to his family and his friends, often appear as a hardness and immunity to human love and suffering. The disabled veteran, on the other hand, has in his periods of immediate hospitalization, a feeling of acceptance from his community and as a result of his proximity to other disabled men, a feeling of belonging which the injured worker rarely has. For example in Canada as a result of organization immediately after World War I, the amputee of World War II was visited by an officer of the

War Amputations of Canada and subsequently made a member.

(d) Casework with the Disabled.

The case worker, with his knowledge and understanding of human behaviour, his ability to perceive the hidden reason, feeling, strengths and weaknesses which the individual brings into the problem, has the ability to help the individual in his psycho-social adjustment. The case worker, with his professional skill can also help the disabled individual to help himself, resolve his fears, sort out his difficulties and come to grips with his problem. He can interpret the situation to the family and the community and knows the way in which a particular service can most effectively help his client. The case worker should, with his knowledge of individual, group and community behaviour, work with the individual, step by step if necessary, through medical treatment, training, and placement.

Canadian Programmes.

A great number of agencies in Canada are active, both directly and indirectly, to provide services for the handicapped. Federal, Provincial and local governments participate through the direct provisions of rehabilitation services by offering grants in aid to different agencies, and through the provision of supporting health and welfare services. A large number of voluntary agencies complement and supplement public effort by a wide range of services that touch every aspect of the rehabilitation process. The

Canadian pattern has been for these private agencies to develop a programme for specific types of disabilities such as those resulting from tuberculosis, poliomyelitis, alcoholism, multiple sclerosis, cerebral palsy, paraplegia, heart disorders, cancer and arthritis and rheumatism. These programmes are administered and financed for the most part by private philanthropic societies assisted by public grants in aid. Examples of such societies are the Canadian National Institute for the Blind, the Canadian Arthritic and Rheumatism Society, the Toronto Society for Crippled Civilians, and the Western Society for Physical Rehabilitation at Vancouver. Other organizations, such as the Vancouver Council for the Guidance of the Handicapped and the Montreal Advisory Council for the Handicapped, carry out important survey and publicity work.

The federal government, unlike the governments of New Zealand and Britain, has no comprehensive legislation for the rehabilitation for the handicapped with the exception of the Department of Veterans Affairs. The Department of National Health and Welfare administer the National Health Grant Programme and annual grants are made to a number of agencies concerned with rehabilitation. The department of Labour administers various types of vocational training projects. A general employment service for disabled persons is provided through the Special Placements Division of the National Employment Service. In the past year, pensions for

the totally disabled person have been inaugurated.

Special rehabilitation services are provided for specific cases by provincial and local governments in Canada. In Saskatchewan and British Columbia, compulsory hospital insurance programmes cover almost the entire population. Special provision in other provinces is made for hospitalization, comprehensive medical and surgical care and certain other health services for recipients of some pensions and assistance programmes. Saskatchewan is the only province with a civilian rehabilitation programme in Canada. British Columbia has enacted social welfare legislation which permits the development of such a programme. However, in practice, public welfare officials utilize existing private agency resources rather than develop new facilities to meet their requirements. Throughout Canada, generally, Workmen's Compensation Boards have been concerned with the rehabilitation of the injured workmen. The intensity of the programme varies from province to province.

The Method of Study

A Dominion Rehabilitation Coordinator and ten Provincial Rehabilitation Coordinators have been appointed within the past two years. The British Columbia programme is showing progress in the integration of existing services and the investigation and the establishment of new facilities through the cooperation of local agencies.

The Department of Veterans Affairs rehabilitation programme has been in the process of growth for many years. The Department has had access to a large amount of public monies to finance and carry out a Canada wide programme. The Workmen's Compensation Board of British Columbia's programme has been in existence for a shorter period of time and their facilities are limited as they are directly responsible for a large number of employers throughout the province. The history and philosophy of these two agencies will be reviewed in Chapter II.

An investigation of the possibilities of comparing the rehabilitation programmes of these two large agencies reveals several obstacles. One disadvantage is that the Department of Veterans Affairs has a great amount of legislation and medical and other facilities while the Workmen's Compensation Board has a scarcity of legislation and few medical or other facilities. Another disadvantage in comparing programmes was the inaccessibility of the Workmen's Compensation Board files. Arrangements were made that case summaries would be prepared as they were requested. Non-medical aspects of the general rehabilitation services are coordinated by the Veterans Welfare Officer in the Department of Veterans Affairs and by the Rehabilitation Officers in the Workmen's Compensation Board. In this thesis it is proposed to compare the broad rehabilitation programme of these two respective branches.

The four elements of a rehabilitation programme have been stated as, the rehabilitation process, rehabilitation services, rehabilitation personnel, and rehabilitation maintenance allowances and auxiliary aids. As the Department of Veterans Affairs programme is outlined in the large number of acts and regulations, the provisions of this legislation as it pertains to the four elements will be investigated in Chapter XII. In instances where the literature does not reveal the Workmen's Compensation Board approach, the information will be obtained from the appropriate officials. This then, will include a discussion of rehabilitation (medical, vocational and employment), and rehabilitation allowances and auxiliary aids.

As in practically all government legislation, setting up new departments or units, each agency is given authority to acquire personnel to carry out their programme. The number and quality of the personnel are left to the discretion of a designated authority. Personnel will only be mentioned as they relate to some particular service and their particular qualifications and total duties will not be discussed.

The remaining element is the rehabilitation process, which more or less reflects the services which are available to the injured veteran or workman from the time of hospitalization until he is successfully re-established in his community. The process, as outlined earlier in this chapter will form

the basic outline for the investigation of these services in Chapter IV. A number of cases with fairly similar injuries will be used to compare the depth and breadth of service of each agency in actual practice.

Some of the principal points of legislation and of services will be reviewed in Chapter V. An attempt will be made to determine the direction which development of respective agencies may take in the future and some points will be discussed which may be considered in approaching further study in these rehabilitation programmes.

CHAPTER II

THE HISTORY AND PHILOSOPHY OF THE WORKMEN'S COMPENSATION
BOARD OF BRITISH COLUMBIA AND OF THE DEPARTMENT OF VETERANS
AFFAIRSThe Department of Veterans Affairs(a) Introduction

Prior to World War I, Canada's attitude toward veterans, whether disabled or otherwise, was influenced by British thought and action and the centuries old custom of giving land grants to veterans. Mendicancy and patronizing charity was, as a rule, the soldier's lot after his days of usefulness were over. The discharged soldier was the local community's responsibility, provided by the Poor Law practices.

The first acknowledgement that the state should be responsible for veterans of wars was in England where Chelsea Hospital for Old Soldiers was founded by Charles II in 1682 to please a whim of one of his mistresses. Charitable appeals were made to aid the disabled and the needy dependents of the soldiers. The distribution of funds was placed in the hands of private agencies under royal patronage.

The Canadian pattern had similar characteristics. Land grants were distributed and voluntary aid was expected to meet needy cases. Pensions were granted where the disability could be directly attributed to active service. These, on the whole, were quite inadequate and could be adjusted at any time. Often the veteran's income was used as

a yard stick of pension adjustment. Canada assumed little responsibility for Boer War veterans other than by giving them land grants. Boer War pensions were paid by the British Government.

Canada, between the War of 1812 and World War I, had been involved in minor military campaigns where very small numbers of soldiers were concerned and with its dominantly agricultural economy, the country absorbed the discharged soldiers without difficulty. In evaluating this early attitude, it should also be considered that no countries had any sound programme of civilian re-establishment. The training of industrial cripples had reached its greatest development in Belgium. There were a very small number of schools in Holland, the United States and England. The great advances in medicine, social legislation and vocational programmes were still to come.

(b) The Impact of World War I

In August 1914, the first Canadians were being mobilized and readied to go overseas to finish the war by Christmas. The initial thinking of government policy can best be judged by the attitude to soldier's dependents. The private was paid a dollar a day and his wife received only twenty dollars a month. The Canadian Patriotic Fund which was modelled after the South African Fund of the Boer War disbursed twenty-five million dollars between 1914 and 1917.

to supplement inadequate state support for needy soldiers and their families. The government paid civil servants their regular salaries to encourage enlistment. As the years dragged by and the wounded began to return and the large number of casualties brought about growing demands for recruits, the Canadian government was compelled by public opinion and political expediency to take more responsibility for the families of service men and for the returned soldiers.

Political pressure which waned on the part of the civilian population in the twenties, was taken up by veterans organizations such as the Canadian Legion. The result has been that the government has reviewed veteran's legislation quite often through the years and brought in new legislation to cope with changing situations.

(c) The Military Hospital Commission

The Department of Militia and Defence was responsible for the discharged soldier at the outbreak of World War I. A committee from this department was appointed to provide care and treatment facilities for the soldier discharged from active service. In June, 1915, the Military Hospital Commission was created to take over the hospitalization of wounded and disabled ex-soldiers. The Commission's powers were increased in 1916 to give authority to establish and administer all necessary hospitals. An early report of the commission urged the establishment of a comprehensive system

of vocational training. A great step forward was made when the government determined that this programme should be under central authority and not local responsibility as previous programmes had been. Soldier's Aid Commissions were established in each province to supplement the Federal Government programme.

The commission appointed a vocational secretary in 1918 and began experimental vocational training projects. Later, in June of the same year, the commission was given the authority to train, after discharge, men who were so disabled by war service that they could not follow their former occupation. The initial plan was to give training in curative work and industrial retraining simultaneously while patients were convalescing. This mixing of classes led to serious misunderstanding about the work, among the men, the doctors, and the instructors. The work was then divided into two branches - the curative work and the industrial re-training. The curative work was to take place while the men were in hospital and under the direction of doctors. Industrial re-training was to take place after discharge and after medical treatment ceased. In industrial re-training, men were to be students and not patients. Doctors were to be advisers and not in control of the direction of the work.

The director of training summarized policy changes.

in 1917:

1. To make a sharp distinction between occupational therapy and industrial re-training.
2. To introduce the apprenticeship system into industrial re-training.
3. To aid this purpose, the organization of a system of industrial surveys of employers.
4. To make occupational therapy in the hospitals compulsory, provided the doctors concurred in each case.
5. To increase the number of returned soldiers on the staff and to introduce a large number of men of the executive staff with industrial experience.
6. To interview all men in the invalided section before discharged in regard to their ability to carry on in civil life.
7. To introduce measures to see that all men already discharged through the invalided section, were communicated with either by letter, personal interview, or through the travelling visitors of the Pension Board.

In the division between treatment and training may be seen the beginnings of industrial apprenticeship, training, and an understanding of the limits of occupational therapy, vocational guidance and occupational survey. A scale of pay and allowances was provided so that the men and their dependents could be properly maintained.

(d) The Department of Soldiers Civil Re-establishment

Early in 1918 an Order in Council (PC 4521) was passed changing the name of the Military Hospitals Commission to the Invalided Soldiers Commission and creating a new Depart-

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1. Segsworth, W.E. Retraining Canada's Disabled Soldiers,
Ottawa, King's Printer, 1920. p. 15.

ment of Soldiers' Civil Re-establishment. A vocational branch was established in the new department which took over the existing training programme. The changes and growth in 1918 may be stated as follows:

1. The institution of the follow up and after care section.
2. The introduction of a small amount of social service work.
3. The provision of medical treatment for men taking industrial retraining.
4. The organization of Statistics and Cost sections.
5. The creation of a section for the Blind.
6. The introduction of ward occupations as a separate and distinct branch of the work.
7. The creation of a research section.

Here are found the recognition of research, the necessity of statistical control, the need for follow up and after care work when trainees entered industry, and the necessity of social service visitation in hospital for the period of vocational training.²

The vocational branch was divided into three parts. Ward occupations, done by men confined to wards, was designed for its mental and physical curative value. Women were trained, through departmental arrangements, for this work and it was administered by them under medical direction. Curative workshops had the same general purpose as ward occupations but the work was heavier. The individual's work tolerance and

1. Segsworth, W.E. op cit p. 18.

2. England R. Discharged, Toronto, The MacMillan Co. of Canada Limited, 1943, p.166.

compatibility was sometimes tested by moving him from one occupation to another. Industrial retraining was conducted entirely after discharge. Only those men, who had disabilities arising directly from war service and which prevented them from following their prewar occupation, were eligible for such training. District vocational officers were given freedom of action as training had to be adapted to local conditions.

Every disabled man who was discharged was to be interviewed by a representative of the department. Training was not compulsory and a man's choice was not restricted unless it was "obviously a bad one". The interviewer, "the man who could best understand these men and get their confidence, was the one who has himself at some time actually earned his daily wage at some heavy occupation." "It was also considered absolutely essential by all the men of the staff of the department that the interviewer at least if none other, must be a returned man, as he was the only one who could talk to the man being interviewed on an equal footing."² Thus there was the recognition of client self determination and the misguided official belief that only an ex-service man can understand another. The interviewers were divided into various classifications and placed accordingly. Training was provided by promoting the interviewer through these different stages. If he was looked upon as a

1. Segsworth op cit p.24-29
 2. Segsworth Ibid p. 53-54

'first class interviewer', he was placed on industrial survey work to get first hand job information. He also had to study the school system to become familiar with courses and methods. The interviewer was also to learn a great deal about disabilities. Provision was also made for follow up services in order that the individual could be given encouragement and advice in his final step of vocational rehabilitation.

Besides personal, medical, training and placement services the Department had carried on with the manufacture and maintenance of orthopaedic and surgical appliances which had begun under the old Military Hospital Commissions. The Department of Civil Re-establishment trained 43,000 disabled soldiers and those who were minors on enlistment, at a cost of \$43,000,000 or about \$1,000 per man. In addition to the above programme, there were the regular benefits as supplied by War Service Gratuity and financial assistance in settling on land. In 1919, Civil Service preference was granted.

(e) Special Programmes for the Blind and the Tuberculosis Patient.

Perhaps the most comprehensive programme arising from rehabilitation measures of World War I was that of treatment for the blind. The method, which was employed at St. Dunstons in England under Sir Arthur Pearson, was initiated in Canada early in 1918 under the leadership of Captain E.A. Baker (now Lieutenant Colonel Baker) himself a graduate of

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1. The veteran was required to pass whatever examination was set before the preference became operative.

the English School. This man was in charge of the overall programme for the blind throughout the country. The first returned blinded soldiers together with civilian blind, formed the Canadian National Institute for the Blind and the Department of Civil Re-establishment trained their blind in the facilities provided by this new institution. Under this programme the blind were trained by other blind instructors. These blind instructors are invaluable. If the man recognizes the fact that the individual giving the instruction was but recently in the same position as he himself, he realizes that the instruction will be practicable and also that he is not being asked to do something that has not been done before by those labouring under the same handicap. Also by erradicating the term 'affliction' and impressing each man with the idea that he has but to overcome a handicap which has been imposed, a more cheerful and ambitious bearing is induced.¹ As well as a work programme, recreation and sports were emphasized in order that the man could become more self reliant and confident.

The introduction of ward occupations to tuberculosis sanatoria was pioneered by the Department of Soldiers' Civil Re-establishment and it was recognized as of great therapeutic value and copied by many civilian institutions. The location of the Department's Sanatoria also refuted many of the old established theories that certain altitudes and

1. Segsworth, op cit p. 131.

remoteness from water were necessary for improvement or cure of tuberculosis. Their incentive also allowed the inauguration and establishment of new forms of treatment.

(f) The Canadian Pension Commission

The Board of Pension Commissioners were another body which was created by legislation in 1916. Originally, they dealt with a number of orders in council and regulations. In 1919 these measures, with adaptations and additions were incorporated in a statute entitled "The Pension Act." The Board of three Commissioners had sole authority to determine pension entitlement and administer the act.

In 1920, Returned Soldiers Insurance was inaugurated to cover the case of the veteran who was considered a poor risk for insurance companies. Approximately twenty-nine thousand took advantage of the insurance plan. The plan was supervised by the Board of Pension Commissioners.

In 1921 the Pension Board organization was absorbed by the Department of Soldiers' Civil Re-establishment. Various changes were made in the organization of this Board in the following years but it has always retained its own identity at the local level and has been directly responsible to some high official in the department to which it has been attached. At the moment it is known as the Canadian Pension Commission and is directly responsible to the deputy minister.

(g) The Soldiers' Settlement Board of Canada

Another government agency which dealt directly with re-establishment was the Soldiers' Settlement Board of Canada.

Two of its principles of policy were:

"to settle on the land soldier citizens whose best interest will be served by engaging in farming"

and

"to provide such guidance and assistance as may be helpful to the settler's wife and family in the development of the home and the economic and social relations, as a factor in the success of the settler."¹

Some handicapped veterans were settled on farms. The report states that a soldier settler with a leg off above the knee was making a success of farming and explained "the human element is one of the chief factors which made one man succeed where another would fail."² In spite of this philosophy the proportion of misfits settled on farms was too high. The high proportion of marginal and submarginal farms bought during a period of inflation followed by the impact of the immediate post-war depression, proved too great a handicap for many settlers despite various legislative measures of a remedial nature.³ This Soldiers' Settlement Board of Canada operated under several departments of government including the Department of Immigration and Colonization and the Department of Mines and Resources.

1. Canada, Report of the Soldier Settlement Board of Canada, Ottawa, Kings Printers, March 31, 1921. p. 151

2. Ibid p. 155

3. Woods W.S. Rehabilitation, Ottawa, Queens Printer, 1953.p.139

(h) The Formation of the Department of Pensions and National Health.

Some of the main departments of government which dealt with veteran's problems have been mentioned. However, it can easily be seen that such a large enterprise involves all departments of government in varying degrees.

The work of the Department of Soldiers' Civil Re-establishment diminished as the ex-service man gradually established himself in civilian life. At the same time, however, veteran's organizations became more active and the pressures of these groups forced the government to a continual review and revision of policy. In 1922, the Ralston Commission was appointed and the work of this commission over a two year period formed the basis of a great deal of future government legislation, particularly in the fields of treatment and pensions. In 1924, an Order in Council (PC16541) provided quarters and maintenance for indigent pensioners.

In 1925, the first mention of the word rehabilitation appears. The government staffed local committees of prominent citizens in various cities of the country. These committees dealt with those veterans whom it had been impossible to place.

"The aim of the committee is to send the right man, one whose disability will not prevent him from earning full wages with a short time. Therefore training, habits and other characteristics have a distinct bearing upon his permanent placement."¹

1. Canada Soldiers' Civil Re-establishment, Annual Report, Ottawa Kings Printer, 1925, p.19.

In Toronto, 250 such men were placed, two thirds of these placements were considered permanent.¹ In 1928 the Department of Soldiers' Civil Re-establishment was absorbed into the new Department of Pensions and National Health.

(i) The Veterans' Bureau

In 1930, as a result of veteran unrest regarding pension entitlement, a Veterans' Bureau was established to assist applicants in the preparation of their claims. This is an independent branch over which the Canadian Pension Commission has no authority. The pension advocates, usually trained lawyers, are directly responsible to the chief advocate in Ottawa. The veteran has the authority to choose his own advocate if he so desires. The Canadian Legion maintains pension adjustment officers for this purpose across the country. The pension advocate is in charge of procedure which is based upon two broad principles:

"that complete and intelligent preparation of the case in the first instance under expert guidance would enable judicial disposal to be made of it more effectively than when evidence is submitted piecemeal and that prior to hearing by an Appeal Board, a detailed summary of the evidence relating to his claim would be required to satisfy himself that all the material he wished to have considered is contained in the summary and to so certify, thus bringing about substantial finality."²

(j) The Inauguration of War Veterans' Allowance

In 1930, as a result of Canadian Legion pressure and government investigations, the War Veterans' Allowance

1. Canada Soldiers' Civil Re-establishment, op cit p.19
2. Woods W.S. op cit p.411

Act was passed by parliament. The purpose of the Act, to bring a new form of social security to veterans, was unique in its conception. Dr. King outlined this in introducing Bill 19 to the House of Commons.

"---the legislation contemplates the removal of the totally and permanently unemployable veteran from the labour market regardless of age. In other countries the practice had been to place such veterans in institutions. The effect of the proposed measure would be to maintain the man in his home surroundings, which, besides being more conducive to his happiness, would permit him to retain his self respect and independence."¹

The veteran who had seen service in a theatre of war was eligible for assistance, an actual extension of Old Age Pension, at the age of sixty or before that age if he was permanently unemployable. The recipient's eligibility is adjudicated at the local level and he has the right to appeal any decision to the War Veterans' Allowance Board at Ottawa. The pensioner was, from 1923, entitled to unemployment assistance to augment his pension if it was inadequate for maintenance.

War Veterans' Allowance, with its amendments has proven its worth and carried out the obligation of the government in regard to necessitous cases. However, the problem for those fit and able to work but without means, which was brought about by the depression, remained to be solved. In 1936 the Veterans' Assistance Commission was established to help solve the problem. Some of the earlier

1. Canadian Parliament, House of Commons, Official Report of Debates cited in the Legionary, The Canadian Legion, March 4, 1930. p. 12

ventures which had been dropped soon after World War I, were begun once again and new ones were started. These included local committees, probational training, workshops, tools and equipment loans. The Corps of Commissioners, establishment of colonies of small holdings and encouragement of employers to place veterans were also included. This work was good but perhaps its greatest accomplishment was to underline some of the 'might have beens' of 1918 - 1922; the inability to push the training to more effective skills and the restriction of training to minors and the disabled, the tendency to arrest facilities from 1920 onwards, and the lack of provision for continuation of interrupted education. In 1937, there were still 34,000 veterans unemployed. This amounted to from three to five percent of the total enlisted expeditionary force of 800,000 men. Well over ninety percent of the force had been re-established despite the speed of demobilization and the size of the force in proportion to the male working population at that time. These measures help aid the unemployed and unskilled veteran but the unemployment problem itself was not solved until the outbreak of World War II.

(k) World War II, 1939

The experiences of World War I led to an appointment of a special cabinet committee "to consider the problems arising from the demobilization of members of the armed forces less than three months after the outbreak of war." The problem was not one of creating something out of nothing but of

expanding and improving "existing services and existing legislation." ¹ In 1944, the Department of Veterans Affairs was established, and this department as far as possible administered all veterans legislation. Parliamentary committees on veterans affairs met in annual session practically every year since the outbreak of war with the result that there has been constant amendments and changes in veteran legislation to meet new problems and changing conditions. Appendix A indicates the programme provided for the World War I veteran and shows by way of comparison the principle which guided the legislation of the World War II programme. Most of these principles were enacted into law and many of them will be discussed in succeeding chapters.

Major E.A. Dunlop, the organizer and first director of Casualty Rehabilitation listed the following as services which should be provided.²

1. Medical treatment to reduce the disability of its minimum.
2. Provision of artificial appliances such as limbs, braces and aids for the purpose of restoring so far as possible, lost capacities.
3. Financial protection during the adjustment period.
4. General counselling and vocational guidance for the obvious purpose of assisting the disabled person to select the job which is most suitable. The objectives of counselling for the disabled might well be defined as "assisting the disabled to select, prepare for, enter into and succeed in a wholly suitable occupation."

Rehabilitation in practically all the department literature, is emphasized as a combined operation of all the

1. Canada, Department of Veterans' Affairs, The Veterans' Charter Canada, 1946, Ottawa, Kings Printer, 1947, p. 290
 2. Council for Guidance of Handicapped, First Annual Conference mimeographed, Vancouver, 1946, p. 9

workers who come into contact with the veteran. The philosophy of the Department of Veterans' Affairs is stated in the foreword of a brief by Mr. R.W. Abraham, a subsequent Director of Casualty Rehabilitation, to his District Superintendents.

"No rehabilitation programme is complete or satisfactory unless it is set up to meet the needs of the whole man. It is not a good rehabilitation programme unless, along with the individual's medical needs, his personal, educational, social and work problems are fully recognized as essential needs and given equal attention." ¹

Since the formation of the Department of Veterans' Affairs, numerous acts have been passed to meet with changes since the war. Personnel have been hired and trained where necessary to fill every phase of a most comprehensive rehabilitation programme. Many of the acts which were passed after World War II have elapsed, especially in regard to the veteran who did not suffer disability from war injuries. The department's welfare officers who are in charge of the non-medical part of the rehabilitation process are investigating community resources to a greater extent than ever before to bring training and placement facilities to those veterans whether disabled or not, who cannot qualify under existing legislation, for necessary services.

1. Department of Veterans' Affairs, Welfare Programme for Disabled Veterans, 1950

The Workmen's Compensation Board of British Columbia.(a) Origins of Workmen's Compensation.

Before Workmen's Compensation, the worker's right to obtain indemnity for industrial injury and wage loss depended upon his bringing a case before the courts. Only the injured worker himself had any legal claim. If he died, his survivors and dependents had no basis for legal action. Common law rules originated during the pre-industrial era in England.

At Common Law, because of the implied term of service, an employee assumes the risk incidental to employment. The employee has no right of action against his employer because of their relationship. If the employer neglects to take reasonable care and then this breach of duty causes personal injury to the employee, cause of action for damages arises. The essential elements of proff for such an action are a breach of the legal duty owed to the employees by the employer and proff that the breach of this duty was the effective cause of the injury and that damage resulted.

The employers' defences usually were that he took every reasonable care and precaution required by him under the circumstances. The employer may allege that the employee was also guilty of negligence. If the employer can substantiate this claim to any degree he escapes any liability in regard to his own negligence. Another recourse to the employer was the doctrine of common employment. This defence

arises when an employee is injured by the negligence of a fellow employee. If the employer can prove that he has taken reasonable care to select proper and competent employees he cannot be held liable.

Investigations indicated that in less than 30 per cent of cases in which injury occurred the employer was found liable.¹ The remaining cases had to rely upon some form of public aid. The great number of accidents and the resulting social unrest slowly brought about social reform. The Factory Acts of Great Britain in the early nineteenth century were the first step in this direction. From this early beginning laws which were designed to make places safe and healthy became widespread. Employer Liability Acts made their appearance. This modified to some extent, the assumption of risk doctrine including the fellow servant rule, but the workman still had to prove negligence on the part of his employer before he could collect damages.

The first principles of Workmen's Compensation were adapted on Prussian railroads in 1838. In 1884, a general compensation bill was passed in the German legislature. The German plan called for employers to pay part of the costs and called for highly centralized administration. The coverage was broad and compulsory and provided for non profit mutual employers' insurance funds. The British plan was first enacted in 1897 and broadened through amendments in 1900 and

1. Sloan G.M. The Workmens' Compensation Board, Victoria Kings Printers, 1942, p. 12

1906. This plan was elective and left the administration to the court and insurance was carried by private firms. The next step in the development was to shift the responsibility to the groups in the community which purchased the goods. In other words, the cost of injury and wage loss came to be regarded as a direct cost of production and was passed on to the community.

This new idea of collective liability swept away the common law necessity of proving negligence as a prerequisite to recovery. An entirely new concept arose; liability without fault. The workmen receive compensation based upon their previous and future wage earning capacity and other factors. Workmen's Compensation is an insurance devised to make good the loss of wages as the result of injury and to spread the economic loss over large public groups.

(b) Some Systems of Workmen's Compensation

Any study of Workmen's Compensation performance is concerned with two factors, the condition of the laws and the appropriateness or adequacy of the administrative arrangements. The purpose of Workmen's Compensation laws is simple but their administration has become the most complex in the field of labour legislation. Many administrations have become so involved in paper work that they have left the improvements of law in other hands.

The British system, as outlined in the National Insurance (Industrial Injuries) Act, 1946, gives coverage to most civilian employees. An accident arising in the course of employment is deemed, on the absence of evidence to the contrary, to have arisen out of that employment. Claims are processed at a local office and appeals may be made to a Local Appeal Tribunal or to a newly created officer known as the Industrial Injuries Commissioner. The worker still retains the right to appeal to the courts but this right of suit is additional to what he receives as compensation. However, court decisions appear to have given little advantage to the employee. Somers and Somers quote a report in 'Workmen's Compensation';

"It appears then, that fears which have been expressed that social insurance legislation would unduly weight the scales in the employees' favour have been groundless. Our flexible common-law system has restored the balance between an injureds' law and an injurers' law without undue difficulty." 1

The American States have copied the British system to a large extent and all but Nevada and Utah allow appeal to the courts. The oldest system in the United States and the one which is in force in most of the States is called the Agreement System. In this system the employer or insurance carrier proposes a settlement and, if accepted, he signs an agreement and payment begins after a presumptive commission approval. If the case is contested the commission investigates. Appeal can be made to a court of law. This system has been subject to abuse as the workman is likely in need

1. Somers H.M. and Somers A.R. Workmen's Compensation, New York, John Wiley and Sons Inc. 1954, p. 308

and will accept the proffered settlement rather than take the matter to the courts. The Direct Payment System was inaugurated in Wisconsin. The employer or carrier is expected to begin payment on their own initiative. This lessens the cost of paper work for the commission. The amount of payment of compensation is not binding and may be appealed to the commission within a stated time. New York has adopted a Hearing System which means that every case must be heard by a tribunal. Litigation proceedings often pile up and the burden of hearing minor cases often leads to less time being spent on the more serious ones.

(c) The Ontario System

The present system which exists in most Canadian provinces has been patterned after the Ontario Act of 1914. This act included three features characteristic of Canadian Laws.¹

- (i) The establishment of a specific fund, build up from contributions or assessments from employers.
- (ii) Administration by a more or less independent government appointed board (the government being the province in Canada).
- (iii) The classification of industrial groups according to their degree of danger or hazard and appropriate gradation of premiums paid.

The Canadian plan then is to merge the administrative and judicial bodies commonly called the Board. Sir William Meredith's, then Chief Justice of Ontario, guiding

1. Marsh L.C. Report on Social Security for Canada, Ottawa Kings Printer, 1945, p. 58.

principle in forming the Act was "to get rid of the nuisance of litigation" and "to have swift justice meted out to the great body of men." Safeguards against arbitrary administration have been found in legislative inquiries and investigations.

This integration of functions and the Board's administration of the 'Accident Fund', set up for compensation purposes, allow early rehabilitation activities. There is no delay for costly court litigation. Ontario has led the rest of the Provinces in this regard and established a comprehensive rehabilitation center and curative programme to reduce the period of temporary disability and also minimize residual permanent disability. Initial claims are handled by a claims officer. The chairman of the claims section only deals with disputed claims. The greatest change since the inauguration of the Act in Ontario came in 1951, when a review board was established. This board is drawn from the administration's regular personnel and consists of a doctor, a lawyer and a man who had had long experience with claims work. If the claimant is not satisfied with the initial decision in his case, he is given the opportunity to present his own story. He may bring in any one he likes including a lawyer. The employer may also attend. Final appeal can be made to the Workmen's Compensation Board itself.

The Ontario Act had advantages and disadvantages. The philosophy of the law and the organization and procedures

of the administering agency are all effectively directed toward one major objective, the fullest possible rehabilitation of the worker and his prompt return to work, with assurance of adequate maintenance for himself and family. The expense and obstruction of litigation within a compensation system have been successfully removed. Employers get insurance at cost. Critics contend that cash benefits are law, that the parties do not have adequate legal protection against arbitrary administrative decisions, that the monopolistic Accident Fund is socialistic, and that there is an inadequate administrative regulation of preventive measures.¹

(d) Development of Workmen's Compensation in British Columbia.

Prior to 1891, the workman in British Columbia was only protected, by his common law right of action.¹ In that year the "Employers Liability Act" was passed in the usual form and with like effect. In 1902, the first Workmen's Compensation Act was passed. The effect was to make the employer liable to pay compensation on a statutory scale to an injured workman. In 1917, the Pineo Report recommended changes which were patterned after the Ontario Act of 1914. The following year, a new Workmen's Compensation Act was passed which laid down many basic patterns. There was provision for a three member Workmen's Compensation Board. The chairman was a lawyer. One member was well versed in labour legislation and the remaining member was concerned primarily

1. Somers and Somers, op cit p. 317.

with safety regulations and accident prevention. The administrative divisions of the Board were organized into six sections: the claims divisions, medical division, assessment division (including auditing division), accounting, actuarial and statistical division, legal division and accident prevention and first aid. The Board was given powers to adjudicate all claims and the powers of the Supreme Court in regard to witnesses and inquiries and their decision was binding in all cases. A more comprehensive system of compensation and allowances to dependents was inaugurated. Medical treatment was also provided. The Act also set up four degrees of disability: permanent total disability, permanent partial disability, temporary total disability and temporary partial disability. Total disability was declared to mean the inability due to injury, to earn any wage at any trade. As long as this condition existed, the injured workman received 66 2/3 per cent of his average earnings. Partial disability meant that the injured worker was still able to earn wages at some trade and calling. The injured workman was then entitled to receive 66 2/3 per cent of the difference between his old wages and new.

Chief Justice Sloan has made two exhaustive inquiries into Workmen's Compensation legislation in B.C.; one in 1942 and the other in 1952. Many of his recommendations have been enacted into law. The totally disabled workman is

now entitled to receive 75 per cent of his average wage¹ rather than 66 2/3 mentioned above. The reason for the 75 per cent payment rather than 100 per cent would appear to rest upon the ratio of successful common law actions as compared with the coverage received by the workmen of today.

Chief Justice Sloan in discussing this point stated:

"Without losing sight of the historical background, perhaps the whole question may be resolved into an inquiry to determinewhat measure of compensation should be adequate for the support of the injured employee and his dependents which at the same time would not be so high as to encourage malingering nor one which would impose too onerous a burden upon the employer and in turn, upon the consumer of his goods." 2

Payment for a permanent partial disability is now made according to a set rating scale. Chief Justice Sloan recommended that the Board employ a pension advocate with duties similar to those in D.V.A. This recommendation has not been carried out in practice.

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1. Section 27 of the Workmen's Compensation Act defines average earnings: The average earnings and earning capacity of a workman shall be determined with reference to the average earnings and earning capacity at the time of the accident and may be calculated upon the daily, weekly or monthly wages or other regular remuneration which the workman was receiving at the time of the accident, or upon the average yearly earning capacity of the workman at the time of the accident, as may appear to the Board best to represent the actual loss of earnings suffered by the workman by reason of the injury but not so as in any case to exceed the rate of four thousand dollars per year: Provided that where owing to the shortness of time during which the workman was in the employ of his employer or in any employment or the casual nature of his employment or the terms of it, it is inequitable to compute average earnings in the manner hereinbefore described in this subsection: regard may be had to the average daily weekly, or monthly amount which, as shown by the records of the Board, was being earned during one or more years or other period previous to the accident by a person in the same or similar grade or class of employment.
 2. Sloan op cit, p. 61.

(e) Rehabilitation and Workmen's Compensation

Rehabilitation of the injured workman has followed the leads of rehabilitation of the injured veteran. In Great Britain, the legislation brought in by the recent Labour Government entrusted rehabilitation of all eligible personnel whether military or civilian to the Ministry of Labour and National Service. The Minister has authority to draw up special programmes for training injured workers. The worker is required to undertake rehabilitation wherever appropriate, on pain of forfeiting his cash benefits. The American rehabilitation programme for industrial workers is closely linked with the Federal Office of Vocational Rehabilitation. This is a joint Federal State programme but it "still reached an inadequate proportion of the industrially injured, including compensation recipients."¹ Dr. Kessler in discussing the American Programme states:

"It is obvious that rehabilitation depends in large measure on the aims and purposes of Workmen's Compensation and the efficiency with which it is administered. Present practices are limited by selfish shortsighted attitudes, by excessive litigation, by failure to direct the interests and activities toward truly valid goals. Canada has pointed the way. Can we follow the same course?"²

Ontario, perhaps, has the model upon which Workmen's Compensation rehabilitation in Canada is based. At Malton, near Toronto, they have a large institution which starts with in-patient treatment and carries out many aspects of a full rehabilitation programme. Following Chief Justice Sloan's recommendations of 1942, the British Columbia Legislature

1. Somers and Somers op cit p. 255

2. Kessler H., Rehabilitation of the Physically Handicapped, New York, Columbia University, Press, 1953, p. 55

amended the Act to allow for vocational rehabilitation facilities. Section 17 of the Act states:

To aid in getting injured workmen back to work and to assist in lessening or removing any handicap resulting from their injuries, the Board may take such measures and make such expenditures from the Accident Fund as it may deem necessary or expedient, regardless of the date on which such workmen first became entitled to compensation."

The amount which the Board had to work with was first limited to \$75,000. There is no limit at present. Mr. Humphries was appointed the first rehabilitation officer in 1943. The concept of Industrial Rehabilitation formulated in 1937 by the British Medical Associations and Trades Union Congress was accepted as the best method.¹

- (a) Functional treatment in hospital wards by regular exercise.
- (b) Treatment in Rehabilitation centres by physical and recreational activities designed to overcome residual disuse changes, restore the confidence of patients in their recovery and to bridge the gap between the exercises of a fracture ward and the stresses of normal work.
- (c) Vocational retraining for a small portion of men whose disability is permanent.

Not excluding Chief Justice Sloan's comprehensive report of 1952, when he devoted a great deal of study to the physical and vocational aspects of rehabilitation, little mention is made, in any of the available literature of social rehabilitation. There is no mention of any services provided for this adjustment other than that inherent in the vocational counselling process. Mr. Humphries states;

"Along with every physical disability there is a mental injury. I am not suggesting of course, that in every accident case the patient becomes a mental problem,

1. Pritchard C.W., Workmen's Compensation Board of British Columbia, Rehabilitation Department, mimeographed. 1954, p. 1.

but in the majority of severe cases, a mental adjustment must be made and, in making that adjustment, the sufferers of industrial accidents need help to regain their morale, just as they need the services of the doctor to help them physically."1

1. Council for Guidance of Handicapped, First Annual Conference mimeographed, Vancouver, 1946, p.26

CHAPTER III

LEGISLATIVE PROVISIONS FOR REHABILITATION OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE WORKMEN'S COMPENSATION BOARD

Introduction

The principal legislative provisions of the Department of Veterans Affairs were originally in the Veterans Charter with accompanying regulations. The legislation has been reviewed and amended through the years and for purposes of this thesis, the later acts and regulations have been used. It should be realized that many of these are outdated as they have definite time limitations as from the date of discharge. These have expired for the majority of World War II and Special Force veterans. However many of the regulations still apply to disabled veterans.

The Workmen's Compensation Board have only the Workmen's Compensation Act and the pamphlets which they give to workmen, employers and physicians for reference. The information for the comparison has been obtained from various sources. As has been stated, the basis for comparison of legislation will be the two elements of rehabilitation: rehabilitation services (medical, training and employment) and rehabilitation maintenance allowances and auxiliary aids. In order to measure these elements effectively the study has been limited to those whose eligibility has been established.

(1) Disabled Veteran Defined

Generally in peace time, an individual who is

serving in the forces, including the non-permanent army militia, is entitled to file an application for a pension, if he has suffered an injury due directly to military service. For example, if a hand grenade blew up and fragments hit him, he would be entitled to claim pension. During war time, this entitlement to claim has been extended to cover any injury, disease or aggravation which was incurred during service, provided the individual had volunteered for military service.

The Department of Veterans Affairs legislation refers to overseas service or service in a theatre of war. This meaning and interpretation has varied according to different wars in which Canada has participated, but generally it refers to an area where the individual could receive injury, fatal or otherwise as a result of enemy action. For example, Great Britain was not a theatre of War during World War I but was in World War II. However if the veteran sustained injury or contracted disease directly by a hostile act of the enemy it would be considered overseas service.

Civilians, such as Corps of Canadian Fire Fighters for service in the United Kingdom, Air Raid Precautions Workers, Auxiliary Services Personnel, Canadian Civilian air crew of the Royal Air Force Transport Command, and Merchant Seamen or fishermen, were also entitled to claim certain benefits under the Pension Act. Entitlement depended upon their area of service in some instances and whether such injuries were the result of enemy action in others. These

are actually special cases and in order to consider the widest legislation, only disabilities which arose while the individual was on active service, in one of the armed forces will be considered in this thesis.

(2) Disabled Workman Defined

Under the provisions of the Workmen's Compensation Act, industries are divided into different classes such as lumbering, mining and manufacturing. This grouping is mostly according to the type of work and risk involved. Perhaps for ease of payment and because they are Canada-wide employers each railway company and its subsidiaries have a separate class. Every employer or group of workmen who applies may at the discretion of the Board be admitted to a specific class. Employers contribute into an "Accident Fund" from which compensation claims and other outlays are paid.

The workman engaged in the industries covered by the Act is protected from personal injury by accident arising out of and in the course of, employment. Some industrial diseases such as silicosis acquired in mining or certain other industries are treated as if the happening were an accident. Nurses, and other employees of provincial aided hospitals, are entitled to compensation for pulmonary tuberculosis if they were free from it on entering employment. Persons, whose employment is of a casual nature and agricultural workers, are not covered as a rule.

No compensation, other than medical aid is payable for the first three days exclusive of holidays. If the disability is more than six days' duration, compensation is payable from the date of disability upon receipt of a doctor's progress report. Any disabled workman is entitled to medical rehabilitation. Any disabled workman may receive counseling by the Boards' rehabilitation officers and the permanently disabled workman may be given a course of training under the Act. Sometimes training will also be given to cases such as dermatitis. Therefore to consider rehabilitation in its broadest aspects as supplied by the Board, only the permanently disabled workman will be considered.

In most cases eligibility is only given to workmen working within the province. Exceptions are when the chief place of business of the employer is within the province and the residence and the usual place of employment of the workman are also in the province. The workman must have been previously employed for a definite period of time by the same employer within the province. Workmen who work on vehicles of transportation such as railways or trucks are covered if their work is performed both within and without the province.

Medical Rehabilitation Services

The Department of Veterans Affairs Act (R.S.C.1952, Chapter 80) provides that the Minister, with the approval of the Governor - in - Council can make such regulations and provisions as he deems necessary to provide for the care,

treatment and training of anyone who is eligible. The Workmen's Compensation Act provides broad basis for treatment of the injured workman, which is undoubtedly further defined in the Board's regulations.

(1) Veterans Treatment Regulations

Treatment facilities are provided under different sections of these Regulations and these should be consulted for specific details. Some of the more pertinent sections or parts of sections which deal with the disabled veteran are listed below. For reasons of brevity some sections are summarized.

- 2 (e) "Treatment means medical, surgical and dental treatment and includes the supply and maintenance of prosthetic appliances."
- 3. Subject to these regulations, examination, treatment and domiciliary care may be provided to a veteran or other person in hospital or elsewhere under the supervision of a licensed medical or dental practitioner approved by the Department.
- 5. Treatment may be given to a veteran for a service disability.

The disabled veteran (and other veterans depending upon their area of service) is also entitled to medical services for non-pensionable disabilities. For the most part such service is provided on a means test basis. Some of the sections are summarized as follows:

- 9. A man or a woman is entitled to medical treatment for 12 months provided application is made within a certain period of time after discharge.
- 10. Treatment is generally provided for those undergoing academic or vocational training under the Veterans Rehabilitation Act and who require treatment for their rehabilitation.

12. Treatment may be given to a War Veteran's Allowance recipient (A disabled pensioner is entitled to War Veterans Allowance on a means test basis. He is entitled to his home and \$2000 if he is married or has a recognized dependent or \$1000 if he is single. The recipient must be over 60 years of age if a male veteran or over 55 if a female veteran. War Veterans Allowance can be granted under these ages if the individual is considered unemployable. Monthly income must not exceed \$70 for a single man or \$120 for a married man.)
13. Medical treatment is provided on a means test basis (Calculations are based on adjusted income.)
14. Psychiatric treatment is provided on the same basis as #13.

Some of the following sections provide for domiciliary care on a means test basis, hospital comforts and travelling expenses. Payment is also provided for escorts and for loss of wages while travelling to report for treatment.

31,32,33,34. These sections in general set up allowances for all classes of veterans while receiving treatment. The veteran who is receiving treatment for disability is allowed an amount equal to a 100 per cent pension for himself and his dependents less \$15 per month.¹ If he is hospitalized for a non-pensionable disability, under section 10 or post discharge treatment, he is entitled, after deductions for income from any other sources, to \$50 per month with an additional allowance at the following rates:

Wife, or person in lieu of wife,	\$40 per month
Parent	\$25 per month
1st Child	\$18 per month
2nd Child	\$14 per month
3rd Child	\$12 per month
4,5,6th Child	\$10 per month
If the man has no dependents he received \$20 per month and the balance available on discharge.	

The disabled veteran thus receives hospital treatment for his pensionable disability at any time. While

1. Appendix B

undergoing treatment, he and his dependents are entitled to 100 per cent pension rates less \$15 per month. He is entitled to treatment on a means test basis in a wide basis as provided under War Veterans Allowance and under a much narrower basis under section 13.¹ His dependents receive an allowance if he is in receipt of War Veterans Allowance but none is provided under section 13. The veteran is entitled to treatment if he is taking an approved course of training and his dependents receive an allowance while he is in hospital.

(2) Medical Care in Workmen's Compensation

The legislative provisions of the Workmen's Compensation Act for medical services are not as detailed as those of the Department of Veterans Affairs. The principal section of the Act states:

- 25 (1) in addition to other compensation provided by this part, the Board shall have authority to furnish or provide for the injured workman such medical, surgical, hospital, and other treatment, transportation, nursing, medicines, crutches and apparatus including artificial members, as it may deem reasonable and necessary at the time of the injury, and there after during the disability to cure and relieve from the effects of the injury, and the Board shall have full power to adopt rules and regulations with respect to furnishing medical aid to injured workmen entitled thereto and for the payment thereof. The Board may make a daily allowance to an injured workman for his subsistence when, under it's direction, he is undergoing treatment at a place other than the place wherein he resides and continues to support and maintain his place of residence. The power of the Board to make a daily allowance for subsistence under this section shall extend to any injured workman who receives compensation regardless of the date on which he first became entitled to compensation.

The remaining subsections which deal with medical aid provide for payment of emergency treatment, Board relationship to existing plans of medical aid, selection of a physician and replacement of artificial members. The Board allows the workman to use a physician or a qualified practitioner. Under the Act, a qualified practitioner means a person registered under the "Chiropractic Act", the "Chiropractic Act", the "Dentistry Act", or the "Naturopathic Physicians Act".

Thus the disabled workman is entitled to receive any recognized form of treatment for his disability. Treatment in this regard is wider than that allowed to the disabled veteran. The Department of Veterans Affairs does not as a rule recognize chiropodists, chiropractors or naturopaths. Another advantage the Workman's Compensation Board offers the injured workman is the choice of doctor.

(3) Medical Care Aids the Rehabilitation Process

In comparing the medical rehabilitation services and considering the functions of the two agencies, the Workmen's Compensation Board cannot give any medical services on a means test basis as the Department of Veterans Affairs does. Any such medical care to the injured workman must be provided by municipal, provincial or federal governments.

However, during any type of training certain medical needs, such as dental and eye care, arise which are necessary for the physical health of the individual and will indirectly influence his achievement. Although occurrence may be low,

certain accidents happen in training and it is feasible that these could be covered by extending Workmen's Compensation privileges to those in training who had no existing coverage. The cost of such coverage would, from Department of Veterans Affairs experience be relatively low. Mr. Wood states:¹

The Act provided that veteran trainees in vocational courses were to be regarded as government employees for the purpose of compensation in case of accidents which were attributable to approved training programmes. Fortunately, very few accidents occurred to veterans while undergoing vocational training but there were several cases resulting in minor temporary disabilities and one or two which resulted in permanent disabilities. One veteran lost his sight as a result of a laboratory explosion.

The advantage of such a procedure would relieve the individual of a great deal of expense and of worry and undoubtedly hasten the rehabilitation process.

Training Rehabilitation Services

Training is very often an essential if the disabled individual is to become established in the community once again. The Department of Veterans Affairs and the Workmen's Compensation Board both provide training opportunities in vocational, technical and academic fields. The legislative provisions of the Department of Veterans Affairs is again very extensive while that of the Workmen's Compensation Board is almost entirely lacking.

(1) The Veterans Rehabilitation Act

The Veteran under the War Service Grants Act (R.S.C. 1952, Chapter 289) was granted a gratuity of approximately \$7.50 for every thirty days of service with an additional sum

1. Woods W.S., op cit p.100

of twenty-five cents for every day he was overseas. In addition to this, every member of the forces who served overseas was granted the extra sum of seven days pay and allowances for every six months spent overseas. This gratuity was not meant for any specific purpose but was paid to the veteran as soon as his application was processed after discharge.

Re-establishment credit, however, was set up for the purpose of aiding the veteran to return to civilian life and the scale of credits was usually equal to that of the gratuity. This amount was designed to specifically help the veteran become established in civilian life. In lieu of this the veteran could choose to take educational, vocational or technical training benefits or to take land under the Veterans Land Act.

The Veterans Rehabilitation Act (R.S.C., 1952, Chapter 281) provides the broad base for which the veteran can use his re-establishment credits or accept training. Some of the most important sections are summarized below:

8. Technical or vocational training can be provided for a veteran if application is made within twelve months after discharge or if he has been hospitalized, the time is extended accordingly. The training period is for only twelve months except in special cases. Training allowances are paid.
9. The veteran can continue or commence academic training under similar circumstances. The period of time which the minister will pay allowances is equal to the period of service. The allowances may be extended over this time limit if the veteran is doing well in his classes. Allowances may be cancelled if the veterans fail in more than one supplementary exam.

11. The same provisions are provided to a veteran taking post graduate training.
13. Correspondence courses may be purchased for the veteran if the course is necessary for his complete rehabilitation and is related to the occupation in which he is employed.
14. If an allowance is paid under section 8,9,or11, the minister can pay tuition fees, student fees and athletic fees or other necessary charges or costs. Special tuition and training may also be provided for veterans who are under treatment in hospitals or similar institutions under authority of the department. Courses can be provided for academic or therapeutic reasons. The department may pay universities up to \$150 per student and they may also provide loans to universities to aid student veterans to meet emergencies.
15. Where in the opinion of the Minister, a pensioner requires training or retraining by reason of an increase in his pensionable or non-pensionable disabilities, the Minister may, pursuant to regulations made in that behalf, provide---training or retraining and pay allowances.

The War Service Grant Act provides also that re-establishment credits may be used to provide books, tools, and other equipment if the veteran does not qualify under sections 8,9,or 11 of the Rehabilitation Act.

Training on the job is one of the oldest types of training attempted by the Department of Veterans Affairs.

Mr. Wood comments:¹

"The experience of World War I had already demonstrated the dangers and weaknesses of this system and greater was taken to safeguard the interests of the trainee without unduly disturbing established procedures or antagonizing employers. Many excellent plans were found to be in operation but many new schemes had to be devised to meet the peculiar needs of veterans, particularly those with severe handicaps.

1. Woods W.S., op cit, ps.87 - 88

Some of the conditions or safeguards which are deemed necessary to ensure the success of on the job training in a rehabilitation programme are:

- (a) training to terminate in a specified suitable job with the employer-trainer.
- (b) a prescribed training period with a schedule of the skills and operations to be learned.
- (c) a prescribed graduated schedule of wage rates.
- (d) wage rates to be at best as high as those paid to non veterans under similar circumstances and terminal rate to be adequate to meet the needs of the trainee.
- (e) periodic inspection visits by a competent field officer familiar with the conditions and requirements of the training programme.

The veteran as it may be seen can take advantage of a wide range of training opportunities which include vocational technical and academic courses. He must take advantage of these opportunities soon after discharge. If he is doing well in his courses he will be approved for a longer period of time, even if his credits are elapsed. Under the different benevolent funds to which the veteran may apply on a means test basis, fees can be paid for any course up to a definite amount if such a course will aid in the rehabilitation of the veteran. He may receive training outside of Canada: if he resumes a course at the same university as he was attending prior to going into service; if the course is not provided in Canada; if the training is necessary to complete a course or if he is seriously disabled, and in the opinion of the Minister, his rehabilitation requires training outside of Canada.

The disabled pensioner is entitled to all these benefits and retraining at any time if he cannot carry on with his former occupation. He must, however, have had an increase

in his pensionable or non pensionable disability. If the veteran is hospitalized, he may receive correspondence courses and instruction if they are of therapeutic value.

(2) Training Regulations and Benefits of the Workmen's Compensation Board.

The permanently disabled workman is entitled to many training benefits. However these are not spelled out in any legislative material and each case is considered individually. The rehabilitation officers of the Workmen's Compensation Board present their recommendation to the Board for its approval. Some of the benefits are stated in the minutes of the Board but these were not available for perusal.

Some indication of the assistance given to the injured workman is stated in the Thirty-eighth Annual Report(1954) of the Workmen's Compensation Board and some too of the pertinent information is quoted below.

"When a workman's remaining impairment is such that re-employment at his accustomed work is difficult or impossible, it is sometimes necessary to assist him in acquiring new skills and a different kind of employment.

Last year 604 workmen were considered for vocational rehabilitation. Of that number, 199 were deemed acceptable for rehabilitation and were assisted in returning to employment suited to their impaired condition. Others were under consideration at the end of 1954. Assistance was given to a total of 183 workmen in finding employment of nature indicated by the disabilities. Sixteen other impaired workmen were assisted in undertaking businesses under their own management. Vocational training was given to 176 impaired workmen so that they might change to such occupations as carpentry, diesel and automotive or mechanical work, the metal trades, cooking, draughting, shoe repairing, barbering and other occupations. Those who accepted training for book keeping and time-keeping were

e encouraged to take first-aid courses in addition to equip them for employment where first-aid work is required. Nine men and women were accepted for academic or professional training and assisted financially in pursuing their studies at the University of British Columbia and other academic institutions."

From discussions with the Workmen's Compensation Board rehabilitation officials, it would appear that all compensation files relating to the permanently disabled are screened and services are given if indicated. In regard to correspondence courses while in hospital, they are of the opinion that since very few of them are completed that they are of little academic value. Therefore, they seldom recommend such courses. However, they will recommend and pay for courses for therapeutic reasons. In regard to retraining they expressed the opinion that they would review the case and submit a plan for the approval of the Board. Perhaps few occasions of such need have occurred and no clear policy developed. Training on the job is provided along the same lines as that of the Department of Veterans Affairs. Vocational training is not given to any one outside the province. Academic courses may be given outside the province at the discretion of the Board.

The lack of exact legislative provisions makes any comparison of legislation in this field, difficult. However, it would appear that the same type and range of training is provided by both agencies. A clearer definition of the possible benefits may provide a much wider basis for the participation of the injured workman in his own rehabilitation p

programme. Rehabilitation should be a right not a privilege. It seems that the worker's area of choice would be limited by his comprehension of the information which the rehabilitation officers suggest to him. These suggestions no doubt reflect the officers' interpretation of the individual's needs. However, if the workman is aware of his rights by law, he is able to participate on a more equal footing with the officer and there would be little danger that his basic right of self determination will not be taken from him. Any plan of course would have to be approved by the rehabilitation officer.

Employment Rehabilitation Services

It is very difficult to legislate disabled individuals into any employment. The first requisite is public acceptance. The Department of Veterans Affairs took advantage of public feeling for the disabled veteran and provided for a certain degree of job, income and home security. The Canadian public on the whole has not accepted the disabled workmen to the same degree.

11) Legislative Employment Benefits for Veterans

The successful re-establishment of the veteran in civilian life was the goal of all veterans' legislation. Some Acts were specifically enacted to aid the veteran to return to his old employment, find new employment or establish a business.

The War Service Grants Act also provided that re-establishment credits could be used for working capital, the purchase of tools or equipment or the purchase of a business not exceeding two-thirds of the difference between the purchase price and any indebtedness incurred for the purpose of the purchase of such business, if the payment of such differences entitled the purchaser to immediate possession. The Veterans Business and Professional Loans Act (R.S.C. 1952, Chapter 278) further defined these provisions and guaranteed the loans made from the bank.

The veteran also received priority in returning to his former job. This was provided under the Reinstatement in Civil Employment Act (R.S.C. Chapter 289). Section 5 in part states:

- (5) It is the duty of an employer by whom a person accepted for service in His Majesty's Forces was employed when accepted for such service, to reinstate him in employment at the termination of his service such occupation and position as would be consistent with the true intent and purpose of this Act-----

The section continues to make provision to guarantee his position with the provision that his service time should be considered in regard to seniority. This Act, on the whole, was quite successful in spite of the fact that it is difficult to legislate people into jobs. The weight of public opinion was such, that the provisions of the Act were adhered to more as the result of public feeling

than the provisions of the Act itself.

All veterans are given priority for Civil Service posts under the Civil Service Act (R.S.C. 1952, Chapter 48). The first to be placed on the list of successful competitors are to be disability pensioners who saw service in World War I and World War II. These are to be followed by those who have seen service in World War II. Both groups must have lost capacity for physical exertion from causes attributable to service. They also have to be declared unfit for physical exertion to an extent which makes them unfit, efficiently to pursue the avocations which they were pursuing before the war and who have not been successfully re-established in some other avocation. After the disabled pensioners, veterans and widows of veterans were given priority. Age limits and physical requirements were waived if the veteran was considered to be in a satisfactory physical condition to do the job and to be able to do so for a considerable period after his appointment.

The Unemployment Insurance Act (R.S.C. 1952, Chapter 273) also gave insurance benefits to veterans. The general principle is stated in sections 102 and 103 of the Act. Section 102 states that the World War II veteran, if he was employed for a period of fifteen weeks in any 12 months, would be entitled to receive unemployment insurance for this period plus the total time of his service since the inauguration of the Act on the 30th day of June 1941. Parliament would pay

the appropriate monies into the fund. The rate of payment would be according to the average contributions which the veteran made into the fund for the fifteen weeks which he was employed.

These Out of Work Allowances were paid to the World War II veteran for a maximum of 52 weeks within 18 months of discharge from the forces or from treatment. In no case was the length of time to exceed the period of service. However, under the Veterans Benefit Act (R.S.C. 1953 -54, Chapter 85 as amended by R.S.C. 1955, Chapter 43) the need for this has disappeared. The former member of the forces, depending upon certain classifications is entitled to unemployment benefits upon discharge. Section 12 of this Act outlines the procedure. Veterans are classified according to time and area of service. Notwithstanding this period of service, a sufficient amount is deposited to provide for 90 days benefit.

Thus there was legislative provisions for the veteran to return to his former job. The veteran was also given priority for civil service positions. The discharged veteran was automatically covered for unemployment insurance. The veteran need use only the minimum of his private resources in locating employment or sustaining himself while unemployed.

(2) The Veterans Land Act and other Benefits.

After World War II the Department of Veterans Affairs set up legislation under the Veterans Land Act whereby qualified veterans can obtain assistance, to settle on the land as full

time farmers or part time farmers (small holders) or to become commercial fishermen. Special aid was given to Indian settlers on Indian reservations. The veteran must be married and his experience, stability, financial resources and his physical fitness are all assessed. His re-establishment credits must be intact. There is no minimum size required for full time farming. A small holding must consist of a minimum of two acres where the value of the land and the cost of a suitable water supply is in excess of \$500 per acre; or three acres if it is \$500 per acre or less. The veteran who is in receipt of a disability pension of 50 per cent or more does not have to meet this requirement. There is no minimum size for a property to be used for a commercial fishing establishment.

As the Act is quite lengthy, a summary of the Act, as outlined in a booklet entitled The Veteran's Land Act will be presented rather than list specific sections of the Act. For full time farming, assistance up to \$6000 is granted to purchase land and buildings, building materials, livestock and farm equipment. Not more than \$1200 of this amount, however, may be used for livestock and farm equipment. Additional land generally can be obtained up to \$3000. The veteran must make a down payment of 10% for the amount authorized for the purchase of land, buildings and permanent improvements. The down payment for the additional loan is one dollar for each two dollars borrowed. The veteran in addition

to the down payment, must repay two-thirds of the cost of the land, buildings and permanent improvements over a period of time not exceeding 25 years with interest at 3½%. The remaining 23 1/3% plus any amount authorized for stock and equipment is in the nature of a conditional grant is not repayable if the veteran fulfills the terms of his contract for ten years. The additional loan with interest at 5 per cent over a period not exceeding 25 years is fully repayable. Part time farmers or small holders receive somewhat similar benefits.

Although assistance in home construction cannot be considered employment rehabilitation, provisions are made under the Veteran's Land Act in this regard and will be discussed at this point. The veteran must have definite qualifications, one of which is that he has not used his re-establishment credits to attend university for more than nine months. Any lot, suitable for a single family dwelling, is acceptable if approved by the Central Mortgage and Housing Corporation. Financial assistance may be approved up to 85 per cent of the market value of the land, as estimated by the Director, the amount of loan(mortgage) which Central Mortgage and Housing Corporation has approved or \$8000 whichever is the least. Assistance is made available in the form of progress payments as the house is constructed. The yearly sum which is required to carry the loan and pay taxes must not exceed 23 per cent of the veteran's annual income. The

veteran must turn over title to a lot worth at least \$800 or pay the difference to the director in cash if the value of the lot is less than \$800. If the loan is not enough to meet the value of the house, the veteran must pay the difference in cash to the director before the construction contract is signed. At the conclusion of the construction contract, the advances are consolidated into a fully repayable, 25 year mortgage in favor of Central Mortgage and Housing Corporation or an approved tender. The interest rate is the one in effect under the National Housing Act.

In order that the veteran who returned to a business or profession or farm or began these ventures after discharge, the department set up Awaiting Returns Allowances. The purpose being to assist in the maintenance of the veteran and his family in the early stages of the venture when this revenue was insufficient. These allowances were set up under the Veteran's Rehabilitation Act and are on a means test basis.

- 7 (1) Subject to the provisions of this section, where a veteran engages on his own account in any business and awaiting returns therefrom, the Minister may pay to him an allowance for a period not exceeding the veteran's period of service or twelve months, whichever is the less.

These allowances are paid at the rate of \$50 for a single man with no dependents, \$70 for a man and wife, \$82 for a married veteran with one child, \$94 if he has two children, \$104 for three and \$6 more for each child up to six.

The veteran could also use his re-establishment credit for payment of premiums for Veteran's Insurance or

Civil Service Insurance. He could also use them to pay contributions to the Civil Service Superannuation Act in respect of his service in the Civil Service prior to becoming a contributor under that Act. Purchase of annuities under the Government Annuity Act was also allowed.

Re-establishment credits allow the disabled veteran to take advantage of such programmes as establishing his own business, Veteran's Land Act and others. He receives unemployment insurance for a period of time equal to his service time. He is also to be given an opportunity to return to his former employment. The disabled veteran receives special consideration on all civil services appointments if he cannot continue his pre-war occupation. Immediately after the war, he was given priority in any job which came to the attention of the National Employment Service.

(3) Employment Opportunities for the Disabled Workman.

The disabled workman has no legislative provisions giving him any advantage in finding employment. The rehabilitation officers of the Workman's Compensation Board visit former employers and seek the aid of trade unions in an attempt to get the injured workman new employment. A workman may have his compensation payments committed in order that he can get enough money to establish himself in a new business. For example, when an injured workman is trained as a shoe repairer, he often is unable to compete in regular production line companies. However he may be able to successfully

establish a neighbourhood store. In order to get the necessary funds, so much is taken from his pension and he uses this sum under the rehabilitation officer's guidance to establish himself in business.

The British Government has definite legislation to provide employment opportunities for the handicapped.

The Disabled Persons (Employment) Act, 1944 places an obligation on every employer of twenty or more work-people to employ a quota of registered disabled persons. Any employer who is not employing his full quota of disabled persons may not engage any person, other than a registered disabled person, except under a permit issued by the Ministry of Labour and National Service, until his quota is complete. An employer may not discharge a registered disabled person without reasonable cause if such discharge would leave him below his quota. The provisions of this Act operate concurrently with the voluntary Kings Roll Scheme.

The Kings Roll Scheme, brought into being after the 1914-1918 War, encourages the employment of Ex-Service men who are in receipt of disability pensions in respect of service in that War. Employers who undertake to employ an agreed proportion of such disabled ex-service men are enrolled on the King's National Roll. The proportion is usually 5% of the total staff employed provided sufficient eligible ex-service men are available.¹

In addition to this, the Minister of Labour and National Service has the authority to designate certain classes of employment which are particularly suitable for disabled persons. Future vacancies are then reserved for registered disabled persons. Such designated jobs include car parking attendant and passenger elevator operator. The British also have sheltered workshops for those who cannot

1. Public Social Services Handbook of Information on Services Provided by the State, London, The National Council of Social Services, 1951, p.96.

compete in ordinary industry.

While it may be difficult to enforce such legislation, it would, on the other hand, be an aid in any form of social action. The legislation of the D.V.A. and public feeling at the end of World War II would indicate what could be done. There appears to be no reason why such legislation could not be effected in British Columbia, or if that is constitutionally impossible, by the Federal Government. Such legislation in Britain was probably hastened by the large number of war disabilities, and is unlikely to appear in Canada unless much pressure is brought to bear upon the governments concerned.

Rehabilitation Maintenance Allowances and Auxiliary Aids

One way of measuring the effectiveness of any rehabilitation programme can be seen in the financial security which it gives the veteran and his family. Both agencies provide compensation for disability, allowances while training and pensions to widows and other dependents. The Department of Veterans Affairs also has other benefits which make the rehabilitation of the veteran comparatively easier than that of the workmen.

(1) Pension Allowances

Pension Allowances are the basic financial rehabilitation measure in both the Department of Veterans Affairs and the Workmen's Compensation Board. Both pensions are rated

according to a disability scale. A comparison of some of the basic rates follow.¹

Table I

A Comparison of Some Basic Disability Rates

<u>Disability</u>	<u>D.V.A.</u>	<u>W.C.B.</u>
Arm at shoulder	80	76
Stiff Shoulder	20	40
Index Finger	10	3.5
Leg at hip	80	85
Leg at knee	60	66.5
Eyes-total blindness	100	100
Eyes-one enucleated	40	18
Eyes-one blind	30	16
Deafness-both ears	80	53

No attempt will be made to compare the rates as the Department of Veterans Affairs list is not available. It would appear that the rates on the whole, are fairly equal.

The veterans rate of pension are set up in Schedule A of the Pension Act² and are payable according to the percentage ratings. Some of the conditions of payment under the Act are:

- 13(a) pension shall be awarded in accordance with the rates set out in Schedule A to or in respect of members of the forces when the injury of disease or aggravation thereof resulting in the disability in respect of which the application for pension is made was attributable to or was incurred during such military service.

Thus the veteran and his family receive allowance according to the per centage of his disability. Temporary and permanent pensions are awarded under the Act:

29 (1) Temporary pensions, subject from time to time to

1. Source: Sloan G.M. op cit p.154
Consultation with different Department of Veterans Affairs patients(The D.V.A. have never published such information. During the present sitting of Parliament, this authority has been granted.).

review and medical re-examination, shall be awarded or continued as long as the disability remains changeable in extent.

- (2) Permanent pensions shall be awarded, or pension shall be continued permanently, whenever the disability is or becomes, apparently permanent in extent; but if it subsequently appears that such a disability has changed in extent the pension shall be adjusted accordingly.

The pensioner's right to work without any effect on pension is clearly stated:

- 24(4) No deduction shall be made from the pension of any member of the forces owing to his having undertaken work or perfected himself in some form of industry.

Travelling, subsistence allowances and loss of wages are paid to the pensioner when he is required to be medically re-examined by the Canadian Pension Commission.

Generally the wife and the children of the veteran receive an allowance as long as they are maintained by him.

A child under section 2(d) of the Act is defined:

- 2 (d) "Child" means a legitimate child of a member of the forces whether such child is born before or after the award of pension; and 'child' also includes his stepchild, his adopted child, his foster child, or his illegitimate child.

Children allowances are paid according to Schedule A. Section 26(1) of the Act in part states:

- 26(1) No pension shall be paid to or in respect of a child who, if a boy, is over the age of sixteen years, or if a girl is over seventeen years.

Exceptions are granted if the child is physically or mentally infirm but such infirmity must occur before the child is twenty one years of age. The child allowance is also paid up to the

age of twenty-one years if the child is taking a course of instruction. Pension allowances are also granted to a pensioner's dependent parents if he helped maintain them at the time of enlistment or is helping to support them when they have become incapacitated.

Extra allowances are granted to a pensioner if he is considered helpless or for wear and tear on clothing.

- 30(1) A member of the forces who is totally disabled and helpless, whether entitled to a pension of class one or a lower class, and who is, in addition, in need of attendance, is entitled, if he is not cared for under the jurisdiction of the Department of Veterans Affairs in a hospital, to an addition to his pension, subject to review from time to time, of an amount in the discretion of the Commission of not less than four hundred and eighty dollars per annum and not exceeding fourteen hundred dollars per annum.

This allowance can be paid to most bedridden cases and some major amputation cases. The reason for payment may not arise directly from a disability but the recipient must be in receipt of a pension.

- 30(2) A member of the forces in receipt of a pension on account of an amputation of a leg above a Symes' amputation is entitled to an allowance on account of wear and tear of clothing of seventy-two dollars per annum; and a member of the forces in receipt of pension on account of an amputation at or above the wrist is entitled to an allowance on account of wear and tear of clothing of thirty dollars per annum.

An allowance up to seventy-two dollars per year may be granted by the Commission for wear and tear of clothing for any other prosthesis.

The rate of pension which the workman receives is governed by the schedule of percentages of impairment of earning

capacity and are payable during the lifetime of the workman. This is covered in part in section 21 of the Workmen's Compensation Act.

21(1) Where permanent total disability results from the injury, the compensation shall be a periodical payment to the injured workman equal in amount to seventy-five per centum of his average earnings, and shall be payable during the lifetime of the workman.

(2) The compensation awarded under this section shall not be less than an amount equal to twenty-five dollars per week, unless the workmen's average earnings are less than twenty-five dollars per week, in which case he shall receive compensation in an amount equal to his average earnings.

The Act's definition of average earnings has been quoted in Chapter I. In general, they refer to the average yearly earnings or what could be considered yearly earnings if injury had not occurred. In case of young individuals, low earnings because of age, will also be taken into consideration. If doubt arises, reference is sometimes made to other individuals average earnings in a similar class of employment. The maximum earnings are set at \$4000.

In general then, an individual who is entitled to receive a 100 per cent total permanent disability pension, can receive a maximum of 75 per cent of \$4000 or \$3000 per annum. The minimum generally, at the rate of \$25 per week, would be \$1300 per annum. There is no allowance for dependents.

Although there is no definite legislative provision, the injured workman, if he is a paraplegic or a quadraplegic

can receive nursing assistance on application to the Board. This allowance may be paid to a wife, orderly or nurse at the rate of \$1.50 per day which amounts to \$557.50 per year. The Workman's Compensation Board does not provide any allowance for wear and tear on clothing.

The veteran pension system appears to treat all individuals alike with the only deference being to rank and number of dependents. The workman's Compensation Board's system of pension is based upon what the individual was earning at the time of injury. Each system has apparent advantages in its own particular field and no attempt will be made to determine which is the better system in this study.

In comparing allowances, for the rank of Major (army) and below, the 100 per cent veteran pensioner receives \$1500 if single which is \$200 over the general Workman's Compensation Board minimum. To approach the Workman's Compensation Board maximum this class of veteran would have to be married and supporting seven children. The veteran's helplessness allowance is available to many more veterans than the Workmens Compensation nursing allowance is to workmen. This veterans allowance may vary from \$480 to \$1400 while the maximum Workman's Compensation allowance is \$547.50 per year. There is no question that the Veterans' Allowance is more adequate but on the other hand, total payments are difficult to compare.

In cases of imprisonment, both the Canadian Pension Commission or the Workman's Compensation Board may suspend payment or make the payments directly to dependents. In either agency, if the pensioner appears incapable of spending his pension in the proper manner to maintain and provide for his family, the agency may administer the pension.

The Department of Veterans Affairs pension also has the added advantage that from time to time the schedules are revised according to the cost of living and any increase applies to all veterans in receipt of pension. The rate of pension is also increased periodically by 10 per cent raises up to 80 per cent if the veteran is over 50 and receives a 50 per cent pension or more. The Workmen's Compensation Board payments on the other hand are more subject to seasonal changes. The workman injured in the depression years, will receive far less than a similarly injured workman of today. The Board has made attempts to bring some relief to these cases but their rate of pension is still quite low by comparison to today's rate of compensation.

(2) Training Allowances

Veteran pension payments are payable at all times during training. Whether the pensioner is single with no dependents or married, he receives his basic \$60 a month training allowance. The payment of allowances to dependents is set down in the Veterans Rehabilitation Regulations.

- 8 (2) Where a pensioner is entitled to an allowance under section 8, 9, or 11 of the Act, he shall be entitled to an allowance for his dependents only to the extent that the pension payments for such dependents are less than the allowance provided by the Act.

The basic training monthly rates after the initial \$60. are \$30 for the wife, \$10 for the first child, \$14 for the second child and \$10 for each child up to and including the sixth child. A 100 per cent pensioner would therefore receive no training allowance for dependents. A 40 per cent pensioner who is married with one child would receive \$18 training allowance for his wife, who should already be receiving \$18 under Schedule A of the Pension Act and \$10 for his child who would be receiving \$8.

The Veterans Rehabilitation Act states:

- (17) In determining the amount of an allowance to be paid to a veteran under this Act, the Minister may take into account any prospective wages, salary, pension or other income of the veteran and his dependents, if any, for the period with respect to which the allowance is or may be paid.

At first, attempts were made to establish arbitrary maximum amounts which could be earned but methods of checking such figures became burdensome and it was difficult to work out an equitable system of deductions. Under an Ministerial Order dated November 19, 1954, no deductions are made except if the veteran receives income from his programme by way of employer-trainer, scholarship, bursary, grant-in-aid, leave with pay, or other such income. The training allowance in such circumstances is reduced by the amount by which such income exceeds \$75 per month. Teachers who take courses

during vacation time have the same computation made against their seasonal wage. A self-employed veteran may have his allowances reduced to zero.

Other expenses were allowed under sections 12 and 13 of the Veterans Rehabilitation Regulations;

- (12) A veteran who is living away from his usual place of residence in pursuing a course under section 8, 9, or 11 of the Act and is receiving an allowance for dependents may be paid an additional allowance of \$5 a week or the actual cost of such transportation, whichever is the lesser.

Training allowances granted by the Workmen's Compensation Board are subject to the amount of compensation paid to the workman. In some cases where the amount of compensation is undecided the workman may receive the maximum compensation of \$250 per month. The single man may be paid up to \$125. per month. The married man can receive an extra \$50 per month and the single man \$35 per month if they are maintaining a separate domicile. Apparently there is little question about this allowance being paid for vocational training but there is no definite policy in regard to academic training. The granting of such allowances to begin with, is dependent to a great extent upon the goal of the injured man prior to his accident and the amount of academic training he has already had. Allowances may be paid for a short period and then his pension commuted if he desires further aid. Each case is independent and is considered on its own merits.

In training on the job allowances, both agencies follow the same principles. They both apparently pay up to

an amount which the man would ordinarily receive at the job. This amount is only paid for a specific length of time.

Once again, because of the varied approach and the lack of definite Workmen's Compensation Board regulations, any comparison of training allowances is quite difficult. Disregarding the extra domiciliary and transportation expenses which each agency pays in varying degrees, the 100 per cent single Department of Veterans Affairs pensioner could receive \$185 per month pension and allowance; the same status of workman could receive \$125 per month unless his claim is not finalized when he may receive \$250. Generally a mean would be reached when the Department of Veterans Affairs pensioner suffers from about a 50 percent disability. Below this percentage, the injured workman would appear to have an advantage in total benefits received. A comparison of the married man's allowances would depend upon the number of children and the percentage of disability.

(3) Widows and Dependents Allowances

These benefits are also difficult to appraise. In general the workman's widow receives an allowance if his accident is fatal or his death is directly due to his compensatable disability. The veteran's widow on the other hand, has these benefits plus the benefit of a widow's allowance if her husband has been in receipt of a pension of over 50 per cent. The workman can therefore give little thought to these benefits in providing for the future security of his

family, while some disabled veterans entire scheme of rehabilitation can be affected by the benefits which he knows his family can receive.

The widow of the veteran is generally entitled to claim for pension, if she was residing with the veteran and being maintained by him, at the time of death and the rates are set out in Schedule B¹. In respect to service rendered during World War I or during World War II:

- 13 (B) pensions shall be awarded in accordance with the rates set out in Schedule B in respect of members of the forces who have died when the injury or disease or aggravation thereof resulting in death in respect of which the application for pension is made, was attributable to or was incurred during such military service.

Subject to certain marriage deadlines, these amounts are payable if the veteran was receiving a 50 per cent pension or more or if he died from his pensionable condition. The Act states:

- 36(3) Subject as in this Act otherwise provided, the widow of a member of the forces who was, at the time of his death in receipt of a pension in any of the classes, one to eleven, inclusive mentioned in Schedule A or who died while on the strength of the Department for treatment and but for his death would have been in receipt of pension in one of the said classes, is entitled to a pension as if he had died on service whether his death was attributable to his service or not.

The Workmen's Compensation Board on the other hand only pays compensation to dependents if the workman died from injuries attributable to his "accident".

- 18(2) where death results from injury, compensation shall be paid to the dependents of the deceased workman as follows:

- (a) when the dependent is a widow or an invalid widower without any dependent children a monthly payment of seventy-five dollars during the life of the surviving spouse:
- (b) where the dependents are a widow or an invalid widower and one or more children, a monthly payment of seventy-five dollars for each child under the age of sixteen years and for each invalid child over that age, together with a monthly payment of twenty-five dollars for each child while regularly attending an academic, technical or vocational school between the ages of sixteen and eighteen years.
- (c) where the dependents are children, there being no dependent widow or invalid widower, a monthly payment of thirty dollars to each child under the age of eighteen years and to each child over that age, but such monthly payment, except in the case of an invalid child unable to attend school, shall be reduced by two dollars and fifty cents while such child is not attending an academic, technical or vocational school between the ages of sixteen and eighteen years.

The remaining sub-sections deal with allowances to other dependents and in general are about the same as the Department of Veterans Affairs regulations which allow some payments in certain cases. Both agencies allow payments to a woman whom the deceased presented as his wife for a certain period of time, usually seven years. The Workmen's Compensation Board appears to take the broad interpretation of a child as adopted by the Department of Veterans Affairs and which was mentioned previously in pension allowances. Both agencies pay the widow an amount equal to \$1200 in the case of remarriage. In these cases, payments on behalf of the children are continued by both agencies.

In comparing the benefits if a case of death, the Department of Veterans Affairs pays \$100 a month to the widow,

\$20 for first child, \$15 for the third and \$12 for each additional child. The Workman's Compensation Board pays \$75 a month to the widow and \$25 for each child. The Department of Veterans Affairs payments give the advantage to the widow who has less than three children and the Workman's Compensation to the widow with more than three children. Similarly with payment to orphans, the Department of Veterans Affairs pay \$40 for the first child as against \$30 generally, for the Workmans Compensation but the third child under the Department of Veterans Affairs regulations is entitled to \$24 while the payment of the Workman's Compensation Board remains at \$30. The Department of Veterans Affairs regulations provide payment to children up to the age of 17 for girls and 16 for boys. The Workmen's Compensation Board pays up to the age of 16 in both cases. Where the children are attending school the Workmen's Compensation Board pays up to 18 years of age while the Department of Veterans Affairs legislation provides for payment up to 21. Both agencies provide payment to children over the age limit if they are physically or mentally infirm.

The great advantage of the Department of Veterans Affairs regulations is that allowances are paid to dependents if the pensioner was in receipt of a 50 per cent pension or above irregardless if death resulted from injuries attributable to a pensionable disability or not. While the amount of pension does not necessarily mean that the widow will not

have financial need, her basic requirements will be met. Such a veteran, therefore, will not have to give the same thought to the security of his family as the workman. He may, if necessary, spend his total pension and wages on the immediate welfare of his family, being assured that they will have some means of support in case of his death. Such a benefit may also reflect on his training programme. The veteran could conceivably take a more extensive programme or could be satisfied with a lower paying job than a workman in a similar situation. The financial aspect of rehabilitation employment would be of less concern to him.

These dependents allowances are paid by the Department of Veterans Affairs to the entitled recipients regardless of where they live. The Workmen's Compensation Board, on the other hand, may vary their allowances depending upon the living standards of the country in which they reside. Sub-section 18(2) in part states that the Board may:

18(2) "---award such lesser sum by way of compensation as, according to the conditions and cost of living in the place of residence of such dependents, will, in the opinion of the Board, maintain them in a like degree of comfort as dependents of the same class residing in the Dominion and receiving the full compensation authorized by this Act would enjoy:

There may be some justification in such a procedure if the Board could allow a higher sum to those living in countries such as the United States which has a higher standard of living than Canada.

(4) Other Benefits

Both agencies provide for the burial expense. The

Workmen's Compensation Board provides such expenses in case of a fatal accident. They will pay up to \$250. The Department of Veterans Affairs will pay such expenses for any pensioner on a means test basis. They will pay up to \$185.

The Workmen's Compensation Board has few other benefits and it is in this area that the Department of Veterans Affairs and even the provincial governments provide fringe benefits which help certain pensioners a great deal, all of which may have some influence upon the rehabilitation process. As mentioned previously, the pensioner is entitled to a War Veteran Allowance on a means Test basis. If the veteran has been in receipt of less than a 50 per cent pension, his widow may apply for a widow's allowance under this Act as a single veteran. If she has any children, she received the same benefits as the unmarried veteran with children. These rates have been mentioned previously.

The widow of the veteran has, as stated before, a certain special civil service rating. The veteran's dependents are also entitled to apply for his war service gratuities, and re-establishment credits if they have not been used. These are limited and granted on a means test basis if they aid in the rehabilitation process.

The Veterans Insurance Act (R.S.C. 1952, Chapter 338) allow the veteran or his widow to acquire up to \$10,000 of insurance without consideration of his or her medical diagnosis.

Payment is made only on the death of the insured and there are certain limitations in regard to payment if death occurs before the installments are paid.

Under the Children of War Dead (Education Assistance) Act (R.S.C. 1952-53 Chapter 27) the child of a veteran who was receiving allowances under Schedule B of the Pension Act may apply for assistance.

3. The Minister may, in accordance with this Act and the regulations,

- (a) make allowances to or in respect of students to enable them to continue, within an educational institution, their education or instruction beyond matriculation, secondary school graduation
- (b) or equivalent education: and pay the whole or in part the cost of such education or instruction.

4.(1) The amount of the allowances that may be paid to or in respect of a student shall be a monthly allowance of twenty-five dollars during the period in which the student pursues a full time course of study in an educational institution, but the total period for which an allowance may be paid to or in respect of a student under this Act shall not exceed four academic years or thirty-six months, whichever is the lesser.

The student must have satisfactory results and have no more than one supplementary examination. No allowance is paid after the student reaches 25 years of age. The total amount which can be apid in any one year is \$500. This means that any child of a deceased veteran who is receiving allowance under the Pension Act is entitled to apply for educational benefits beyond the matriculation level. These benefits may include the cost of tuition plus a monthly allowance of 25 dollars.

The provincial government in British Columbia also waives age limitations in certain cases where veterans seek employment in the provincial civil service. They provide a small fund for returned soldiers' children on a means test basis. All of the provincial gas taxes (9 cents) is refunded to anyone who is receiving a 100 per cent disability pension or has lost a limb while serving in Her Majesty's forces. They also provide a free motor vehicle licence to any veteran who is in receipt of 100 per cent pension through active service.

Thus it may be seen that the disabled veteran has many avenues to turn on in case of need. Certain other fringe benefits are provided which on the whole make his rehabilitation from a financial, training and employment aspect much simpler than that of a workman.

Summary

The lack of legislative provisions or Board regulations in many areas make comparison difficult. The disabled workman and the disabled veteran are both entitled to medical treatment for their compensable or pensionable disabilities. In addition the disabled veteran is entitled to treatment for non-pensionable disabilities, under different sections of the veterans Treatment Regulations, on a means test basis. Medical treatment is granted for a limited time for those veterans taking training.

In comparing the training and employment benefits it should be remembered that the veteran relies on his re-establishment credits. These are not provided by the Workmen's Compensation Board. Both the disabled veteran and workman are entitled to academic, vocational and technical training and to training benefits. The disabled veteran, in addition, is definitely entitled to retraining if his pensionable or non pensionable disability increases to the extent that he cannot carry on with his vocation. The workman may only have such benefits if his compensable disability increases but this is not clearly stated. The veteran had the right to claim his old job on discharge. The disabled veteran has top priority on civil service jobs. He can use his credits to purchase land or a business or for various other reasons.

The pensionable benefits are approximately the same and both pay about similar allowances to dependents in case death occurs from a pensionable or compensable disability. The great advantage is that the dependents of the veteran who was in receipt of a 50 per cent pension or more are entitled to allowances whether death occurred from a pensionable disability or not.

Entitlement for War Veterans Allowance if his disability pension is within the limits provided, eligibility of his widow for widow's allowance under the same act,

educational benefits for his surviving children, benevolent fund resources as well as some provincial and municipa aids, make the veteran's rehabilitation problem much easier from an economic point of view. The Welfare Officer has many more resources to draw on and help him rehabilitate the veteran than the Rehabilitation Officer has to help the workman.

CHAPTER IV

THE REHABILITATION SERVICES OF THE DEPARTMENT OF VETERAN'S
AFFAIRS AND THE WORKMEN'S COMPENSATION
BOARD.Introduction

The measurement of services in any agency is a difficult task. Results could not be measured as the files of the Workmen's Compensation Board were not available. Another difficulty in such an approach would be the investigation of enough cases to provide a good sample. Such investigation would of course involve the location and possible interview of cases which had been rehabilitated over a number of years.

As stated previously the approach to the evaluation of services will be made first, by discussing the facilities in which they operate and secondly by describing them as they bring service to the individual in the rehabilitation process: registration and rehabilitation counseling, medical diagnosis and evaluation, rehabilitation plan psychosocial evaluation, educational, vocational and employment evaluation, establishment in the community and closure and follow-up.

The Department of Veterans Affairs have, due to public feeling toward the veteran, more resources to purchase and staff facilities than have the Workmen's Compensation Board. Also as a result of this feeling the public perhaps

cooperate more fully with the veteran's counsellor than that of the workman.

Facilities and Administration of the Department of Veterans Affairs

The Department of Veterans Affairs, because of its size and area of services, is a complex organization. A chart, Figure I, indicating the executive, branch and administration organization at the head office level is shown on the succeeding page. Although all branches play their part in the rehabilitation process, the two principal branches are those of welfare and treatment services.

(1) Treatment Services

The nerve centre of treatment services of the Department of Veterans Affairs in British Columbia is Shaughnessy Hospital at 30th and Laurel in Vancouver. The main building serves as a diagnostic, observational and treatment centre for the majority of acute cases. Special cases are sometimes referred to other institutions or facilities. Treatment administration offices are also housed in this building. Situated on the same grounds is the Jean Matheson Memorial Pavilion or Chest Unit which provides hospital facilities for chest diseases and some facilities for the study of various allergies. The 'Extension' is also close to the main hospital. These huts provide facilities for bedside nursing care for chronic cases of older veterans requiring domiciliary treatment. The Canadian Pension Com-

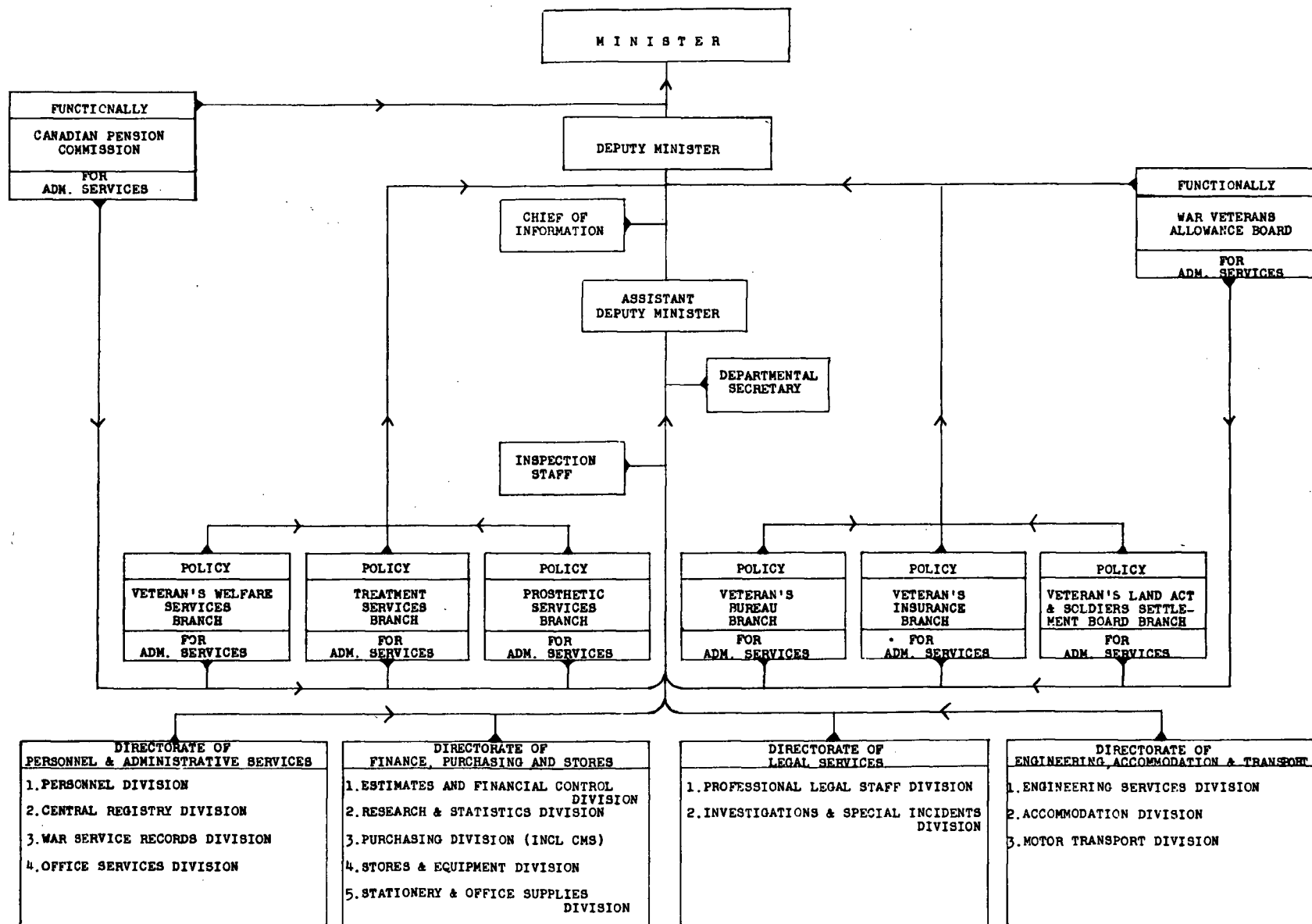


Figure 1.

mission, the Veterans Bureau and the in-hospital Welfare Services all have their offices in the 'Extension'.

Hycroft, located near 16th and Granville, is the former home of the late Senator A. D. McRae and provides nursing care facilities for ambulatory older veterans requiring domiciliary treatment. The George Derby Health and Occupational Centre, situated near Burnaby Lake in South Burnaby was designed as a convalescent centre for Shaughnessy Hospital cases. Trained physiotherapists and remedial training instructors work under medical direction towards physical rehabilitation. Group exercises, directed sports activities and handicrafts are also provided. Immediately after World War II this institution was used principally for casualties and besides the facilities outlined above, provided a variety of training opportunities. Commercial, vocational and academic courses were given to a large number of veterans. To-day the need for such specialized centre is gradually disappearing. Physical convalescent care is still provided but the training facilities have been greatly reduced. The most ambulatory of the veterans receiving domiciliary care are now hospitalized there. Facilities in any one of these institutions are often used by those hospitalized in another.

Besides the veterans who are in the Departmental Hospital, treatment services are responsible for veterans who are receiving treatment in other hospitals for any dis-

ability for which they have entitlement. These cases are genemally only treated locally when illness prohibits moving them or the services which they require are adequate at the local level and the cost of transportation would not be justified. The treatment service team includes, the doctor, psychiatrist, nurse, physical therapist, occupational therapist, the physical education worker, the dentiat, the medical social worker, the psychologists, the Red Cross Arts and Crafts department. Institutional training may also be included under these services, although the supervisor of institutional training is a Welfare Officer. The staff of this department are all classed as casual employees although many have been employed for years. Facilities of this department include, a speech therapist, an aphasis therapist, and instructors in wood and metal work, art, photography, and vocational, commercial and academic correspondence courses. An attempt is made to provide practical instruction in a few vocational courses as well as fairly complete instruction in commercial and academic subjects. No attempt will be made to assess the area of work covered by these many people.

2. Welfare Services

Veterans Welfare Services have as a result of changing needs, been re-organized since World War II. Immediately after the War, the activities of this branch were directed toward advising and helping the veteran back to civilian life. Staffs were departmentalized into special branches dealing with specific areas of legislation. As the

years passed the veteran's needs changed to counselling and guidance for difficulties which he was encountering in civilian life. The ageing World War I veteran increased the demand for investigation and processing for War Veterans Allowance and domiciliary care. The work of the specialized departments are now often handled by one man as a part of a much broader job. Many of the men who were formerly doing specialized work are now doing general counselling dealing with all matters of legislation and of service. The men giving this service and the higher administrative officers of the branch are called Veterans Welfare Officers. These officers are classed according to duties and responsibilities.

The changing organization, with the refocusing of needs, from the injured veteran in hospital to the injured veteran in the community is a handicap in comparing services offered to the war casualty and to the industrial casualty. If heavy war casualties occurred again, the organization would undoubtedly be changed to meet these needs. For the purposes of this study, the existing facilities of the Department of Veterans Affairs will be investigated. It should also be stated that the organization varies at the local level depending upon the size of staff which is determined by the area to be covered and the number of cases within that area.

Welfare Services have three principal lines of organization at the local level: the War Veterans Allowance

section, the casualty section, and the general service section. The casualty section serves all hospital cases and veterans in the Vancouver area who require rehabilitation services. The general service section is housed at the main Department of Veterans Affairs offices at 1231 Haro Street, Vancouver. This section answers all office inquiries and is also the headquarters for urban (Vancouver) and field service. There is a certain amount of overlapping of territory in the Vancouver area. Urban and field officers may visit certain hospital cases. Field officers are assigned specific areas throughout the province. They visit these areas periodically. On cases demanding instant attention, they are prepared to leave their offices in Vancouver on 24 hours notice. There is a sub-district office in Victoria which serves the Vancouver Island area. Welfare Services in Vancouver are directed by a Superintendent of Welfare Services who is responsible to both the District Administrator and to the Director General of Welfare Services in Ottawa.

As mentioned previously, Welfare Officers are graded. The lower grades principally carry on investigation work, filing applications, make initial interviews and referrals and other minor services. The Welfare Officers, Grades III and above are assigned to give extensive counseling and guidance. Most of the field and hospital officers are in this category. The senior officers are usually in administrative and supervisory capacities.

3. Social Work and the Department of Veterans Affairs.

Historically the Department of Veterans Affairs has always recognized the contribution of social workers. Immediately following World War I, training cases which gave some indication that training was being hampered by domestic difficulties, were referred to social service workers for investigation. Nurses were trained in some social work principles in order that wider service could be offered to tubercular, mental and other patients who spent long periods convalescing in their own homes. Investigations were also done by these workers. Between the wars there appears to be little record of social workers in the department.

The development of social work after World War II followed the pattern inaugurated during the war. Colonel Sutton who had developed the army programme investigated the possibilities for workers in the department. He recommended that social workers should be responsible for (a) medical social service in hospitals and clinics to meet the needs of treatment services; (b) a referral service which would maintain liason with social agencies in the community in order that social problems evident in the rehabilitation branch could be properly dealt with; (c) an investigation section which would take in all departmental investigators and place them under the supervision of a social worker. Various methods of organization were attempted during the intervening years since the organization of the department. Medical

social workers have mainly been under treatment services. The Social Service Division which deals with referrals has been under different authorities. The functions of this department were limited in 1947: Mr. Woods sums up the reasons:

"However, when the bulk of the rehabilitation work was completed, the veterans coming to the department brought more difficult social problems, with the result that the work of the Social Service Division was rapidly increasing while the work of the counselors and welfare officers was decreasing. Carried to its ultimate conclusion this policy would have meant that counsellors with overseas service, and also with experience in the department, would be released, while, on the other hand, the Social Service Division would be adding to its staff, persons without service experience or any knowledge of departmental procedures. It was evident therefore, that it was impossible to carry out the policy even if a sufficient number of trained social workers had been available."

Today, it would appear that there are many trained social workers who have had overseas experience. The moot question would appear to be one of departmental experience and knowledge as compared and contrasted with professional social work training. However, in line with the above reasoning, the functions of the social service department were limited and many of their duties were absorbed by expanding welfare services. The Social Service Division is at the moment, under the direction of Welfare-Services and their policy is based on the following considerations.

- (a) The social workers in the department should be consultants to veterans welfare officers and not necessarily deal with social problems at first hand.

1. Woods O.S. op cit, p. 312-313.
 2. Woods O.S. op cit p.313

- (b) The social workers should operate a teaching programme, with the objects of improving all welfare services staff.
- (d) The social workers should maintain liason with community agencies and undertake a direct case work service where the problem was of concern only to the department. This type of service was not to be given on a continuing basis.

The Social Service division also has specific duties in respect to the Assistance Fund provided under the War Veterans Allowance Act and they also provide special service to the Department of National Defence. These include reports on home circumstances, and involve contacts with practically all community resources.

Administration and Facilities of the Workmen's Compensation Board.

The facilities of the Workmen's Compensation Board have grown to meet expanding needs. They are in a continued process of expansion. The eight main departments, which have previously been mentioned are directly responsible to the Board, through the Board Secretarty who acts as a coordinator.

These divisions are housed in two large modern buildings on the south side of 37th avenue, at Heather Street in Vancouver. The principal offices are housed in the building to the west while the large modern rehabilitation centre occupies the building across the street. This centre is under the direction of a doctor and supplies treatment on an out-patient basis. There is physiotherapy of all kinds. Light and medium occupational therapy is also provided. The

workman comes for treatment for definite periods of time and may be directed to a vocational school for training for the balance of the day. Their impressive facilities are directed toward the rapid physical rehabilitation of the ambulatory workman.

As far as can be determined, a new practical idea in occupational therapy in B.C. is directed by Miss Inglis in a large basement room. Patient s are assigned to her department, on a limited basis and an attempt is made to assess the ability of the workman to do a job. The job may be his old one but also may be a new one. Tests are designed for specific disabilities. Miss Inglis, the therapist, has broken jobs down into certain amounts of movement involving such items as walking, standing, turning, sitting, twisting, crawling, pushing, pulling, reaching, working speed and climbing. The patient's former job or new job is analyzed at the initial interview according to the above items. An attempt is made to have him duplicate these movements in equal amounts of reproductive and creative work. The facilities are of necessity limited but include a ramp, a wheelbarrow, logs, saws, hammers, stones to shovel, rough ground on which to work. Apparently patients will accept the analysis and in some cases the patient is quite prepared to give up a job he has done for years on the basis of the test. Plans are being formalized to add outdoor testing facilities to those already in existence.

(1) Rehabilitation Department of the Workmen's Compensation Board.

This department is housed in the large office building. There is a Rehabilitation Officer, who is the head of the department, and four rehabilitation counsellors who work under him. The four work out of the main offices and serve the Vancouver area jointly. Monthly trips are made to Vancouver Island by one officer, while one other officer makes semi-annual trips throughout the interior. Sometimes special trips will be made for specific cases if the rehabilitation problem is urgent. The rehabilitation counsellor will interview a case, forward his recommendation to the head of the department who in turn will forward it to the Board for a final decision.

Comparison of Administration and Facilities.

The difference in service makes any comparison difficult. The veteran served by the Department of Veterans Affairs has had hospitalization for his traumatic injury. He has, if in the army and seriously injured, gone through the following steps: stretcher, regimental aid post, advance dressing station, casualty clearing station, field hospital, base hospital, hospital ship, military hospital, and finally Department of Veterans Affairs hospital. With perhaps a number of ambulances, plane and train trips as well. The Department of Veterans Affairs facilities which are described deal only with the man as he may arrive in a Department of Veterans Affairs hospital today for further treatment or on

an emergency basis. The workman, when injured, is seen by a first aid man and then, if necessary, transported to the nearest hospital. Some emergency cases may be flown directly to Vancouver. The Workmen's Compensation Board facilities which are described deal with the man from his place of injury.

The injured veteran of the last war might not have seen a Department of Veterans Affairs official anywhere from two months to a year after he was injured while the injured workman may be seen hours after injury. It would seem that since the Department of Veterans Affairs offers medical services in a hospital which is recognized to be as modern as any in the province, the facilities for medical care must, on the whole be better than those offered by the Workman's Compensation Board. Facilities must be limited in smaller hospitals. Such items as institutional training can be offered in a setting such as Shaughnessy where a relatively homogeneous group is obtainable. It would be reasonable to assume that inter-professional relationship could be easily fostered in a setting where all members of a rehabilitation team are employees of a single employer and are housed in the same general area. In the writer's opinion, it would appear that the physiotherapy and occupational therapy departments are more functional in the facilities of the rehabilitation centre of the Workmen's Compensation Board. However, the difference in function between a hospital and a rehabilitation centre forbid an accurate comparison in a study of this sort.

Records of the Two Agencies.

The rehabilitation department of the Workmen's Compensation Board and the Casualty Section of Welfare Services are but parts of a much larger establishment. Therefore, records in both departments must be kept apart from the central filing system. The Department of Veterans Affairs has a district file for each individual. In addition to this, there are separate medical, psychiatric, social work, and welfare files when required. Many branches keep card systems and other forms of records. The Workmen's Compensation Board's principal file has three sections, medical, correspondence and accounts. Separate departments may keep card systems and place summaries in the principal file. This is the policy followed by the Rehabilitation Department of the Workman's Compensation Board.

In studying the rehabilitation process, it has therefore been impossible to review all cards and separate files. The Rehabilitation officers of the Workman's Compensation Board wrote their summaries from their own files. The individual Department of Veterans Affairs District office files were perused as well as the welfare and medical social work files. Therefore no attempt will be made to assess the amount or value of physiotherapy, occupational therapy and other professional services, related directly to the physical rehabilitation. In both agencies it would appear that the services are available and therefore used to best advantage.

The Rehabilitation Process of the Two Agencies.

In order to compare this process, cases have been picked from each agency to show some of the various types of injury and the breadth and depth of service offered to these cases. Because of the difficulty in finding all records of referral in these cases, the medical programme has on the whole, been omitted. Each agency has the viewpoint that the doctor is the ultimate authority in any programme. The service of all other members of the rehabilitation team is required but the doctor's decision determines the tempo of the whole process. No authority opposes this basic idea.

The principal contact with each agency has been with their respective 'rehabilitation' departments. The basic problem of these departments is to implement services to hasten the process of their respective clients returning to gainful employment after injury. Therefore the focus is toward the vocational and social aspects of rehabilitation. In gathering the cases in Appendix D, it was found that the files of the Workmen's Compensation Board are not available to anyone outside the agency so the summaries were written out by their rehabilitation officers. These summaries were written according to guide headings of a provisional schedule given to them to determine what information would be available. These headings stressed the vocational and social as well as the medical aspects of the cases. It was emphasized that the cases should cover, as far as possible, their total

services. However, medical information was quite spotty and has mostly been omitted in editing the cases. An attempt has been made to retain the 'thinking' of the writer in each case.

In choosing the Department of Veterans Affairs cases, an attempt was made to have the injuries as similar as possible to the Workmen's Compensation Board cases and to select those cases which gave the widest area of service. These cases were picked at random as it was impossible to review hundreds of cases. However, in discussing the cases, it was felt that on the whole, they give fairly comprehensive pictures of the width of programme offered by the respective agencies. It is difficult to attempt to narrow down the veterans' programme to apply only to disabled veterans when the total services deal with so many classes of veterans.

The cases in Appendix D should be read at this time as many points of similarity will be omitted and only some of the diverging points discussed. It should be emphasized again that the cases have not been chosen to measure result. They have been picked to show the widest area of programme. In cases of similar disability it must be remembered that individual differences forbid measuring of particular services. By seeing all cases as part of a whole, a comprehensive picture may be obtained.

(1) Registration and Rehabilitation Counselling.

The rehabilitation departments of both agencies register all cases in which they feel their services may be required by the disabled individual to re-establish himself in active employment. The Workmen's Compensation Board review all files which are referred to them. They peruse all files where there is any indication that their services are required. Cards and records are kept for any case in which a permanent disability is shown and aid required in placing the man in a job. The Department of Veterans Affairs automatically registers any veteran who has a disability of 25 per cent or over as well as any others where there is an indication that services may be required. It is possible that the Department of Veterans Affairs would reach more people. The casualty registration form (R.S.C.1) of the Department of Veterans Affairs and their record sheets (R.C.S.3) are shown in Appendix E.

The Workmen's Compensation Board's rehabilitation summary sheet; training recommendation sheet; and their rehabilitation closure form are also shown in Appendix E. An examination of these sheets reveal that although different data are gathered that they are quite comprehensive and undoubtedly cover the areas which are of particular importance to each agency. The policy of both departments is to reach the man in hospital as soon as circumstances allow. They realize that an explanation of policy and benefits is a great morale booster. The war amputation case was met by an amputation

welfare officer outside of Halifax harbour. He came out in the pilot boat and visited all amputation cases before the hospital ship docked. However, services directly after the war were limited by lack of staff and the large number of men requiring help. To-day, any veteran receiving treatment is seen as soon as possible. Priority is given to casualty registrants. The veteran is seen as often as is necessary from this moment until he is firmly established in a job in civilian life. The policy of the Workmen's Compensation Board is much the same. However, as many of their cases receive treatment in hospitals throughout the province, hospital counselling would be limited. They make an attempt to see all major cases and offer service until the man is successfully employed. Other cases are seen at various stages of physical rehabilitation.

Each agency appears to have a different approach in their attitude toward the needs of the individual in the counselling process. The Department of Veterans Affairs investigate all facets of the veterans rehabilitation and face hostility and antagonism in attempting to aid the individual in his total adjustment. The Workmen's Compensation Board do not investigate the social adjustment to the same extent.

A case which appears to point this difference out is case 7 as compared to cases E and H. In case 7, the Rehabilitation Officer recognized the need as one of adjustment to his illness and to his social group. The man sought

employment in his own community but was not successful until he came to Vancouver to have his prosthesis repaired and received help from the Rehabilitation Officer of the Workmen's Compensation Board. The Department of Veterans Affairs, as indicated in the particular cases of E and H, follow their clients back to the community and in the face of opposition attempt to bring aid to the man. Some individuals may be able to return to ask for help after such expression of hostility but these cases indicate that mental and social breakdown can be prevented by taking the offer of help to the individual in his own surroundings. The interest, understanding and encouragement given to these people enable them to find their own way to a successful rehabilitation.

The interviewing facilities of the Workmen's Compensation Board and the Welfare offices of the Department of Veterans Affairs are not good. The veteran must wait in a hall outside the offices. He is interviewed in offices which are usually used by two Welfare Officers. However, it may be possible for the Welfare Officer to scout around and find an office which is vacant. The facilities of the Workmen's Compensation are in one large room. The head of the department has a private office. The desk of the Rehabilitation Officers, the clerical staff and a bench upon which the clients wait are in one large room. The individual must find it difficult to disclose information where he is likely to be over heard by another veteran or workman or by another agency official. The counsellor in each instance must also

find it difficult to concentrate and give the maximum help to his client in such an atmosphere.

(2) Medical Diagnosis and Evaluation

Since the policy of both agencies is quite strict in regard to pension payment, a great deal of attention is paid to an accurate diagnosis. The Department of Veterans Affairs employ specialists who can be consulted on all important cases. The doctors of the Workmen's Compensation Board carefully review the statement from the workman's private doctor. The man, on his recommendation or on their own responsibility refer the case to a specialist.

In regard to treatment, both agencies appear to provide the best that is available. The Department of Veterans Affairs have most of these facilities in their own institution. The Workmen's Compensation Board must rely on local facilities which may be inadequate. They will, however, transfer cases to hospital which have better facilities. Most of their paraplegic and double amputation cases are referred to a special rehabilitation centre. All cases who can profit by the facilities of their own rehabilitation centre may be transferred to Vancouver. They have their own staff of physiotherapists treating Workmen's Compensation Board cases in hospitals in the Vancouver area.

However, the centralization and the vastness of The Department of Veterans Affairs facilities allow the department to supply special services which are not always available to the injured workman. Medical specialists, special tech-

nicians as well as such professional people as medical social workers and psychologists are regularly employed in Shaughnessy Hospital. These people are available in the large city hospitals but few are employed in hospitals throughout the province.

At Shaughnessy Hospital a staff of medical social workers take referrals from doctors, other staff, outside in the chest unit. The psychiatrist often requests a social history or investigation of a special problem. The social worker may investigate any individual or family who has a general welfare problem, emotional problem connected with their illness, or any other emotional or social problem. During this process the worker will confer with the doctor, visit the family, contact the community in which he resides or contact other welfare organizations, if matters of additional financial assistance or other welfare assistance are required. A review of the Department of Veterans Affairs cases indicate some of the work performed by the medical social worker. Perhaps the best example of casework is case I. With casework help, the woman was able to take an interest in her family, adopt new interests in the home and finally accept treatment in another institution. The services are used by many, as the annual report states that the number of daily interviews averaged 116 per worker for year 1954.¹

1. Canada, Report of the Work of the Department of Veterans Affairs, Pttawa. Queens Printer, 1955, p.27

The psychologist may be consulted by the doctor or other staff members in regard to psychometric testing and assessment. Prosthetic services, pension advocates and employees of the Canadian Pension Commission are in the hospital area and all of the veterans' queries can be answered by the responsible department in a relatively short period of time.

The facilities which are available to the workman will depend upon what hospital he is in. This in turn will depend upon the place of accident and the nature of his injuries. The workman is always moved to a hospital where his physical illnesses will receive adequate treatment. Often the need for specialists such as medical social workers or psychiatrists is not indicated by the degree of treatment required.

In regard to psychiatric treatment, both agencies recognize the right to treatment only if the condition was aggravated or began with a recognized injury or disease. However, in assessing the condition, the Board, on the advice of the man's attending physician, may request psychiatric consultation. Department of Veterans Affairs doctors, on the other hand can refer practically any case to psychiatry as a matter of course. The quoted cases do not necessarily give an accurate estimation, but five of the Department of Veterans Affairs cases were referred to psychiatry. Case 10 would appear to be an excellent example of a case where possibly a medical social worker or psychiatric referral may be of

some benefit. Of course, it is recognized, the client would have to cooperate in the process. The advantages of professional specialists are obvious.

Both agencies have the understanding that the doctors are in complete control of the physical aspect of rehabilitation. The 'rehabilitation' officials of the agencies consult the doctor in regard to any patient who is in hospital. The Workmen's Compensation Board official must often know whether the man can return to his former employment before he is entitled to the service of the Board's rehabilitation programme. Department of Veterans Affairs officials must consult the doctor for the same reason. If there is a pension aggravation, the man may be retrained. The officers of both agencies must know the diagnosis and prognosis of the patient's disability. Their whole programme is geared to these factors. Both agencies employ physiotherapists and occupational therapists to aid in diagnosis and treatment. Although the Department of Veterans Affairs have some facilities to measure required movements in regard to job placement, they do not appear to have any equal to those of the Workmen's Compensation Board.

(3) Psycho-social Evaluation

The rehabilitation officers of the Workmen's Compensation Board and the welfare officers of the Department of Veterans Affairs are both aware of the social problems underlying rehabilitation. A review of the cases will indicate that they gather the same basic information. There

is a difference, probably evolving from the historical development of each agency, in the evaluation of these problems as they may contribute to the maladjustment of the individual and his family. Historically, the workman is insured in direct proportion to the amount of salary which he earns. His family responsibilities are not considered unless fatal injury results. The Workmen's Compensation Board do visit the family on occasion, but their principal interest is in the workman. The veteran, on the other hand, has always been considered as a part of the whole as far as he and his family are concerned. Since World War I, he has been entitled to an allowance for dependents while in service and also an allowance for dependents if he is in receipt of a disability pension. All allowances and benefits of the department recognize the fact that the married man has greater responsibilities and pay him accordingly. They, therefore, have always been concerned with family unit. Perhaps, immediately after World War I, in common with the philosophy of the time, they were more interested in investigating whether regulations were being followed than in trying to help the family. However the department has kept pace with the changing philosophy and while their principal focus is upon the veteran they see him as part of a family unit. A good indication of this is the assistance they gave the veterans in bringing their families from Europe.

There can be little doubt that injury will create problems in a family. Economic problems are apparent and

recognized by both agencies as they both provide pension and attempt to get the man a job. The emotional problems which arise after a lengthy period of hospitalization, the loss of limb, sight or activity can be seen just as readily after consideration. The normal and mature family may have little difficulty but the immature and maladjusted family will have the greatest difficulty in making an adjustment. It is this class that would undoubtedly need aid and interpretation. Chief Justice Sloan in his last report, might well have been speaking of social problems rather than neurosis and the case¹ for aid with social problems could rest on the same argument.

"I will be noted from the foregoing authorities that under section 7 of the Act, an incapacitating neurosis occasioned by physical injury or even by shock alone is deemed to be compensable as a 'personal injury by accident'. There seems to me to be a sound foundation for that opinion (if I may say so, with deference), because in my view any other conclusion can only be supported on the theory that compensation should be paid to those men who were, before the injury, perfect specimens of humanity, both physically and mentally, and must be refused those who, when employed, suffered hidden weaknesses in their physical and mental makeup so that for them the accident was not the direct cause of their incapacity but merely the 'occasion' or the 'exciting' or 'precipitating' cause of it. Such a theory has no place in compensation law as I understand it."

"The benefits of compensation are not limited to the normal man but are available to any man who suffers 'personal injury by accident' within the wide interpretation of which 'accident' is susceptible under the Act."

"It is my view, then, it has been authoritatively decided that disabling neurosis whether caused directly by accident, 'occasioned', 'excited', 'precipitated', or 'contributed to' by the accident, is a personal injury by accident within the meaning of section 7 of the Act and such is compensable."

If the cases in Appendix D are used for an indication of family concern, it may be seen that, aside from the aid given to the clients by the Medical Social Service and the Social Service Division, the welfare officers visited five of the veterans in their homes. The rehabilitation officers of the Workmen's Compensation Board visited the paraplegics. However, only two of their other cases were married. Both agencies appear to do a great deal of excellent work with paraplegics. The advantages of home visits can be seen in the E case. Surely Mrs. E. would have become discouraged and left her husband if she had not felt that others were trying to help him. Again, visits to the home of the H. family helped the distressed man realize that the department was actually interested in his present family. The C. case is an excellent example of how the Department of Veterans Affairs acts as the major rehabilitation co-ordinator until the veteran is re-established. Referrals were made to the Provincial Social Welfare Branch and were followed up until the case was closed. Visits by welfare officers and social workers must also have encouraged this family into doing better things. The Workmen's Compensation Board visit Social Welfare Branches on rural visits and refer anyone who wishes it to the proper agency. The effort which is made to prepare the individual for referral or how far the referral is followed up is not known.

In assessing the psyche-social adjustment of the individual, both agencies are aware of the same general areas

but the difference lies in the approach to the problem. The question would appear to be if the Workmen's Compensation Board should widen its viewpoint from seeing the workman as not only an individual but also a member of a group usually centred in his family and also a member of the community in which he lives. Treatment must be given for all phases.

(4) Educational, Vocational and Employment Evaluation.

It is in these areas that the programmes of the two agencies are very similar. The Department of Veterans Affairs has more private facilities than the Workmen's Compensation Board. One of the major items in this regard is institutional training which has been mentioned previously. These courses and various instruction are given for therapeutic, exploratory and intrinsic interest. Perhaps the best illustration of this is case A where the veteran was supplied with text books, tutor and practical instructor in gardening. Other examples are case D. where the woman was given aid in short story writing, case B where even though the man did not complete any course, his interest was observed, case G where the man's interest in woodwork was utilized and temporary progress made. Another excellent example is Case 4; although this man was a workman, the facilities of the institutional training department of the Department of Veterans Affairs were made available to him. Workmen's Compensation Board officials will approve of correspondence courses and hire instructors in some cases. It is possible that an institutional training programme could fit into the over-all programme of the

rehabilitation centre. A large homogeneous group could be formed than possible in a general hospital setting. Regular classroom hours could be inaugurated and fitted into the physiotherapy and occupational therapy timetable.

Both agencies have the same training programme facilities, academic, vocational and training on the job. The officers of both agencies keep up to date on employment opportunities and are aware of most job classifications. The Workmen's Compensation Board more than the Department of Veterans Affairs, appear to investigate the possibility of a man being placed on a specific job with a specific company, before training a man. This may be due to a wider awareness of union demands and pay scales.

This may be necessary as they are doing more initial placing after injury than the Department of Veterans Affairs at the moment. An example of this is case 7 where the Rehabilitation Officer made special arrangements with the union and employer. Both agencies make use of psychological testing and assessment whenever there is any doubt of the feasibility of a proposed programme. Many rehabilitation officials use the tests as an extra prop in getting their programme approved. Both agencies will use short periods of employment for periods of investigation and testing. The Workmen's Compensation Board have their occupational or fitness testing technique which must be helpful in many cases and could well be copied by any rehabilitation agency. The Department of Veterans

Affairs has special placement officers who work closely with the National Employment Service in placing veterans. Most cases are referred to these officers for placement. Some special cases are placed by individual Welfare Officers. These officers are well informed as to most job classifications and opportunities. This task in Workmen's Compensation is performed by the Rehabilitation Officers besides their other duties.

(5) Rehabilitation Plan and Programme.

A rehabilitation plan does not necessarily come after all of the above steps. It is dynamic and begins as soon as the man sees the first aid attendant or the stretcher-bearer. It will evolve from his past experiences and the people who he meets, from his medical record, diagnosis and prognosis and from his work and educational history and from the opportunities which exist in the community in which he resides.

Most of the individuals who participate in the plan have been mentioned. Both agencies respect the right of self-determination and in most cases the man's own plans are investigated carefully before he is encouraged to think of something else. A review of any of the cases of either agency will indicate that the clients were never forced into any plan. Circumstances might force them to take a certain course but the choice is their own. For example, many veterans immediately following the war believed that their family re-

sponsibilities were too great to be adequately covered by training allowances. Therefore, they sought employment or took short vocational courses rather than the extended university course.

The rehabilitation programme is dependent upon facilities and legislation. These have already been discussed. A review of the cases will indicate how the programme is implemented. In most cases, the individual Welfare Officer or Rehabilitation Officer can carry a programme to relative completion. However, in cases where the expenditure of money is involved, the Workmen's Compensation Board cases must be approved by the Board, while in Department of Veterans Affairs cases, approval generally has to come from Ottawa.

(6) Establishment in the Community

This one area in which the Workmen's Compensation Board faces a great handicap in comparison to the Department of Veterans Affairs. In most communities, after the war, an empty sleeve or pant leg, a pair of crutches, or a sling were considered marks of courage which, in many cases, they were and the community reflected the country's attitude and attempted to help in every way they could. Rehabilitation, housing and other such committees were begun. The Canadian Legion became the watchdog over legislative and other help for veterans. Welfare officers spoke to community groups and a great deal of time and money were spent on advertising and

extorting the community to employ the handicapped veteran. Veteran officers are employed in all offices of the National Employment Service to see that veterans receive preference in some jobs. They are also required to know the veteran legislation, in order that they can counsel him. Most of Department of Veterans Affairs cases show how the Welfare Officer used any one or all of these resources. Cases D. and H indicate perhaps the widest use of these community resources.

The Workmen's Compensation Board are well aware of community resources. Probably from the point of view of public feeling and the fact that unions are on the whole, interested in rehabilitation, the Workmen's Compensation Board have a weapon to arouse public feeling and support which in time may approach that of the Department of Veterans Affairs. Cases 4, 7, and 8 give good examples of the Workmen's Compensation Board approach and indicate a comprehensive view of community resources in regard to placement. The area which the Workmen's Compensation Board appears to touch very little is that of social adjustment. This has already been discussed under psycho-social evaluation and need not be repeated.

Although some agencies see the advantage of sheltered workshop employment, the Department of Veterans Affairs does not see any great advantage as they are only maintaining those which were in existence prior to World War II.

Mr. Woods comments:

"On the other hand it must be acknowledged that these workshops did not, except in a small percentage of cases, result in the veteran becoming re-established in normal employment. That is, they did not achieve their basic objective of rehabilitation. The shops, naturally, could not offer the wide variety of employment necessary to appeal to the aptitudes of all their employees, some of whom were temperamentally unsuited to the work available and would have been happier in some other type of employment. Then many of them did not feel that they were pulling their weight, and the fact that the shops were subsidized made them feel that physically they could no longer compete in the open labour market and this of course did not improve their morale.

This experience however, brought the department to the realization that the disabled veteran would be far happier and his rehabilitation more completely achieved, if he could be trained to do a job in civil life where his disability constituted no handicap; where he could work on terms of equality with those around him, pull his own weight, stand on his own feet and require the sympathy or influence of no one. It has been proved that this can be done, largely as a result of experience with the workshops, and a new concept of rehabilitation was born.¹

The Workmen's Compensation Board probably adopt much the same attitude.

Britain has a much wider approach to the question of sheltered workshops. The Disabled Persons (Employment Act 1944) gave the Minister of Labour authority to make necessary arrangements for providing sheltered employment. This could be supplied in factories or workshops or within homes for severely disabled persons. The Minister could make grants to voluntary undertakings or local authorities employing severely disabled persons. Non profit making public companies could also be formed to provide sheltered employment for severely disabled.

1. Woods O.S., op cit p.361 - 362

The answer to sheltered employment may be somewhere in between these two opinions. The individuals who require special medical attention or expect supervision such as epileptics may profit by such a scheme. Mentally retarded individuals could also feasibly profit by sheltered workshop employment.

(7) Closure and Follow-up

Both agencies have different means of closing cases. The individual is observed in employment and closure is based upon this adjustment. The Department of Veterans Affairs, will not close cases unless the social adjustment of the individual is satisfactory. The Workmen's Compensation Board's policy is to observe the individual for approximately one to two months and if he seems to be adjusting satisfactorily on the job they will close the case. The maximum residual disability cases may be kept open for a longer period. Both agencies close cases as not feasible, if the physical handicap is such as to make any possibility of employment practically impossible. They will also close cases if there is an indication of mental ill health which would place a restriction on the possibility of placement.

The Department of Veterans Affairs have a follow up service approximately six months after a closure of the case. This may be followed by regular or sporadic follow ups. Periodically, different groups of files are reviewed and regularly followed up. Follow up service will be of a varied nature. In some cases the file may be reviewed and in others a

questionnaire is sent. It is claimed that over an 80 per cent response is received. If there is any indication that services may be required, the man may be called in for an interview or a Welfare Officer may go to see him. If the man moves to another Department of Veterans Affairs district in Canada, his case is always transferred on an open basis and the matter of closure is left to the new district office.

The Workmen's Compensation Board follows up some of their maximum residual disability cases but they, on the whole, desire and encourage the worker to contact them if there is any change in his progress. They do maintain a sustained interest in the workman upon such contacts. One of their stated reasons for this approach is the fear that the workman may use them as a crutch and depend upon them to solve all their problems.

Summary

The facilities of the Department of Veterans Affairs are much larger than those of the Workmen's Compensation Board. The size of the facilities and the number of cases that are handled allow the Department of Veterans Affairs to have a wider range of services within its own establishment. Many specialists are regularly employed. The Workmen's Compensation Board hire specialists such as psychiatrists and psychologists on a casual basis. These specialists would not be available in outlying hospitals.

However one advantage of treatment in an outlying hospital is that in most cases the patient will be close to his family. Medical treatment would appear to be much the same under both programmes.

The underlying philosophy of each agency is basic in attempting to understand their approach to the individual in the rehabilitation process. The Department of Veterans Affairs is set up to serve the veteran alone and therefore they take their services to the veterans. The Workmen's Compensation Board on the other hand is set up to serve both the employer and the employee and are therefore perhaps more dollar conscious. This may be reflected in the fact that the expenses of the rehabilitation department has only exceeded the \$75,000 maximum by \$3,000 since the ceiling was removed.

The psycho-social area is to a considerable extent neglected by the Workmen's Compensation Board. The medical social worker, the worker in the Social Service Division and the Welfare Officers of the Department of Veterans Affairs all investigate this area.

Training and placement provisions of the two agencies are much the same. The Workmen's Compensation Board has perhaps a better physical evaluative programme in their occupational fitness tests while the Department of Veterans Affairs have an institutional training programme to evaluate the interest, and actual mental capacity of the individual.

Closure procedures are approximately the same in both agencies while the Department of Veterans Affairs has a more extensive follow up procedure.

CHAPTER V

A PLAN FOR REHABILITATION

Introduction

This thesis has attempted to compare the rehabilitation programmes of the Workmen's Compensation Board and the Department of Veterans Affairs. In Chapter III the general legislative framework and provisions were discussed. In Chapter IV the services of the two programmes were investigated from the point of view of the rehabilitative process. An attempt will be made to summarize some of the most important items in this chapter, as they refer to the elements of a rehabilitation programme outlined in Chapter I. The future outlook of the two agencies and some points that may be investigated further will also be discussed.

The Elements of Rehabilitation(1) The Rehabilitation Process

The overall picture of this process was presented in Chapter IV. From registration to follow up, the Department of Veterans Affairs appear to have a more comprehensive programme than that of the Workmen's Compensation Board. The most important area which gives credibility for this point is that the Department of Veterans Affairs investigates the psycho-social factors in the rehabilitation problem. A case is not closed until they are assured that the veteran is functioning as a member of the community. There is no indication that the Workmen's Compensation Board investigates

the psycho-social area to the same extent.

(2) Rehabilitation Services (Medical, Training and Employment)

These aspects were discussed both under legislation and services. The Department of Veterans Affairs have more private hospital facilities than the Workmen's Compensation Board. However, the latter's Rehabilitation Centre would appear to give adequate and comparable medical care. All veteran students who qualify for training are entitled to limited medical treatment. Both agencies seem to provide the same training schemes; academic, vocational, and training on the job. The remaining benefit for the disabled veteran in the employment field is the priority he may exercise in Federal Civil Service employment. The veteran is entitled to use such a preference only once unless his disability increases to such an extent that he cannot carry on with his former occupation.

The Workmen's Compensation Act provides the Board, with practically unlimited powers in regard to legislation. The Board, of necessity, defined these areas by regulations. It is conceivable that some booklet, such as the Department of Veterans Affairs publish regularly, outlining the exact benefits and allowances which the workman can expect would be of great value in helping the injured workman participate in his own rehabilitation. Such publications would also be of great benefit to any research and public relations programme.

(3) Rehabilitation Personnel

Since many of the medical aspects of rehabilitation were ignored, the discussion of personnel have centered about the Welfare Officer on the one hand and the Rehabilitation Officer or counsellor on the other. They act as the coordinators and directors of the non-medical aspects of rehabilitation in their respective agencies. No attempt was made to investigate what special qualifications should be required. A great deal of emphasis in both agencies is placed upon practical experience in various employments as well as experience in working with people. None of the Rehabilitation Officers or Welfare Officers have formal social work training, although some have university degrees. In service training courses are carried out periodically in both agencies.

The Department of Veterans Affairs have case conferences involving all or some of the following: doctor, psychiatrist, social worker, psychologist, and welfare officer. The facilities of the Workmen's Compensation Board would not allow this as many of their specialists are hired privately. It would be impossible to get these people together for many conferences. The Rehabilitation Officer may however, contact many of these specialists individually.

(4) Rehabilitation Maintenance Allowances and Auxiliary Aids

These allowances and aids were discussed in Chapter III. Both agencies base the degree of disability upon a percentage rating scale. The workmen then receive this percentage

of his average wage which may vary from a low of \$1300 to a high of \$3000. The veteran's pension is based upon the percentage disability. He also received the same percentage allowance for his wife and children. (See Appendix B). In comparing these percentages as well as training allowances and widows and orphans pension, it can be seen that they vary according to percentage disability and number of dependents. A workman receiving a 10 per cent disability compensation will receive a higher allowance than the veteran in the same class. On the other hand the veteran receiving a 90 per cent disability pension generally will receive more than the comparable status of workman. The greatest variation in the allowances is the entitlement of widows and dependents to an allowance. Both agencies pay an allowance if death results from injury or disease to which the man had entitlement for treatment. The widow and the dependents of a veteran are entitled to an allowance if the veteran was in receipt of a 50 per cent disability pension or more, no matter what the cause of death.

Some of the advantages which the Department of Veterans Affairs have besides those listed above are legislative aids such as the Service Benevolent Funds, War Veterans Allowances, Re-establishment Credits, War Service Gratuities and other which are granted to a wider class of veteran than just the disabled. The Veterans Bureau safeguards the individual right to pension entitlement. Certain employment

classifications were set aside for the World War II disabled veteran. Provincial and municipal provisions also make the lot of the veteran easier and the role of the Welfare Officer also much simpler.

The principal disadvantages of the Workmen's Compensation Board appear to be the lack of published regulations and the lack of psycho-social investigation.

The Psychosocial Approach to Rehabilitation¹

(A) Emotional Reactions

In Chapter I much of this area was covered in discussing the problems of the disabled, and the special problems of veterans but for clarity some of the more important points will be reviewed at this time.

People react differently to illness and disability. However it can be considered to be a negative, frustrating and anxiety provoking event. It represents an attack by a hostile unknown force. The control which the individual has had in certain activities is lost. The family income and therefore the standard of living, may be effected. Indebtedness may stalk the family. Pension or compensation is often not adequate to meet the extra expenses of illness even though one member is in hospital. Disability often means that the family will be separated for long periods of time. Disability also means accepting bewildering and frightening

1. For further information on this subject the reader is referred to the following texts.
 Dunbar, Flanders, M.D. Mind and Body, Random House, New York, 1947
 Robinson, C.C. The Patient as a Person, The Commonwealth Fund
 New York, 1939
 Thorton J. The Social Component in Medical Care, Columbia University Press, New York, 1937.

medical procedures from unknown impersonal experts.

Thus in addition to physical symptoms, the individual has emotional reactions. The more mature can stand more frustration than the immature. Often if there is a strong emotional component in illness, the individual will not regain a state of well being until he has made an attempt to re-adopt himself to the total life situation. In many illnesses the mind and body appear inseparable and must be treated as a unit. Sometimes one can be healed without treating the other but in most cases both must be treated. The individual may only get better if he can understand and believe that he can face the problems which he must face in the outside world. A sick person often builds up defences against getting well. He is using them to protect himself from something which is dangerous to him. Often any attempt to strip the individual of these protections by direct attack can result only in greater anxiety and a more extensive defensive reaction.

(B) The Family Component of Illness

The recognized social unit of our society is the family. To gain a synchronization of needs and satisfaction of all family members, each member should contribute to the strength of the others and each should derive satisfaction from the interplay of the others. The family balance is in a precarious position as it is dependent upon the human element. Events from without or within can bring stresses

and strains upon the family which appear unbearable. Death or injury have repercussions upon all members. Tensions mount and there are fewer satisfactions. There are subtly irritating and hostile occurrences which may cause one member of the family to become more upset and the whole chain of reactions is set off again. Often a siege of illness may result from such a compound reaction and may be compared to family disturbances brought about by a communicable disease.

(C) Psychosocial Treatment

To treat a patient, his total situation must be considered. Family dynamics as well as individual dynamics may cause or extend a period of illness. The concept of interaction of individual and social forces has led to the team approach in most hospital settings. The social worker will contribute social findings and social treatment. In much the same manner any rehabilitation plan must consider social findings and if necessary social treatment.

Man is often said to be a product of his heredity and environment. How he met difficulties in the past may indicate how well he will meet them in the future. A doctor will not give a diagnosis unless he takes a medical history. The vocational counsellor will not help a client unless he asks him questions in regard to qualifications and past experiences. No one can treat the social situation without obtaining a social history. A social history will only contain

information which is useful in helping the client. Besides the usual identifying information a social history should include details of the individual's physical, emotional and cultural factors which have influenced his growth. Treatment of a social situation often varies in length. It may involve helping a family to find better living quarters to protect a sick person's health. It may involve long hours of treatment by a highly trained psychiatrist.

The Future Outlook for Rehabilitation Services of the Two Agencies

The history of the two agencies has been discussed periodically throughout the previous chapters and little of it will be repeated. The Department of Veterans Affairs Approach has been in the process of evolution for the past forty years. Their modern team approach has been reached after years of experimentation and public pressure. The Workmen's Compensation Board Rehabilitation Department has been in existence for slightly over 12 years. About one half of those years were years when jobs were plentiful and training specialists scarce or the post-war years when veterans had all job priority and were using most of the training facilities. They appear to be making slow but steady progress towards a broader rehabilitation scheme which will approach that of the Department of Veterans Affairs.

A look into the future would indicate that if economic conditions remain as they are, then the activities

of Welfare Services of the Department of Veterans Affairs will have levelled off and that they will likely decline in proportion to the aging veteran population. It would appear that their energies will be directed toward the veteran in the community and, if he is not entitled to legislative benefits, the organization of community resources to meet his social and economic needs. They will retain investigation and report facilities for War Veterans Allowance recipients and those who apply for domiciliary care. The Workmen's Compensation Board on the other hand, with the growing industrialization of British Columbia and the newer ideas on rehabilitation, will undoubtedly expand their facilities. The administration of the Ontario Workmen's Compensation Board will be discussed in the following section.

The Ontario Workmen's Compensation Board's Rehabilitation Approach.

There is little literature available on the subject and the information which follows is taken from a University of Toronto publication.¹

The Workmen's Compensation Board of Ontario has an in-patient medical rehabilitation centre situated at Malton which operates for patients all over the province. No active surgery is given and the service includes:

- a The greatest possible physical restoration of the patient in the shortest possible time; the adjustment of the patient to residual handicaps and to the use of appliances, such as prosthesis and braces.

1. The University of Toronto, Workmen's Compensation in Ontario, The Department of Public Health Administration, Toronto, 1935 p.69-76

The assistance of the patient to develop his own strength and existing skills, so that he may undertake full-time productive employment on discharge from the Centre.

Certain cases, especially back and shoulder injuries, are admitted for an assessment of the nature and extent of the disability. After assessment they may be kept for further rehabilitation treatment, discharged for active surgery or rated for permanent disability.

The facilities provide room for 518 patients, 191 are non-ambulant or 'hospital cases; the remainder are ambulant cases. The facilities of the B.C. Board could be imagined to be comparable for the majority of the ambulant cases but no resident facilities or hospital facilities exist. A separate rehabilitation Unit of the Department of Rehabilitation is at Malton. It is headed by one Rehabilitation Officer and included two rehabilitation assistants.

The main Department is situated at Toronto and their work consists of two kinds: (1) vocational rehabilitation and (2) psycho-social rehabilitation. About half of the rehabilitation officers are university trained social workers. One of these is a medical rehabilitation officer, a trained medical social worker who deals with selected cases presenting medical-social problems. Each of these officers report directly to a Casework Supervisor or a Placement Supervisor depending upon the problem concerned. The Department is headed by a Chief Rehabilitation Officer who supervises the Department and deals with problem cases referred to him by the two supervisors or by the others.

Although the primary function is to assist the job placement of the patient, additional functions include; (a) the reassuring and counselling of the patient, (b) provision of information about the Act, (c) vocational guidance and any arrangement for vocational training. These functions are much the same as those of the Rehabilitation Officers of the British Columbia Board. The greatest difference is in staff itself and the stated over - all function of psycho-social rehabilitation. If one-half the staff are trained social workers headed by a casework supervisor, and the other half placement workers headed by a placement officer, it must be concluded that there is about equal emphasis upon vocational and psycho-social rehabilitation. This system would appear to have advantages even over the Department of Veterans Affairs System. The Department of Veterans Affairs have trained caseworkers available for specific duties or on a consultative basis. The advantages of working on the same type of cases would give each the advantage of more appreciation and understanding of the others point of view. Discussion between 'placement' officer and 'casework' officer would be of mutual training benefit. The ability of consultation within their own department on a casework basis must also add a feeling of equality and unification of purpose to a programme. Casework would more than likely take the form of liaison with community agencies and direct case work service where the matter is only the concern of the department. This service would probably not be given on a long term basis.

Some Points that should be Considered in a Rehabilitation Programme.

The following points do not necessarily arise or occur in the two programmes studied but could be subjects around which further study and investigation could be made.

(1) Definition

The most common definition of rehabilitation as stated in Chapter I is that it must include the total process, which is, "to develop and restore the disabled individual to the fullest physical, psycho-social, vocational and economic usefulness of which he is capable, within the restrictions inherent in his environment." A rehabilitation programme to be complete must, therefore, have two objectives (1) to develop and (2) to restore.

Some programmes consider the restoration of the individual's capacity as sufficient and successful rehabilitation without investigating the possibilities for development of the individual beyond the point of restoration. It would be impossible to develop every individual to his maximum capacity and likely impossible to carry out an extensive programme without government support. However, all agencies should be aware of the difference between successfully, 'restored' and successfully 'rehabilitated'.

(2) Areas of Competence

The areas which one specialist treats in a rehabilitation team often overlap into the areas in which another

member is better qualified to give service. It is sometimes questionable if all members are aware and appreciative of the areas of competence of other specialists and the part which they can contribute. For example a doctor is not likely to be as qualified as a social worker to treat the social situation. The welfare officer is more qualified to deal with legislation than either the doctor or the social worker.

Some forms of treatment are psychoanalysis, hypotherapy, psychotherapy, social casework, and counselling. Counselling alone is often divided into the following parts: non-directive, psychological, pastoral, vocational and educational. Many of these areas overlap but there are specialists in every area who are better qualified by experience and training to give help in the particular field. This is a point which may be overlooked. The answer probably lies in the lack of refinement of skills and competency in any area.

(3) Referral and Coordination

Anyone who approaches an agency for help is a person in need. If the agency is not able to meet that need then it has the obligation to direct the individual to the agency which can give him help. A telephone call to a member of the agency and a time for appointment will help the individual approach the agency. If one agency is dealing with an individual in one area of need and referral is made to another agency for help in another area, then one of the agencies should take the responsibility of coordinating the

programme and following it up. This would appear to be the responsibility of the agency with the primary interest. In every case the first agency should realize the necessity of proper preparation of the individual for referral.

(4) Employment Assessment and Institutional Training

Exploratory work for eventual placement is an essential for rehabilitation. The place of such explorations is in a hospital or convalescent centre. The time is from the moment the patient begins recovery until he is successfully placed. It would appear that a combination of fitness assessment as practiced by the Occupational Therapy Department at the Workmen's Compensation Board and institutional training as practiced by the Department of Veterans Affairs at Shaughnessy Hospital would be ideal for a full assessment. The fitness assessment would indicate whether the individual could go back to his old job or what opportunities he has to fill a new job from a physical point of view. The institutional training programme would indicate what his capabilities were from an educational and mental viewpoint. The programmes that are practiced by each agency at the moment would not be adequate. The Workmen's Compensation Board is in the process of expansion. The Department of Veterans Affairs appears to be in the process of leveling off after the immediate post-war peak. The facilities for such a programme would have to be quite large. Such a programme would require unitary direction and could then probably branch out into its component parts of assessment.

(5) Recording and Supervision in Rehabilitation.

The case histories and the examination of some records of the two agencies would appear to indicate a lack of general uniformity in any one agency. Some records appear quite good while others appear to be somewhat too factual from a social casework point of view. Perhaps one of the greatest handicaps in this area, is the lack of a general analysis of skill required for such rehabilitation work. Perhaps as a developing profession, they are becoming more aware of recording and the advantages of skilled supervision.

(6) Interpretation of Injury to the Family

Traumatic injury is different than disease. In most cases of disease the family has occasion to prepare itself for some eventuality. In cases of injury, the family has not been prepared. The news of the injury itself is often given in an unthinking manner. For example, during the war, many telegrams were delivered without too much thought on what effect such news would have on the receiver. However this is difficult to overcome as the news is often given by a variety of people ranging from a neighbour to a minister or policeman.

The interpretation of injury to the family is most important. They must know the limitations and new requirements which will be placed upon them. They have the right to expect help in making adjustments to meet new situations which an injury imposes upon them.

The difficulty in such an approach would be to distinguish between the place which the injury has on the problem and the place where other personality weaknesses bring about the problem. A correct answer could not always be found as the interplay of many forces bring about personal reaction. It is in this area that a social history and skilled diagnosis would be most useful.

(7) Group Work and Community Organization in Rehabilitation

Professional group work and community organization have not been used by many Canadian agencies in the rehabilitation field. Group work would appear to be most useful in the area of accepting handicaps, of social orientation and of job investigation and analysis. Community organization would be effective in gaining community acceptance and help for the disabled. However, the scarcity of such specialized workers make such a wide scale approach practically impossible.

Conclusion

Rehabilitation of the physically handicapped from an industrial or war injury is only one aspect of rehabilitation. However, it is a very involved and complicated process and in a study of this type many important facets of an entire programme must be omitted. The legislative provisions and the general approach of giving service within the rehabilitation process alone has been discussed in comparing the two programmes. The qualification and development of personnel have on the whole, been omitted. Assignment of cases

and the size of caseloads has not been mentioned. No attempt has been made to measure client movement or to formulate criteria for rehabilitation. There are many areas for further study and evaluation. These agencies are aware that concepts and methods of rehabilitation are constantly changing and that constant research, both from within and without is essential in giving their clients the maximum service with the facilities, personnel and resources available.

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APPENDICES

APPENDIX A

A Comparison of the World War I Rehabilitation Provisions and the Principles Adopted for the Programme of World War II.**World War I Programme for the Disabled Veteran**

1. Pensions and hospital treatment for those who incurred wounds or disease during their service, and pensions for the dependents of those who died.
2. Vocational training or modest help for University training for those whose war disability prevented them following their previous occupation and for those who joined the Forces as minors, together with loans for tools of trade.
3. A clothing allowance of \$35.
4. A war service gratuity of modest dimensions payable according to the length and zone of service. A single veteran, regardless of rank, who served throughout the entire campaign with 3½ years in France and Belgium could draw a maximum of \$420. and if married, \$600..
5. Financial assistance in settling on the land for those with the necessary experience. This was in the nature of a loan, fully repayable, and requiring, in the case of purchased land, a deposit of 10 per cent of the purchase price.
6. An opportunity to buy Returned Soldiers' Insurance. Because of the premiums this was no particular attraction except to the submarginal risk.
7. A preference in the Civil Service. This was a qualified preference under which the veteran was required to pass whatever examinations were set before the preference became operative.

Rehabilitation Programme for the Able-bodied Veteran

- (a) a clothing allowance of \$35.
- (b) a gratuity with a maximum of \$420 if without dependents, and
- (c) an opportunity to borrow money to settle on the land, if qualified.

Principles of the Programme agreed upon by the War-time Parliamentary Committees for Rehabilitation of all Veterans.

1. They should be given a clothing allowance in an amount that bore some relation to the cost of the new outfit of clothes they would need.
2. They should be given a cash grant, if only the equivalent of a few weeks pay, to give them an opportunity to take a rest with their people while becoming oriented to the future.
3. They should be paid a war service gratuity bases upon the length of service and the zone in which they served.
4. If they did not take training or avail themselves of land settlement benefits they should be given a credit equivalent to the war service gratuity to assist them in rehabilitating their homes and lives.
5. They should be given an opportunity to take training at either a

- trade or professional level: the length of such training to be related to the period of their service.
6. They should be protected against sickness, accident, or unemployment for the first year after leaving the service, this being the rehabilitation year or the year of readjustment, Allowances during medical treatment and unemployment benefits should be paid during such periods.
 7. Provision should be made for a system of allowances while awaiting returns to those veterans who engaged in private enterprise, including farming, pending such time as they become self-supporting.
 8. Their time on service should be counted as employment under the Unemployment Insurance Act, 1940, which was enacted in many cases during their absence on service, and the Government should pay their premiums for the period of their service.
 9. They should be provided with financial help to settle on the land if experienced in farming; or in the alternative if in permanent employment to acquire a small holding that would augment their livelihood.
 10. If they left permanent employment to enlist, they should be entitled to reinstatement in their former position, placing them in a matter of seniority, etc., in no less advantageous position than had they not enlisted.
 11. They should be given preference in the Civil Service similar to that extended to veterans of World War I.
 12. They should be given preference in referral to jobs by the offices of the National Employment Service.
 13. Loans should be provided at a low rate of interest to those who engaged in business or a profession on their own account.
 14. Special facilities should be set up to find suitable employment for the seriously disabled veteran and also for the older veteran who served in the Veterans Guard and other services establishments where, because of special experience, age was overlooked.
 15. A Veterans Insurance measure should be provided, similar to the Returned Soldiers' Insurance Act enacted for the veterans of World War I, embodying such changes as experience with the latter would seem to indicate.
 16. Female veterans should be treated on terms of equality with male veterans in the matter of all benefits and rates of allowances paid thereunder.

The disabled veteran, in addition to all the foregoing should be entitled to adequate compensation for his service related disabilities and to treatment with compensation for such disabilities at any time during his life. It was further agreed that training should be made available to him on a wider basis than to the able-bodied veteran; that a special preference in the Civil Service above the ordinary veterans' preference should be his and that a special section of the department be set up to assist in his employment.¹

APPENDIX B

SCHEDULE A
of
The Pension Act
(R.S.C.1952, C.332 S.4)

Rank or Rating of Member of Forces	Scale 100 per cent \$ cts.
Lieutenant Commander(Naval), Major(Army), Squadron Leader(Air), and all ranks and ratings below.....	1,500.00
Commander(Naval), Lieutenant-Colonel(Army) Wing Commander(Air).....	1,560.00
Captain(Naval), Colonel(Army), Group Captain Air).....	1,890.00
Commodore and higher ranks(Naval), Brigadier, Brigadier-General and higher(Army) Air Commodore and higher(Air).....	2,700.00
Above ranks-Additional pension for married members of the forces.....	540.00
Additional pension for children for above First child.....	240.00
Second child.....	180.00
Each subsequent child an additional.....	144.00

This Schedule has been revised in order to present in manageable form.

The Pension Act should be consulted for the complete schedule.

SCHEDULE B
of
The Pension Act

Scale of Pensions for Deaths

Rank or Rating of Member of Forces	Rate per Annum				Orphan child or orphan brother or sister or the child of a widow in receipt of a pension under section 11.
	Widow	Dependent Parent	Child or Brother or sister	Dependent Brother or sister	
	\$ cts	\$ cts	\$ cts	\$ cts	\$ cts.
Lieutenant(Naval), Captain(Army), Flight Lieutenant(Air), & all ratings below.....	1200.00	* 900.00			
Lieut.Com. (Naval), Maj. (Army), SquadronL (Air) ..	1200.00	*1,008.00			
Commander(Naval), Lieut.Colonel(Army), Wing Commander(Air)	1248.00	*1248.00			
Capt(Naval) Col. (Army) Group Capt(Air)	1512.00	*1512.00			
Commodore & Higher(Naval) Brig & Higher(Army) Air Commodore & Higher(Air)	2160.00	*2160.00			
Additional pension for children or dependent brothers or sisters for above ranks..					
1 child.....			* 240.00		*480.00
2nd child.....			* 180.00		*360.00
Each subsequent child additional.....			* 144.00		*288.00

*Pensions awarded to parents or brothers and sisters may be less than than these amounts in accordance with the provisions of this Act.

APPENDIX D

Case Summary #1

In 1952, the workman was employed as a swamper by a small logging company. When he was unloading a truck a chain broke and the load fell off the truck and rolled partly over him. The workman suffered severe compound fractures of both legs and severe dislocation of the right ankle.

At the time of the accident, the man was a 25 year old easterner, married with one child, and employed for two years with the same employer. He had Grade 4 education in Quebec but could not read or write English. The only form of employment the workman knew was that of logging in which he had been employed seasonally until the time of the accident.

It was necessary for the left leg to be removed 6 inches below the knee as a result of infection. The man's history shows him to have been a rather difficult and temperamental patient. He was discharged from hospital to his home.

Near the end of the year the man turned up on his volition at the W.C.B. Head Office where he remained in the medical department receiving treatment until he was allowed to go home the following February because his wife was expecting a second child. By this time he could walk fairly well with his prosthesis and his time loss claim was finalized and pension applied. During treatment and the hospitalization period this man was proved to be a very difficult and temperamental patient and showed extreme impatience in the home situation.

During the period mentioned above the workman was approached from time to time by the rehabilitation officer regarding employment. He showed no interest in finding a job but frequently requested that his pension be commuted so that he could go into business. His requests were not granted and his file was closed shortly after as a result of his irresponsible actions.

Approximately a year later, this worker appeared at the W.C.B. Head Office Medical Department in dire need of assistance. He had severe infection of the right ankle and after unsuccessful treatment a below-the-knee operation was performed. Rehabilitation was again established and six months after the operation the workman was considered medically fit for some light employment and accordingly, his claim for time loss was finalised and a 100% pension applied.

After extensive inquiries during this time for suitable employment for the workman, possible employment was found by the W.C.B. Rehabilitation Officer. He started work shortly after this and seemed satisfied with his job as it involved sitting at a bench working with small electric motors.

From time to time the Rehabilitation Officer checks with the Service Department Manager to how the worker is progressing and has been informed each time that his progress is satisfactory and as long as this keeps up the man will be permanently employed. The workman himself seems cheerful and satisfied and has brought his family to live with him near his job.

Case Summary #2

This 37 year old labourer has an excellent work reputation and appears to be a very pleasant and cooperative person. In his industrial history he has, however several previous claims most of which were for back injuries. Last year, while employed in a local mine, the worker severely strained and twisted his back and as a result of examination was referred to specialists for diagnosis.

Following 2 or 3 months of further treatment, the worker was referred to the W.C.B. clinic for physiotherapy but was readmitted to hospital shortly after. Here he underwent further operations and was supplied with a brace.

In May, the Rehabilitation Department interviewed the worker and the job situation was reviewed. As a result of the injury it was impossible to consider the former occupation so several new training possibilities were explored. At this time the doctor advised more physiotherapy and exercise at the W.C.B. clinic and it was not until November that he was considered ready for employment.

Unfortunately the worker suffered a slight relapse and had to terminate this job for further rest and treatment.

In January 1958 the worker returned to the W.C.B. Rehabilitation department and advised them that he felt that he was again ready for work. The doctors agreed and a new job was then found by the rehabilitation officer. The worker started with a manufacturing company a few days later and the W.C.B. and the management instituted a 6 month training-on-the-job plan. The W.C.B. paid his salary for the remainder of the month as a trial period. Should the worker show an aptitude for the occupation it was agreed that the training should be continued for a further 6 month period with the employer making a minimal contribution to the salary and increasing this month by month as the worker's value to the company increased.

Near the end of February the W.C.B. rehabilitation officer visited the premises and had every reason to believe that the arrangement was working out to the satisfaction of both the management and the employee.

Case Summary #3

The worker, a 24 year old, single Japanese-Canadian, sustained a traumatic amputation of all fingers and part of his thumb of his left hand, while operating a large set of machine shears for a scrap metal company.

During his hospitalization a F.C.D. rehabilitation officer visited him weekly but made little progress as the man had little or no idea of what he was interested in for the future. The department felt that bookkeeping and eventual placement in some Japanese firm would be his answer but when this was suggested, the claimant flatly refused to consider it. However he now began to demand that suitable employment be found and finally asked for a commutation in order to go into business of his own. This request was refused as the prospects did not look favourable.

The claimant now asked for a course in bookkeeping but before this could be arranged he decided on drafting. This was allowed, although not viewed very favourable, on the condition that if the instructor was not satisfied with the progress that the course would be discontinued.

The worker stuck to his training spending extra time every night and finished the course with high honours. He then started work with an engineering firm as a draftsman with whom he spent two years. He wished to visit relative in the interior and the firm promised his job back when he returned but he secured another job when he came back and is still employed with this firm.

Case Summary #4

This 39 year old, single sawmill worker, suffered a bilateral femoral amputation when he was drawn into a saw. A month later he was sent to the Rehabilitation Society for physical rehabilitation and by July was starting on his walking exercises. A year later, he was walking without his canes and presented no physical rehabilitation problem.

This worker had attended school to Gr. 9 but had never used his mental capacities after this. He was reasonable, when approached regarding future employment, in realizing his limitations and was apparently satisfied with the suggestion that he take a bookkeeping course with some typewriting instruction. This instruction was given at Shaughnessy Hospital in the Institutional Training Department where he was able to do some woodworking in the "shops" as well.

At this time several other job possibilities were being investigated but the sawmill seemed the most favourable. Therefore, the Manager of the company was approached and finally the company decided to give the man a chance. Since this

time a W.C.B. commutation has enabled him to buy a car and the worker is very content and is doing a good job for an appreciative employer.

Case Summary #5

This 31 year old worker, with a wife and two children, suffered severe injury while supervising the loading of logs. The anchor chain broke and released the block which hit him in the back causing him cerebral concussion, scalp lacerations, fractured ribs and a traumatic lesion to the cervical area of the spine.

After several months of hospitalization and physical and self-care treatment at the Rehabilitation Centre, necessary for a paraplegic, the man was discharged to his home. He had been provided with braces and a wheelchair. He was also paid a time loss claim for 18 months when he was awarded a total disability pension.

During his stay in hospital he was seen by the W. C.B. rehabilitation officer but vocational counselling was kept to a minimum until he was in the Rehabilitation Centre, his social adjustment was good, his wife was very helpful and their outlook was positive.

At the time of the accident the man had been a partner in the logging company and had been in the habit of hiring commercial accountants to do their bookkeeping but now the worker's intelligence and educational level suggested that he could do this work. Subsequently, therefore, he was enrolled in a commercial class and while still a patient in the Rehabilitation Centre he studied enough bookkeeping to enable him to return to his company in an executive capacity. This was a very satisfactory arrangement as the course not only gave him future employment but also filled his spare time at the Centre with a worthwhile diversion.

The claimant is now conducting a progressive and satisfactory business and providing very adequately for his family.

Case Summary #6

This 18 year old logger was injured in the back when a log hit a sapling causing the sapling to strike him. He suffered severe back and internal injuries resulting in paraplegia with complete motor paralysis of all muscles of the lower extremities and the pelvic femoral group.

One year later, the patient was transferred to a special Rehabilitation Centre to have training in all forms of rehabilitation including self-care. He was paid on a time loss basis for nearly three years and then awarded a 100% pension.

During his stay at the Rehabilitation Centre, efforts were made to determine what type of work this man could eventually do. The Youth Counselling Service conducted a psychometric assessment which indicated a rather low I.Q. The psychologist who interviewed this man felt that he was functioning at borderline level when compared with the general public. His range was also low on the Mechanical Aptitude test which included motor skill, visual acuity, mathematics facility and mechanical information. On Mechanical comprehension the client also fell very low. However, on the Kuder Preference Record the significant score was mechanical. The negativistic attitude was probably a result of fear of exposure. The psychologist also felt that the only suitable type of work would be bench work involving a repetitive function. This man showed a considerable social handicap as he appeared to be incapable of friendship and tended to be very seclusive and felt that he had few resources to draw on inside or out.

While the client was still an in-patient at the Rehabilitation Centre a period of work try-out was commenced in a repair factory. He was still on full time-loss compensation at this time. This was unsatisfactory because of the client's personal problems including physical disability and he used every excuse to miss work so the plan was abandoned.

After this, the worker got married and now spends his time at home caring for his wife's children. This is not very satisfactory to him and every effort will be made to find suitable employment for him when and if he approaches us with a sincere desire to work.

In this case all community facilities which were applicable were utilized. Two social workers made individual assessments on this man and he was seen by two psychologists. He will need alot of further consideration before rehabilitation has been effected as he is still undergoing social and physical readjustment and is handicapped by his withdrawing tendencies and a rather low mentality.

Case Summary #7

This 29 year old logger was struck by a falling tree and severely injured. His resulting disabilities were a left, above knee amputation, a right below knee amputation, a left above-elbow amputation and a right brachial, plexus lesion.

After many months of hospitalization, the worker was discharged to the Rehabilitation Centre where several clinics were held and where he was psychometrically tested. No practical vocational idea was forthcoming. During the rehabilitation program he was paid full time-loss until his 100% pension was awarded.

A rehabilitation officer from the W.C.B. called on this man frequently during hospitalization, convalescence and physical retraining, offering advice and encouragement,

building up his morale and helping him prepare himself for his return to social and industrial life. At the same time the officer familiarized himself with all aspects of the patient's history in preparation for a suitable rehabilitation program. This was rather difficult as the workman had little to offer physically or vocationally. His education level was very low and his interests seemed nonexistent. The best solution, taking his physical situation into account, might have been a clerical career but the client had not any inclinations or ability on this line.

The client requested permission to go home and visit his family and viewing his social adjustment problem, it was decided to let him do so before the vocational problem was reconsidered.

For the next two years the man stooped through the streets of his home town gaining confidence and gradually re-integrating himself socially. He bought a car and began contacting prospective employers in search of a job. He was rejected so often that he began to feel unemployable and to resign himself to a life of idleness. During this time he received no vocational guidance or assistance in finding employment.

In 1955 he returned to the W.C.B. for adjustments to his prosthesis and at this time it was decided to confront him with several job situations as he seemed to be eager to find employment. A new review of his background showed a one time hobby of photography and he seemed interested. Therefore a job was found in a studio but unfortunately it required split second decisions and although he could cope with it physically, it was beyond his mental reaction. This was not wasted experience as it showed his work-habits, attitudes, social relationships. It demonstrated also that this was the wrong environment for a rough labourer.

The next placement was in a machine shop where a machine was selected which the client could operate. The employment was covered by a Trade Union agreement. The Union was very helpful and showed willingness to modify its qualifications to benefit the worker. The employees and foreman were told of the programme and accepted the worker as one of themselves.

This job was the worker's first step toward a new, productive and purposeful life. He was now a wage earner and a taxpayer.

Regarding rehabilitation, this case is noteworthy for two reasons. First, it involved a departure from accepted vocational rehabilitation principles in that the subject had no ideas of his own, no preferences or special aptitudes. Therefore, he must either be rejected as unsuitable for vocational assistance or be given a new vocational idea which will conform with his social and industrial experience. This worker was unable to read or write, had no wish to learn, had a limited industrial background and no ideas of his own. Therefore he had to be presented with one which was found by observation of his reaction to job experience.

Secondly, this case is a study of rehabilitation teamwork. The team includes a doctor, social worker, limbo-maker, employer and trade-union official, each playing a specialized role and coordinating their efforts toward the final result.

Case Summary #8

This 35 year old single labourer was struck across the face by a large cable while logging, sustaining gross facial deformities and blindness in one eye.

During his hospitalization he was interviewed by a W.C.B. rehabilitation officer who established that the worker, of Polish descent, had a Grade 9 education and a general history of labouring except for a time as a driver in the army. The officer observed that the worker had a very unsightly injury and would require a great deal of help to carry out vocational and social rehabilitation. His face would be repulsive to the average person and he was aware of this.

After discharge from hospital he was referred to the Youth Counselling Service for psychometric testing. It was agreed after extensive interviewing that the claimant was best suited for inside work of mechanical nature. Since he lacked a mechanical skill and as he would rather take any job than face training (because of his disfigurement) it was considered that on-the-job-training would best meet his needs.

Since then the rehabilitation department found several jobs for him but for one reason or another he turned each one down and finally spent the warm weather living the life of a recluse in remote logging camps and in the cold weather in a cheap room in the city with liquor his only and constant companion.

Suitable employment with employee acceptance seemed to be the first need as the diminishing of his inferiority feelings and the feeling of insecurity would likely allow the alcoholic problem to resolve itself. With this in mind he was taken by the W.C.B. rehabilitation officer to the Special Placement Division of the National Employment Service where his problem was presented for group discussion. However nothing came of this and finally the rehabilitation department found a suitable opening and the man was placed on one months W.C.B. sponsored training program.

This turned out very well and the claimant is now considered a top rate machinist. He gives every evidence also of having successfully re-identified himself socially and vocationally.

Case Summary #9

The claimant fell from the top of a freight car, sustaining a fractured pelvis. While in hospital the client displayed an acute psychosis and became violent. He was interviewed by a psychologist, after the police had restrained him, and thence removed to the Mental Hospital.

After six weeks he was discharged and there followed a four month period of physiotherapy at W.C.B. facilities during which time he still displayed signs of mental confusion and complained that his back was still painful. Treatment was discontinued shortly after and he was discharged.

It was recommended to the rehabilitation department at this point that he be assisted in finding suitable employment. His industrial and social history was considered in designing an appropriate rehabilitation program. The claimant's "Southern Irish" temperament and upbringing, the lack of employment when he reached this country after leaving a good job and home security, and the lack of recognition by the Trade Union of his good qualification, disappointed and frustrated him and when he was injured he was belligerent and uncooperative. With this in mind, the Rehabilitation Department, with medical approval, decided that employment was the answer to his immediate problems.

The rehabilitation officer approached a factory manager and he immediately offered full cooperation and came forth with an opening with good pay, union security and employee benefits. The workman flatly refused this job however as it was out of town. Some weeks later the department found a position in a local construction firm and follow up reports were satisfactory until the case was closed.

Case Summary #10

This 47 year old, married claimant received injury causing his right eye to become industrially blind. He was awarded time-loss and eventually a 10 per cent pension. Also the records show that he had several previous claims involving his eyes.

During the series of clinical tests at W.C.B. to determine the actual cause of blindness a spinal tap was done and shortly after the claimant complained of a bad back. The W.C.B. provided a three month course of physiotherapy. There were frequent discussions regarding his blind eye and he was seen by specialists but medically there was little agreement.

The W.C.B. rehabilitation department tried to find employment for the man and also tried to assist him through training but he refused every offer. His ideas of his disabilities did not coincide with the Board's.

He appears happy in his unemployed state and since he is not on Social Assistance or Unemployment Insurance at this time he must have some other income as he has a wife and four children to support. It is considered that he will go on wearing dark glasses and will not make any move toward employment until he is forced to do so through economic necessity.

Case Summary #11

This single 17 year old man was removing the rim from a truck tire when the rim exploded and he sustained a fractured skull with gross lacerations and seepage of brain tissue. After several operations and a stormy convalescence it was evident that he was showing mental changes including loss of memory.

He was referred to a psychiatrist and was shortly after admitted to the Psychiatric Clinic for treatment.

The W.C.B. rehabilitation officer interviewed this man from time to time and assured him of vocational training on his discharge. Therefore, when he was discharged from the clinic he took 6 months training at a vocational school and was subsequently placed in a job. However as he wished to return home he left his job. He has since been working at routine labouring jobs and appears to be doing well although he has the odd seizure due to his forgetfulness to take his medication.

Case Summary #12

This 35 year old unmarried student nurse contracted pulmonary T.B. Eventually this condition proved to be complicated by the fact that the disease had spread to the hip. Four years later, an operation to the hip was performed and subsequently the girl was referred by the W.C.B. rehabilitation department to the rehabilitation department of the T.B. Control.

In October 1953, the W.C.B. rehabilitation department contacted the girl and interviewed her several times. It was her request that she graduate in nursing and become a teacher but she was advised that her opportunities would be greater if she went in for Public Health Nursing and subsequently she was enrolled at the University. One year later she graduated and then obtained employment as a Public Health Nurse. She is still working and the situation seems quite satisfactory.

Case Summary #13

This unmarried girl of 22 years contracted polio while a student nurse. After her discharge to the Rehabilitation Centre she underwent an active rehabilitation program until her discharge. During her stay there she was seen by the W.C.B. rehabilitation Officer and the Social Worker at the centre. It was felt that with suitable clerical training she could be later employed as an office nurse. Therefore she was given private tuition and later 8 months office practice in an office at the Rehabilitation Centre.

On discharge she returned to her former place of employ as an office worker but terminated this after one month on deciding to continue with her R.N. Eventually, although with certain restriction, she graduated and now does not do general nursing but special cases. She is confined to hospital nursing where assistance is available if needed but seems very satisfied with the arrangement.

Case Summary A.

This man was 22 years of age at the time of his discharge. He received a pension for epilepsy. At first, seizures occurred weekly but under continuous medical attention and faithful adherence to treatment routine, seizures have become practically non-existent.

Mr. A's record indicates that he had a good attitude toward his disability, a neat appearance and a pleasant personality. He had a Grade VIII education and was employed as a machinist on the Island prior to enlistment. He returned to a similar job after discharge but because of seizures this was discontinued.

The welfare officer saw this man in his office in the hospital and maintained contact over a two year period in an effort to place him on light employment. The placement officer placed him as a filing clerk and an elevator operator without success. On one occasion the welfare officer drove the man from his place of employment to a hospital after a seizure. Later, Mr. A. was placed with a sheet metal firm but this did not last because of the steel shortage.

This man was then enrolled in three gardening courses of the Canadian Legion Educational Services. The Institutional Training Educational Instructor gave him help with the theory of the course. One of the staff gardeners gave practical instruction. Mr. A's health improved and four months later on a trip to his home he accepted employment as an apprentice on a local park's board. They are aware of his disability. The case was closed two years after the initial contact and yearly follow-ups through file reviews indicate that he is doing well.

The man initially contacted the medical social worker, with a specific request for employment and was referred to the welfare officer. During the interview the man told the social worker that he was visiting friends and had some intention of getting married. He appeared quite well adjusted and the medical social work file was closed after some referral advice was offered.

Case Summary B

This 25 year old veteran saw service in Korea and was serviced by the present organization set up in the D.V.A. He had various minor head wounds as well as injuries to both hands. He was hospitalized for short while on return to Canada. His hands bother him at times and he complains of headaches of two or three hours duration. These he controls by use of aspirin.

The man had a Grade VIII education and his industrial history was varied. He was seen in hospital by the medical social worker who wrote a social history for

referral to psychiatry. He had some fears about his head injury but after medical reassurance he did not require any further psychiatric or social work help.

After his pension entitlement was established Mr. B. was seen by a welfare officer. On referring to the social worker's record he found that the man had enrolled in two academic correspondence courses. It was also noted that the man wrote well but labouriously with his right hand. After psychological assessment, and an examination and observation that there was a demand for bookkeepers, this man was enrolled in an active bookkeeping course, with training allowances granted. When he had trouble with his family and difficulty meeting debts his allowance was suspended and he went to see the welfare officer. The officer counselled him and his allowance was re-instated and he completed his course.

The placement officer, at first attempted to place this man in the Civil Service but as no opening was readily available he was placed as a warehouse man. Follow up a year later indicated that the man was still employed and doing well. The case was closed.

Case Summary C

This man was thirty years of age at the time of discharge. He is in receipt of a pension for amputation of right leg below the knee and gun shot wounds in both arms. He was hospitalized for some time after his return to Canada and was fitted with an artificial leg.

The veteran had a Grade IX education and had spent the years prior to the war in various jobs. He had been married overseas and was the father of two children. He was given assistance in bringing his wife and family to Canada. (There was special legislative provision for this and it applied to all overseas families of veterans.)

On their arrival here the veteran did not follow advice but purchased a summer cottage in a resort area. He worked at various jobs in the vicinity but was not successful in holding any of them. As a result of the large payments on his property, his seasonal employment, and the poor conditions of the house for winter residence, he was unable to maintain adequate health standards for his family. The children became ill and required medical treatment. He received aid through the army benevolent fund. The Social Service Division of the Welfare Services contacted the Provincial Social Welfare Branch and asked them to investigate the case. As a result an emergency grant and some clothing were supplied to the family. Close contact was maintained between the Welfare Services, including the Social worker, the welfare officer and the provincial social workers, until the situation began to improve. In all, the

Social Service Division had 22 contacts and the welfare officer about as many. A total of 17 letters were written over a 3 year period in regard to the family situation.

The above process continued for almost a year. In the meantime, the welfare officer had contacted various employers but most operated on a seasonal basis. Finally, the veteran was placed with a veterans organization. The work was of a clerical nature and the man has remained there to date.

Five years after the initial contact the case was closed. The man, since that time, has refunded his Re-establishment Credit in order to qualify for the Veteran's Land Act. Follow up indicates that the man is satisfied with his job and that his salary has increased.

Case Summary D.

This man was over 40 years of age at the time of his discharge. He is in receipt of 100% disability pension for a paraplegic condition resulting from a plane crash. He also receives helplessness allowance at the rate of \$1400 per year. He was married and had two children at the time of the accident.

The record indicates that the veteran was of neat appearance and had a pleasing personality. Prior to enlistment he was employed in a clerical capacity. The man was very depressed during his initial period of hospitalization. The medical social worker interviewed both he and his wife and submitted a detailed social history for psychiatric referral. He was given electric shock therapy and other psychiatric help. He and his wife were seen sporadically in regard to treatment but few problems arose.

The welfare officer saw this man soon after this accident and worked with him for many years. The Officer first assisted the family in obtaining a war time house and in installing a telephone. Some re-establishment credits were used to purchase furniture. The man began to take some institutional training in bookkeeping. There was some initial question of entitlement in regard to the crash accident and the man was granted War Veterans Allowance for a short period of time. Entitlement was obtained in due time. Recovery was very slow and it was over three years from the time of injury that the man began to show any interest in the home. The welfare officer then helped him obtain aid in making specific changes to his house so that a wheelchair could be used. A non-competitive, low paying job was found for him. He was transported to his place of work and back to hospital for a short period. Gradually he began to go home rather than to the hospital. In the meantime the wife had purchased a car and could drive her husband to work.

The welfare officer assisted the veteran to obtain an allowance for wear and tear on clothing. After 6

years the case was finally closed. The welfare officer commented, "He has a healthy outlook on life now and is making a good adjustment. Considering that the prognosis of this case was extremely poor for several years, the recovery is remarkable. This is due largely to the excellent team work shown by the doctors, nurses, hospital staff, occupational therapists, arts and crafts, institutional training, Central Mortgage and Housing Corporation, his employers and many other, including his own family."

The veteran since has been hospitalized for short periods but is doing well at his job. Also one of his children has been granted an extension of pension allowance while undertaking vocational training.

Case Summary E.

This man was 37 years of age at the time of his discharge. He was in receipt of a small disability pension for an old bone injury. He was married immediately after his discharge from the services and used his re-establishment credits to attend university. He had completed his second year of engineering when he developed pulmonary tuberculosis.

This man was admitted to the Chest Unit and received some surgery and a period of prescribed rest. He was seen by a social worker who gathered some social history, part of which indicated that the veteran had been adopted by an elderly couple when he was in the latency period of development. He was brought up in a strictly religious environment.

Many rehabilitation conferences were held to help this man while in hospital and the regular rehabilitation work was done by the welfare officer. The patient was visited very frequently by all members of the team and different tests were given to him by the psychologists. The patient came to the conclusion that an attempt to complete his University course would be too hard on his health. The initial prognosis was guarded and the man was deemed unemployable and granted War Veteran's Allowance, (his entitlement to pension had meanwhile been reduced to nil.)

On discharge the man returned to his home in a small interior town. He found part time employment in a garage. He was visited by the welfare officer regularly who periodically visited the district. The veteran became more dissatisfied and in a short period of time he was admitted to a psychiatric hospital and again placed on War Veteran's Allowance.

This man had often been quite antagonistic to the department and seldom asked them for help. On his discharge from the mental institution they decided to concentrate on him and he was seen by a special team when they visited his area. The National Employment Service and some of the Canadian Legion personnel were also brought into the plan.

Various technical jobs were investigated. The man found employment as a warehouseman. However he was unable to hold this job but was released, as arranged by the welfare officer with the employer, believing that the job was being done away with.

The domestic situation was becoming quite strained as this was going on. The wife had found work and was quite annoyed at her husband for making so few attempts to find steady employment. She was then seen and given support in her difficult role. The family was persuaded to move to Vancouver and a technical job found for the man. He was relieved of this and did not appeal to the department of help. In fact he has seldom kept any appointments arranged with welfare officials.

The department has lost contact with him but by indirect means has determined that the man has accepted a position with a large electrical concern and has moved to eastern Canada. The case has been closed.

Case Summary F

This man was 35 years of age at the time of his discharge. His injuries included right leg off below the knee, right arm off above the elbow as well as other injuries. He receives a 100% pension as well as helplessness allowance. He was married while overseas but did not have any children.

This veteran had a Grade X education and had worked for a few years as a painter. He was hospitalized for a year in Eastern Canada before moving to the coast for final placement. He was also fitted with prosthesis. This man has always indicated a desire for independent action and even before hospitalization was completed he had attempted to find several jobs on his own.

On discharge, the placement officer of the department made several attempts to find a job for him in his old company. They had no position at the moment which appeared to satisfy both the man and themselves. He was placed in a civil service job as a storehouseman but he and the placement officer still made repeated attempts to find a job with the old firm. Finally the man's disability had improved to the extent where they accepted him as a travelling salesman for their firm. He has received very little other help. Follow-up indicates that he has received periodic advancements with the firm.

The Social Service Division helped bring this man's wife to Canada and a few years after, advised the wife of rights in regard to pension and maintenance for the children when she and her husband separated.

Case Summary C

This man was 34 years of age when discharged. He initially received a small pension for a minor ailment but eventually was granted a full disability pension for Schizophrenia. The man had volunteered and was trained as a machine gunner after his brother had been killed in action. He was unable to complete his training. He lived with his mother who although constantly berating him for not working, always placed the blame for his disability upon his service life. There are indications that he did not have what could be called a well adjusted personality prior to enlistment.

The man was placed in a mental hospital for a period immediately following discharge. When he left there he was placed in a job of minimal responsibility but this was too confusing for him. He was granted War Veteran's Allowance as being unemployable. Finally after a great deal of effort by the pension advocate, the veteran was granted entitlement for his mental condition. The welfare officers saw this man sporadically over the years. He was seen more regularly once his pension was granted and he became a registered case. An attempt was made to interest him in woodworking in the institutional training shop but after that initial appearance for one half day he did not return. He was visited at home and an attempt made to get him interested in doing woodwork in the basement of his home. (Woodwork appeared to be his only interest over the years.) He was visited on several occasions and eventually returned daily to the institutional training workshop to finish a coffee table which he had begun much earlier. This was discontinued at the end of a week.

Home visits gave no indication of progress and when the mother complained that the man's behaviour was such that he should receive treatment the welfare officer picked him up and transported him to hospital. The welfare officer appears to have been his confidant and he would talk and seek reassurance from him in regard to his feelings about the hospital world.

The social worker also saw this man but her interviews were all carried out while in hospital in regard to psychiatric referral. The mother was interviewed in an attempt to give her some understanding of how she might help the patient at home. Lengthy conferences were held with the welfare officers for discussion of this problem and arrangement of mutual objectives.

Case Summary R

This veteran was over 40 years of age at the time of discharge. He received a pension for a foot and back injury. The back injury may have had some basis in

hysteria. The man had been married and lived with his wife for a year when he was quite young. They had separated and he never has been able to obtain a divorce. This has been a continuous source of anxiety to him. He has lived in common law relationship.

This man was employed for many years as an accountant prior to enlistment. He unexpectedly appeared in a Vancouver Island city from the east as a World War II case which was not successfully rehabilitated.

He and his family were seen consistently by the welfare officer on his regular visits to the territory. Since the veteran had assigned part of his pension to his legal wife, she was entitled to continue to receive this despite the veterans bitter denunciation of the procedure. The man developed a feeling of persecution and traced all this back to his early marriage. He was angry that the government should support his legal wife. He refused to take any low paying job or to take treatment in hospital because of the fear his family would not be supported. He did not wish to make any local claims for benefits because his domestic situation might be revealed. He wrote letters to authorities saying that no one would help and complaining of his pensionable condition. Special meetings of the Rehabilitation Board of the Department were held to try and solve the situation. A letter of a rather harsh nature was sent and the man responded with an equally bitter letter. The welfare officer remarked that it should be a turning point as it was the first letter which spoke of plans rather than his medical condition.

The officer arranged a better method of financing the home and the case was referred to a special citizens rehabilitation committee as well as the local branch of the Canadian Legion. These plans were carried out by third parties as the man would not speak to anyone from the department. He tried a short period of employment as a time-keeper and first aid attendant. He did not work too long at this but the need for funds forced him to remain at it long enough for him to realize that he had more muscular movement than he had believed possible with his injured back. The welfare officer believed that the man's great need was for a family and a home and that as soon as a job could be found, the problem of his recovery might well resolve itself. A vacancy occurred in a branch of the Department of Public Works and the man applied for the position. He was accepted and he has become an aggressive employee and a member of the community. His relations with the D.V.A. improved greatly. He accepted the welfare officers interest and became cooperative and friendly. The case was closed two years after he was originally registered.

Follow up files reviews indicate that the man has

few difficulties in regard to his back. He still receives the initial amount of pension. He has done quite well in his position and has been promoted. He has repaid his credits and has applied for a V.L.A. small holding.

Case Summary I

This woman has been working in a federal department in the North West Territories when she contracted polio. She was transferred to a D.V.A. hospital almost completely paralyzed.

She was 32 years of age at the time of her hospitalization. She was married to a veteran of World War II and was the mother of two children. The patient was very dependent as she had always made attempts to control her environment previously and her illness precluded her from acting in her usual manner.

She had been occupied by occupational therapy and was seen by institutional training instructors as she was interested in writing short stories. She sent several of these to publishers but they were rejected. The stories showed a definite longing for a return to family life.

This patient was referred to the medical social department in regard to a psychiatric report. A social history was obtained. At first she would not talk to the worker but faced the wall. When she did speak she would not discuss her family life at all. Shortly after this, surgical repair work was performed on one hand with the result that she could do a much better job of weaving. By showing an interest in this the worker was able to have the woman speak more freely of her family and her own feelings about returning to her home as a housewife.

Finally she visited her home where a housekeeper, paid by a service club, was employed. Visits were only carried out for a short period of time because of her physical condition. At first she was unable to work with her housekeeper. The social worker, however, was able to show her that this was actual jealousy and with encouragement she increased her interest in other motherly and wifely duties.

Finally she was able to attend social events in company with her husband.

This case could not be carried through as the department's responsibility ended and the patient was transferred to another institution for further treatment. On transferal the social worker summed the case up as follows:

"The treatment plan being followed was that of offering this patient strong supportive casework in an endeavour to help her function once more on a reasonably adequate level within her family constellation, the pace to be indicated by the patient's wishes, needs and ability to make use of the help offered."

APPENDIX E

- Page 166W.C.B. Rehabilitation Summary Sheet
- Page 167W.C.B. Rehabilitation Department Training
Recommendation Sheet.
- Page 168W.C.B. Rehabilitation Closure Form.
- Page 169D.V.A. Casualty Registration Form.
- Page 170D.V.A. Rehabilitation History Form.
- - - - -

REHABILITATION SUMMARY SHEET

CLAIM No. _____
DATE _____
REF. BY _____
INTERVIEWED BY _____

CLAIMANT'S NAME	DATE OF BIRTH
ADDRESS	PLACE OF BIRTH
PHONE	MARITAL STATUS
EMPLOYER	DEPTS.
ADDRESS	OCCUPATION
EMPLOYER CONTACT	INDUSTRY
TIME EMPLOYED	CLASS No.
	WAGES

DATE OF ACCIDENT	AWARD
DISABILITY	

CAUSE

ARTIFICIAL APPLIANCES USED

MEDICAL REC.

ATTENDING PHYSICIAN

EDUCATION

HEIGHT	WEIGHT	PHYSICAL CONDITION
CLUBS, ASSOCIATIONS, UNION		

MILITARY SERVICE

REGT. No.	D.V.A. PENSION
-----------	----------------

INDUSTRIAL HISTORY

EMPLOYERS	OCCUPATION	PERIOD EMPLOYED
-----------	------------	-----------------

TYPE OF EMPLOYMENT PREFERRED AND WHY

(Over)

REHABILITATED

DATE COMMENCED WORK	
EMPLOYER	
ADDRESS	
OCCUPATION	
WAGE	CLASS No.

NOT REHABILITATED

REASON

DATE CASE CLOSED

REHABILITATION DEPARTMENT
TRAINING RECOMMENDATION SHEET

NAME OF CLAIMANT: CLAIM No.

ADDRESS:

TYPE OF TRAINING:

TRAINING INSTITUTION OR EMPLOYER:

ADDRESS:

TUITION FEE:

ASSISTANCE ALLOWANCE:

SUBSISTENCE ALLOWANCE:

TRAVELLING ALLOWANCE:

DATE OF COMMENCEMENT:

DURATION OF COURSE:

DATE OF REVIEW:

COUNSELLOR'S RECOMMENDATION:

AUTHORITY RECOMMENDED BY

DATE APPROVED BY

REHABILITATION CLOSURE

NAME _____ CLAIM NO. _____

ADDRESS _____ AGE _____

FORMER EMPLOYER _____ OCCUPATION _____

ADDRESS _____ RATE OF PAY _____

DISABILITY _____

PERCENTAGE OF TOTAL _____ AWARD _____

PRESENT EMPLOYER _____ OCCUPATION _____

ADDRESS _____

DATE OF COMMENCEMENT _____ RATE OF PAY _____

TRAINING

AGENCY _____ COURSE _____

DURATION _____ COMPLETED (Yes _____
(No _____)

TUITION FEES/SUPPLIES _____ COMMUTATION _____

ASSISTANCE ALLOWANCE _____

SUBSISTANCE ALLOWANCE _____

TRAVELLING ALLOWANCE _____

TOTAL _____

REHABILITATION SUMMARY

REHABILITATION OFFICER _____

CHIEF REHABILITATION OFFICER _____

FOR FURTHER PARTICULARS PLEASE SEE REHABILITATION FILE.

CASUALTY REGISTRATION FORM

DEPARTMENT OF VETERANS AFFAIRS
WELFARE SERVICES

VA-WS 29 (RCS 1 REV. 1-52)

DISTRICT _____

1. BR. OF SERVICE										2. ENLISTED D. M. YR.										3. DISCHARGED D. M. YR.																													
4. REASON FOR DISCHARGE																																																	
5. SERVICE IN MONTHS										W. W. I CAN.					O/S					W. W. II CAN.					O/S					SUBSEQUENT					CAN.					O/S					FORCE				
6. SERVICE QUALIFICATIONS																																																	
7. BORN D. M. YR.					8. SEX M. <input type="checkbox"/> F. <input type="checkbox"/>					9. HEIGHT FT. INS.					10. WEIGHT LBS.																																		
11. MARITAL STATUS										12. CHILDREN										13. OTHER DEPENDENTS																													
14. EDUCATION GR.										15. YRS. TECH. SCHOOL										16. UNIVERSITY										YRS.					17. OTHER														
18. QUALIFICATIONS (INCL. LANGUAGES)																																																	
19. DISABILITIES																																																	
20. DISABILITY CODE															21. DATE D. M. YR.																																		
22. P. O. W.															23. PROSTHESIS																																		
24. ATTITUDE TO DISABILITY ON REGISTRATION															25. ATTITUDE TO DISABILITY ON CLOSURE																																		
26. PENSION #										27. % DISABLED										28. % PENSIONED										29. HELPLESSNESS ALLOWANCE \$																			
30. BENEFITS #1 #2 #3 #4 #5										RE-EST. CREDIT										V. L. A.																													
31. EMPLOYER ON ENLISTMENT															32. ADDRESS																																		
33. EMPLOYMENT ON ENLISTMENT															34. WAGES PER WEEK \$																																		
35. MAJOR VOCATIONAL EXPERIENCE																																																	
36. ADDRESS															37. TELEPHONE No.																																		
38. ADDRESS															39. TELEPHONE No.																																		
40. ADDRESS															41. TELEPHONE No.																																		
42. STATUS										D. M. YR.										43. CONTACT WITH										D. M. YR.																			
1. UNCLASSIFIED																				1. REGISTRANT																													
2. TREATMENT																				2. TRAINER																													
3. TRAINING																				3. PREV. EMPLOYER																													
4. CONVALESCENT																				4. EMPLOYER																													
5. READY FOR EMPLOYMENT																				5. OTHER																													
6. EMPLOYED																																																	
															RANK															P. O. W.																			
															REGT. No.															NAME																			

1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6

CLOSURE STATUS

21. EMPLOYED

22. SELF EMPLOYED

23. W. V. A.

25. CIVIL SERVICE

26. OTHER

31. NOT FEASIBLE

35. CEASES REGISTRY & DEAD

COMMENTS:

JOB ON CLOSURE

SALARY PER WK. \$

EMPLOYER

DATE CLOSED D. M. YR.

APPROVED

D. S. C. W.

FOLLOW UP

D.

M.

YR.

VERY GOOD

GOOD

FAIR

POOR

ADJUSTMENT MADE

CASE RE-OPENED

COMMENTS:

SIGNATURE _____

REHABILITATION HISTORY FORM

NAME _____

REGT'L No. _____

PENSION No. _____ CLOSURE STATUS _____ DATE CLOSED _____

DATE _____

SEE OVER

SIGNATURE

APPENDIX F

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