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Profile of Personnel Deployed to Afghanistan

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Executive Summary

Objective

The Canadian Armed Forces (CAF) has participated in six operations in Afghanistan since it began in 2001. As of March 2013, almost 42,000 CAF personnel have deployed to Afghanistan. The last operation ended in March 2014. In order to support Veterans Affairs Canada (VAC) and Department of National Defence (DND) strategic planning and further research, this study examines the characteristics of the cohort of CAF serving members and Veterans who have deployed to Afghanistan and their use of VAC disability and rehabilitation programs.

Method

This study involved:

- a review of the literature related to CAF members who served during the Afghanistan conflict;
- gathering of historical disability benefit program participation information related to past conflicts (World War I, World War II, Korean War, Gulf War) and the post-Korean War CAF in general;
- record linkage of DND and VAC administrative datasets; and
- analysis of data from the 2010 Survey on Transition to Civilian Life (LASS) linked to DND administrative data on Afghanistan service.

Results

A cohort of 41,600 CAF personnel deployed to Afghanistan from January 31, 2001, to March 31, 2013, as derived from DND administrative data. The majority (79%) of this cohort were still-serving in the military as of January 2013. A small part of this cohort (4%) were reported as casualties and 13% were in receipt of disability benefits related to Afghanistan.

Since 2001, the number of post-Korean War personnel and Veterans receiving disability benefits from VAC has more than tripled, yet Afghanistan service has only accounted for about 10% of this increase. However, most of those deployed in support of the Afghanistan mission remain in service, and as they release in increasing numbers, VAC can expect additional increases in disability benefit clients. Furthermore, as was the case for Veterans of past conflicts, it is quite possible that Veterans of the Afghanistan conflict will continue to approach VAC for disability benefits and other services for many years down the road, long after the conflict has ended.

Afghanistan Veterans were more likely to report difficult adjustment to civilian life and poorer mental health compared to other Veterans covered in LASS 2010. Also, Afghanistan disability benefit clients had higher prevalence of service-related psychiatric and musculoskeletal conditions and higher disability assessments compared to other post-Korean war clients.

The literature review suggested further research in several areas. The 13 studies included in the review covered the areas of post-deployment reintegration, operational tempo, mental health, mild traumatic brain injury (mTBI), and causes of death during deployment. All of these studies have involved serving personnel – no previous literature has followed members after release from the military. Since examination of LASS data found higher rates of difficult adjustment and poorer mental health compared to other Veterans, it follows that their future health status and needs are likely to also differ. Future studies could follow the Afghanistan cohort as they release from the military and as they age. Longitudinal studies that follow Veterans over time would enable evaluation of programs and services aimed at improving transition outcomes and supporting Veterans over the lifecourse.

Conclusion

Existing literature focused on CAF personnel who served during the Afghanistan conflict and did not reflect post-release experiences. Indeed, the majority of the Afghanistan cohort were still serving (79%) and have yet to transition to civilian life. In this study, Afghanistan Veterans were found to be worse off than other post-Korean War Veterans in the areas of adjustment to civilian life and mental health. Participation in VAC disability benefits is expected to rise again as more members release. Experience from past conflicts suggests that Afghanistan Veterans will come forward for disability benefits over a long period of time. Findings from this study can inform both strategic planning and further research. This study included personnel who served in Afghanistan up to March 2013. As the last operation ended in March 2014, a nominal roll for Afghanistan should be completed.

Acknowledgements

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Sommaire

Objectif

Les Forces armées canadiennes (FAC) ont participé à six opérations en Afghanistan depuis le début de la guerre afghane en 2001. En date du mois de mars 2013, près de 42 000 des FAC ont été déployés en Afghanistan. La dernière opération a pris fin en mars 2014. Afin d'appuyer la planification stratégique d'Anciens Combattants Canada (ACC) et du ministère de la Défense nationale (MDN), ainsi que d'autres recherches, cette étude se penche sur les caractéristiques de la cohorte de membres et de vétérans des FAC ayant servi en Afghanistan et leur participation au Programme de prestations d'invalidité et au Programme de réadaptation d'ACC.

Méthode

Cette étude est fondée sur les éléments suivants :

- l'analyse documentaire portant sur les membres des FAC qui ont servi durant le conflit en Afghanistan;
- la collecte des données historiques sur la participation des membres des FAC au Programme de prestations d'invalidité, notamment ceux ayant pris part aux conflits antérieurs (Première Guerre mondiale, Seconde Guerre mondiale, guerre de Corée, guerre du Golfe) et ceux ayant pris part aux missions qui ont suivi la guerre de Corée en général;
- les liens entre l'ensemble des données administratives du MDN et d'ACC;
- l'analyse des données de l'Enquête sur la transition à la vie civile de 2010 (dans le cadre de l'EVASM) liées par couplage aux données administratives du MDN sur le service en Afghanistan.

Résultats

D'après les données administratives du MDN, une cohorte de 41 600 membres des FAC ont été déployés en Afghanistan entre le 31 janvier 2001 et le 31 mars 2013. La majorité d'entre eux (79 %) étaient encore en service en date du mois de janvier 2013. Une petite partie des membres de cette cohorte (4 %) étaient désignés comme des victimes et 13 % touchaient des prestations d'invalidité liées à leur service en Afghanistan.

Depuis 2001, le nombre de militaires et vétérans ayant pris part aux missions qui ont suivi la guerre de Corée et recevant des prestations d'invalidité d'ACC a plus que triplé, bien que seulement environ 10 % de cette augmentation soit attribuable au service en Afghanistan. Toutefois, compte tenu du fait que la plupart de ceux qui ont été déployés dans le cadre de la mission en Afghanistan sont toujours en service et du nombre croissant de membres libérés qui en découlera, ACC peut s'attendre à une hausse du nombre de clients bénéficiaires de prestations d'invalidité. De plus, comme ce fut le cas pour les vétérans ayant pris part aux conflits antérieurs, il est fort possible que les vétérans du conflit afghan continueront de demander à ACC des prestations d'invalidité et d'autres services pendant de nombreuses années, longtemps après la fin du conflit.

Les vétérans d'Afghanistan étaient plus susceptibles d'avoir des difficultés d'adaptation à la vie civile et une moins bonne santé mentale comparativement aux autres vétérans qui ont fait partie de l'EVASM de 2010. En outre, la prévalence des troubles psychiatriques et musculosquelettiques liés au service chez les clients qui recevaient des prestations d'invalidité à la suite de leur service en Afghanistan était plus élevée que chez les clients ayant participé aux autres missions qui ont suivi la guerre de Corée, et le degré de leur invalidité était plus élevé.

L'analyse documentaire semble indiquer que d'autres recherches devraient être menées dans plusieurs domaines. Les treize études visées par l'analyse portaient sur la réintégration à la suite d'un déploiement, le rythme opérationnel, la santé mentale, le traumatisme cérébral léger (TCL) et les causes de décès pendant les déploiements. Toutes ces études visaient des membres en service – il n'existe aucune littérature concernant les membres à la suite de leur libération. Étant donné que l'examen des données de l'EVASM révèle que les vétérans d'Afghanistan présentent des taux plus élevés de difficulté d'adaptation et ont une moins bonne santé mentale par rapport aux autres vétérans, il s'ensuit que l'état de santé et les besoins futurs de ces vétérans seront probablement tout aussi différents. Les études futures pourraient porter sur les vétérans d'Afghanistan après leur libération et à mesure qu'ils vieillissent. Des études longitudinales qui suivent les vétérans au fil du temps permettraient d'évaluer les programmes et les services visant à favoriser la transition et à soutenir les vétérans au cours de leur vie.

Conclusion

La littérature existante concerne les membres des FAC qui ont servi dans le cadre du conflit en Afghanistan et ne reflète pas la vie après le service militaire. De fait, la majorité des membres qui ont été déployés en Afghanistan (79 %) sont toujours en service et n'ont pas encore fait la transition à la vie civile. La présente étude révèle que les vétérans d'Afghanistan ont de plus grandes difficultés d'adaptation à la vie civile et souffrent davantage de troubles de santé mentale que les vétérans qui ont pris part aux autres missions qui ont suivi la guerre de Corée. On s'attend à ce que le nombre de bénéficiaires de prestations d'invalidité d'ACC augmente de nouveau, compte tenu du nombre croissant de membres qui seront libérés. L'expérience des conflits antérieurs laisse croire que les vétérans d'Afghanistan voudront bénéficier des prestations d'invalidité pendant une longue période. Les résultats de l'étude peuvent être utilisés pour appuyer la planification stratégique et les recherches à venir. Cette étude visait les membres des FAC ayant servi en Afghanistan jusqu'en mars 2013. Comme la dernière opération a pris fin en mars 2014, il serait utile d'établir une liste nominative du personnel ayant servi en Afghanistan.

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1.0 Introduction

The Canadian Armed Forces (CAF) began operations in Afghanistan in October 2001. Since then, the CAF has participated in six operations¹. The last operation ended in March 2014. From the start of the mission up to March 2013, almost 42,000 CAF members were deployed to Afghanistan. The Department of National Defence (DND) reports that as of December 31, 2012, there were more than 2,000 casualties including 158 deaths, related to Afghanistan missions².

At the end of the Gulf War, Veterans who served in that conflict began reporting a broad range of symptoms and illnesses. In response, a nominal roll – a list of names of those who served in a particular conflict – was developed, identifying approximately 5,100 CAF personnel who served in the Gulf War from 1990-91 (Gilroy, 1998). The Gulf War nominal roll was used in two studies commissioned by DND: a survey in 1997 (Gilroy, 1998) to examine self-reported health status and a cancer and mortality study (Statistics Canada, 2005) based on a nine-year follow-up (1991 to 1999). These studies found higher rates of reported health problems among Gulf War Veterans compared to other Veterans but not greater risk of cancer or death.

To date, a similar nominal roll has not been developed for Afghanistan missions. Previous research (MacLean and Poirier, 2013) has, however, highlighted the need for development of a nominal roll for the Afghanistan missions as well as record linkage of Veterans Affairs Canada (VAC) and DND records to examine the full impact of Canada's involvement in Afghanistan. By linking DND and VAC records, MacLean and Poirier (2013) found that almost 30,000 Veterans had served in Afghanistan from 2001 to September 2009 and that about 15,000 or half of these Veterans had contact with Veterans Affairs Canada. However, half had no contact and VAC's systems alone were identifying far fewer Veterans as having contacted VAC, about 8,500.

This study examines the literature on CAF personnel who served during the Afghanistan conflict, gathers information on disability benefit program participation related to past conflicts and Canadian Armed Forces in general, record links administrative data on those who served up to March 2013 with other DND and VAC administrative data and examines Veteran survey data. The aim of this research is to support VAC and DND strategic planning and inform further research on CAF personnel who served in Afghanistan.

1 Apollo (October 2001 – October 2003), Accius (November 2002 to June 2005), Athena (August 2003 to December 2011), Argus (September 2005 to August 2008), Archer (July 2005 to July 2009) and Attention (May 2011 to March 2014).

2 DND Canadian Armed Forces Casualty Fact Sheet [Afghanistan], June 2013.

2.0 Method

2.1 Literature Review

The literature review included research conducted by DND related to CAF personnel deployed to Afghanistan as well as a search of published literature. In partnership with the Research Directorate, VAC's library scans the literature and produces weekly research alerts on Veterans' health. The alerts from September 2012 to September 2013 were searched using the search terms "Afghanistan" and "Canada." Papers that did not include CAF personnel were excluded from the review.

2.2 Historical Participation in Disability Benefits

Department of Veterans Affairs annual reports and extracts of the reporting database provided by the VAC's Statistics Directorate were used to compare trends in the numbers of disability benefit clients from past conflicts (World War I, World War II, Korean War and Gulf War) and CAF post-Korea in general to the Afghanistan cohort.

2.3 Administrative Data and Record Linkages

Three Afghanistan groups were derived from DND and VAC administrative data: (1) all who served from 2001 to March 31, 2013 (Afghanistan cohort); (2) those who became casualties in Afghanistan; and (3) clients in receipt of disability benefits related to Afghanistan service (see Appendix A for details).

The Afghanistan cohort was derived from an extract of the Afghanistan mission from the Canadian Forces Task Plans and Operations (CFTPO) system, which is used for planning deployments. This dataset included 62,842 Afghanistan records of deployments. Afghanistan service was identified using the variable "TaskDescr". Included were CCTM-Afghanistan (Op Attention), DSS Platoon (10-1, 10-2, 11-1, 11-2 and 6-9), JTF AFG – Support, JTF AFG SP – Drivers, Op Apollo (Halifax, R933 and Navy), Op Archer (6402), Op Athena (MDT 6293), TF Afghanistan (RC south, RC south CE4), and Theatre Activation team – Op Attention. After certain exclusions (missing service numbers and start dates, end dates past March 31, 2013, and civilian status), 59,246 deployment records remained representing a population of 41,600 members and Veterans deployed from January 31, 2001 to March 31, 2013. Some individuals deployed more than once.

Casualty information came from a VAC casualty notifications dataset fed by casualty notifications from DND's Casualty Reporting System. Included in DND casualty reporting system are those wounded in action, non-battle injuries, killed in action and deaths not killed in action³. Wounded in action includes injuries of military personnel directly attributable to combat action that require medical/dental intervention. Non-battle injuries include injuries not related to combat. It also includes those members reported ill, repatriated for compassionate or for medical reasons, or returned to duty after being assessed by a medical officer. DND reports casualties to VAC if the member

³ Source National Defence and the Canadian Forces Fact Sheet, FS 12.002-February 1, 2012.

is likely to require services from VAC. The VAC casualty notification system contained 3,137 records occurring in Canada and elsewhere from January 2002 to February 27, 2013. Of these, 1,772 personnel⁴ were reported to VAC as casualties in Afghanistan.

Clients in receipt of VAC disability benefits (see Appendix B for details) related to Afghanistan service and clients participating the rehabilitation program were derived from the annual client dataset produced by VAC's Statistics Directorate. This dataset was used to compare Afghanistan clients to other post-Korean war clients⁵ in terms of type of disability benefits received (pension and/or awards)⁶, disability assessment and entitled conditions.

The Afghanistan cohort records were linked, using service numbers, to VAC administrative data on contact with VAC, client status and serving status. The casualty records and Afghanistan disability benefit clients records were also linked to data on serving status. The dataset on contact with VAC⁷ was derived from the Reporting Database and contained 805,950 records as of May 7, 2013. Contact with VAC generally means that the member or Veteran has applied for disability benefits or rehabilitation or had a transition interview. Some may have disability benefit claims in process or claims that have been denied. Some may have had a transition interview but had not made a claim for benefits. A dataset on serving status was derived from DND Human Resources Management System (HRMS). This dataset contained all members serving as of January 4, 2013 (N= 98,319).

2.4 Survey on Transition to Civilian Life

A subset of members who served in Afghanistan was captured on the 2010 Survey on Transition to Civilian Life (Thompson *et al*, 2011). This survey included Veterans who were released from the Regular Forces from 1998 to 2007. CFTPO data was previously record linked to STCL finding that of the 3,154 who responded to the survey, 223 served in Afghanistan (MacLean and Poirier, 2013). This sample of 223 represented an estimated weighted population of 2,139, or 7% of the survey population (32,015). Demographic, service and health characteristics of this population were compared to surveyed Veterans who did not serve in Afghanistan.

3.0 Results

3.1 Literature Review

Search terms “Afghanistan” and “Canada” were used to identify relevant literature. The review included 13 studies relating to CAF personnel deployed to Afghanistan or who were serving during the time of the Afghanistan operations, most of which were conducted by DND researchers. All of the studies involved serving personnel and were

4 Excludes deaths. DND fact sheet dated June 2013 reported 2,229 casualties to the end of 2012 and 2,071 excluding deaths.

5 Includes CAF members and Veterans who served since Korea and excludes WWII and Korean War clients.

6 Includes disability pensions and awards. Disability pensions are paid under the *Pension Act*, 1985 and disability awards are paid under the *Canadian Forces Members and Veterans Reestablishment and Compensation Act*, 2005.

7 Contact with VAC includes those who had a client identification number on VAC's service delivery system. Being assigned a client identification number requires that the member has contacted VAC and provided their full name and address.

related to the effects of operational tempo, mental health, mild traumatic brain injury (mTBI/concussion) and/or causes of death during deployment.

The mission in Afghanistan highlighted the need for measuring how well members were doing after deployment. Blais *et al* (2003) noted that much of the research on post-deployment reintegration was from American Vietnam War Veterans suffering from post-traumatic stress disorder (PTSD), recalling their experiences years later. The authors sought to develop a theoretically based, multidimensional, measure of post-deployment reintegration that reflects the experience of CAF soldiers. The first in a series of reports on the development of a post-deployment reintegration scale involved testing the measure on 374 CAF soldiers who had deployed to Afghanistan on Operation Apollo and who were surveyed nine months after deployment. The study found both positive and negative aspects of deployment and higher average scores for the items relating to positive reintegration experiences (e.g., I have been more involved in my family relationships) than for items relating to negative experiences (e.g., “I feel a lower sense of accomplishment at work”). Further work on the scale used other samples of deployed CAF members and related reintegration scores to organizational commitment, coping, symptomatology, and military-related stress.

The mission in Afghanistan prompted increased concerns regarding the impacts on personnel and their family supports. Four DND studies conducted from 2007 to 2012, while not necessarily including Veterans of the Afghanistan conflict, examined the impacts of personnel tempo. Sudom and Dursun (2007), based on a survey conducted in 2002, found that high levels of time away were associated with heightened depressive and PTSD symptoms, lower unit morale, and more negative attitudes toward one’s tempo of operational deployments. They also noted that suicidal ideation was more common among members who had recently returned from a deployment, compared to those who had deployed in the previous year. Sudom and Eyvindson (2008) examined existing literature, from Canada and elsewhere, on the impacts of personnel tempo (perstempo) on military members, their families, and the military organization. This study, while not specific to Afghanistan, found that longer, more frequent, and hostile deployments tend to be associated with numerous adverse outcomes (e.g., greater symptoms of psychological distress, lower motivation). They also found that if time away is not excessive, deployments can have positive impacts such as retention and feeling that military members are using their skills and making a significant contribution to defence. The authors suggested that with high intensity deployments like those to Afghanistan, issues of perstempo will become increasingly important. Dursun and Sudom (2009), in a study of spouses/partners of CAF member, found that while the majority of respondents were supportive of their military partner’s career, the demands of military service, including deployments (Afghanistan or otherwise), can have negative impacts upon family life. Watkins (2012) found that among CAF members returning from deployment in Afghanistan between 2006 and 2009, deployment stressors could be classified into four factors: Aftermath of Battle, Personal Suffering, Active Combat and Dangerous Environment. Significant socio-demographic differences for the frequency of exposure to these factors were also found. Specifically, they found that those who were in a combat arms occupation, younger, male, permanent members of their deploying unit for more than one year, newer to the CAF, and of lower rank, reported the most combat exposure. Currently, this research is being extended to

examine the effects of the four categories of combat stressors on mental and physical health.

More recently, studies from DND have focused on mental health disorders. Garber, Zamorski and Jetly (2012) examined the prevalence of symptoms of mental health problems in CAF personnel serving in Task Force Afghanistan and the use of and perceived need for mental health services in CAF personnel while deployed. Using a cross-sectional survey of CAF personnel deployed to the province of Kandahar, Afghanistan, in early 2010, they found that 8.5% exceeded criteria for symptoms of acute traumatic stress, major depression or generalized anxiety but a much higher proportion (31%) reported suffering from stress, emotional, alcohol or family problems during deployment. Boulos and Zamorski (2013) examined the mental health of still-serving members who served in Afghanistan. Using CAF medical records, they found that 13.5% of CAF personnel over a median follow-up of almost four years had been diagnosed with a mental disorder attributable to Afghanistan deployment. In an examination of stigma and barriers to care during a deployment in Afghanistan, Sudom, Zamorski and Garber (2012) found that stigma had no association with care-seeking propensity; perceived structural barriers were associated with greater care-seeking propensity; and only negative attitudes toward care had the expected negative association with care-seeking propensity. Garber and Zamorski (2012) examined a satisfaction survey and a post-deployment survey of CAF members returning from deployment to Afghanistan who participated in the Third-Location Decompression (TLD) program. They found that Canadian Armed Forces members saw value in the TLD program, and most members believed that the program had its intended effect of making the reintegration process easier for them. Lee, Sudom and Zamorski (2013) found that certain aspects of psychological resilience were protective for mental health and identified potential targets for resilience-building interventions.

In terms of physical health, Zamorski (2009) examined the incidence of mild traumatic brain injury (mTBI/concussion) in CAF members deployed in support of the mission in Afghanistan using surveillance questions on mTBI/concussion added to the Enhanced Post-deployment Screening Questionnaire in January 2009. The study found a minority (6.4%) of CAF members reported having sustained mTBI/concussion while deployed. This finding was not consistent with higher rates reported in the US military (9 to 23%). The author suggested that lower rates of mTBI were likely due at least in part to shorter deployment periods in the CAF.

Two studies have been conducted on causes of death in CAF members serving in Afghanistan. Schoenfeld *et al* (2013) examined deaths in American, Canadian and British soldiers killed in combat in Afghanistan from 2006 to 2010. They found that half of all deaths occurred as a result of improvised explosive device (IED) attack and that Canadian personnel were at significantly increased risk of combat-related death compared to Americans. Pannell (2011) examined the causes of deaths sustained by the Canadian Armed Forces during the first 28 months of the Afghanistan Kandahar mission. Using autopsy reports of Canadian soldiers killed between January 2006 and April 2008, the study found that during this period 73 Canadian Forces members died in Afghanistan. Their mean age was 29 years and 98% were male. The predominant mechanism of injury was explosive blast, causing 81% of overall deaths during the study

period. Gunshot wounds and non-blast-related motor vehicle collisions were the second and third leading mechanisms of injury causing death. The most common cause of death was hemorrhage (38%), followed by neurologic injury (33%) and blast injuries (16%).

Table 1: Literature on CAF Personnel Deployed to Afghanistan

Author, Pub date	Type of Study	Study Population or Scope	Key Findings
Blais <i>et al</i> , 2003	Survey	374 CAF soldiers who had deployed to Afghanistan on Op Apollo, assessed 9 months after deployment	Although soldiers reported both positive and negative aspects of deployment, more positive than negative reintegration experiences were reported. Average scores for the items relating to positive reintegration experiences (e.g., “I have been more involved in my family relationships”) were higher than the scores for items relating to negative experiences (e.g., “I feel a lower sense of accomplishment at work”).
Sudom and Dursun, 2007	Survey – Personnel Tempo	6,186 CAF	High levels of time away were associated with heightened depressive and PTSD symptoms, lower unit morale, and lower attitudes toward one’s tempo of operational deployments. Suicidal ideation was more common among members who had recently returned from a deployment, compared to those who had deployed in the previous year.
Sudom and Eyvindson, 2008	Literature Review – Personnel Tempo	Research conducted by the CAF and other militaries on the effects of perstempo (deployments, workload, and time away) on the individual, family, and organizational level.	Longer, more frequent, and hostile deployments tend to be associated with numerous adverse outcomes (e.g., greater symptoms of psychological distress, lower motivation). Deployments can have positive impacts such as on retention, and feeling that military members are using their skills and making a significant contribution to defence.
Dursun and Sudom, 2009	Survey – Personnel Tempo	1,661 spouses/partners of CAF members in 2006 - Human Dimensions of Deployments Study (HDDS)	Although the majority of spouses/partners are supportive of their CAF member’s career, the demands of military service, including deployments, can have negative impacts upon family life.
Zamorski, 2009	Survey - mTBI/concussion	1,817 CAF member screenings performed from January to May 2009 (Post-Deployment Screening Questionnaire)	A minority (6.4%) reported having sustained mTBI/concussion while deployed, less than those reported in the US military (9 to 23%); likely due at least in part to shorter deployment periods in the CAF. Multiple “post-concussive” symptoms were reported in 1.4% of the population which appear to be largely related to factors other than mTBI/concussion, particularly mental health problems.
Pannell <i>et al</i> , 2011	Review of autopsy reports – Causes of Death	73 CAF soldiers killed in Afghanistan between January 2006 and April 2008	The majority of combat-related deaths occurred in the field (92%). Very few deaths were potentially preventable with current Tactical Combat Casualty interventions.
Sudom, Zamorski and Garber, 2012	Survey - Mental Health	2,437 CAF personnel deployed on two consecutive 7-month rotations of a combat and peace-support operation in Kandahar Province, Afghanistan, in 2009–2010	Complex characteristics of barriers to care on deployment were found: stigma had no association with care-seeking propensity; perceived structural barriers were associated with greater care-seeking propensity; and perceived structural barriers were greater in more isolated locations. Only negative attitudes toward care had the expected negative association with care-seeking

Author, Pub date	Type of Study	Study Population or Scope	Key Findings
			propensity.
Watkins, 2012	Survey – Personnel Tempo	9,028 CAF members returning from deployment in Afghanistan between 2006 and 2009 - Human Dimensions of Operations study	Deployment stressors could be classified into four factors: Aftermath of Battle, Personal Suffering, Active Combat and Dangerous Environment. There were significant socio-demographic differences for the frequency of exposure to these factors. Specifically, members who were in a combat arms occupation, younger, male, permanent members of their deploying unit for more than one year, newer to the CAF, and of lower rank, reported the most combat exposure.
Garber, Zamorski and Jetly, 2012	Survey – Mental Health	1,572 CAF members deployed to Afghanistan from February 15 to March 15, 2010- Enhanced Post-Deployment Screening (EPDS)	An important minority (8.5%) exceeded criteria for symptoms of acute traumatic stress, major depression or generalized anxiety. A much larger fraction (31%) reported suffering from a stress, emotional, alcohol or family problem during deployment.
Garber and Zamorski, 2012	Survey – Mental Health	3,332 (satisfaction survey) and 1,846 (post-deployment survey) CAF members returning from deployment to Afghanistan who participated in decompression program	Canadian Armed Forces members saw value in the TLD program, and most members believed that the program had its intended effect of making the reintegration process easier for them.
Lee, Sudom and Zamorski, 2013	Survey – Mental Health	1,584 male CAF members deployed to Afghanistan from 2008 and 2010 - Recruit Health Questionnaire and Enhanced Post-Deployment Screening	Results emphasized the protective nature of conscientiousness, emotional stability, and positive social interactions for mental health.
Schoenfeld <i>et al</i> , 2013	Analysis of published administrative data – Causes of Death	1,673 combat deaths occurred in a population of 721,520 American, Canadian, and British soldiers in Afghanistan between 2006 and 2010.	Fifty percent of all combat deaths occurred as a result of IED attack. As compared to Americans, Canadian personnel were at a significantly increased risk of combat-related death and IED-related fatality. For Canadians there was no significant change in IED fatalities as compared to total number of troops, or total combat deaths over the study period.
Boulos and Zamorski, 2013	CAF medical records – Mental Health	30,513 CAF members deployed to Afghanistan prior to January 1, 2009	13.5% of CAF personnel over a median follow-up of almost four years had been diagnosed with a mental disorder attributable to Afghanistan deployment.

3.2 Historical Participation in VAC Disability Benefits

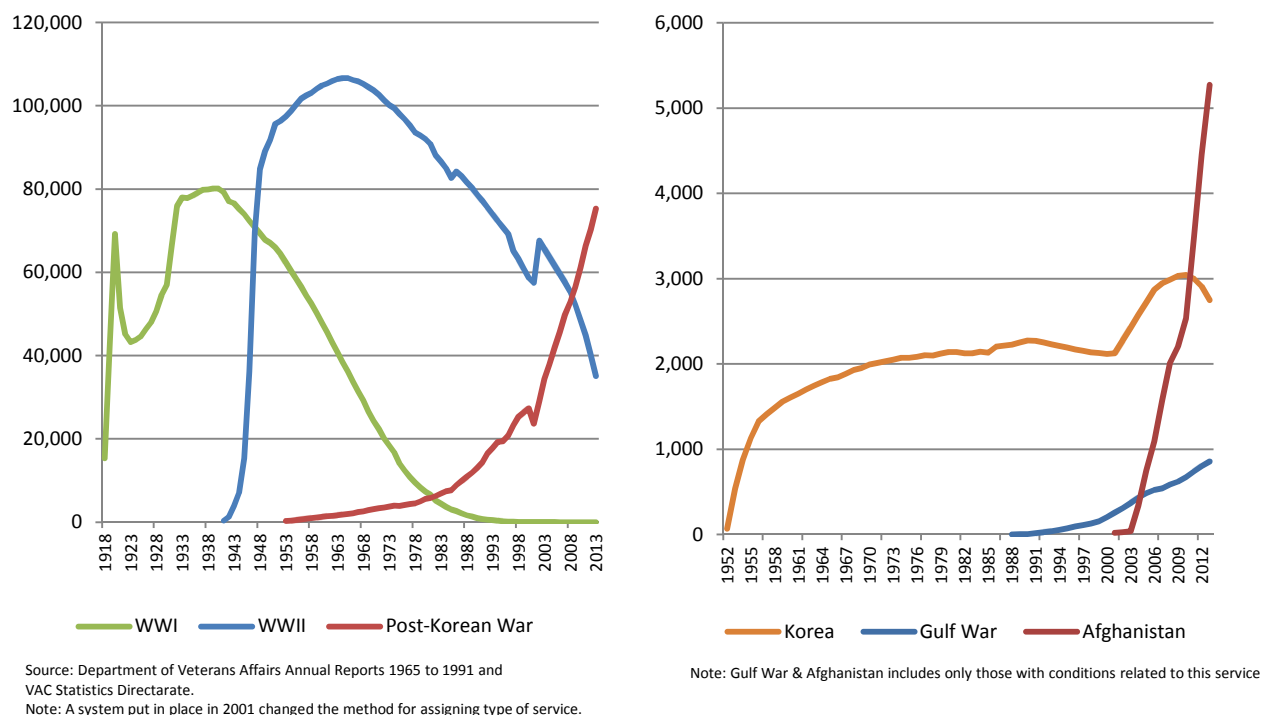
Veterans of past conflicts have come forward for disability benefits over long periods of time, well after conflicts have ended. The peak in Veterans receiving disability benefits from both the First World War (1914-18, 629,000 Canadians served) and Second World War (1939-45, 1.1 million Canadians served) occurred about 20 years after the end of the wars. The peak for Veterans of the Korean War (1950-53, 26,000 Canadians joined the

mission) occurred much later, more than 30 years after the end of the conflict. The numbers are still rising for the Gulf War (1990-91, almost 5,200 Canadians served).

At the peak numbers, the participation rate in the disability benefits program was 13% among First World War Veterans and 10% among both Second World War and Korean War Veterans. The current (2013) participation rates among members who served in the Gulf War and Afghanistan, 19% and 13% respectively, already exceed the peaks for Second World War and Korean War Veterans.

The growth in Afghanistan clients, however, accounted for only a fraction of the growth in post-Korean War clients. Clients with service post-Korean War grew by more than 51,000 from 2001 to 2013, from almost 24,000 to more than 75,000. As of March 2013, there were 5,274 in receipt of disability benefits related to an illness/injury sustained in Afghanistan representing 10% of the growth in post-Korean War clients from 2001 to 2013.

Figure 1: Veterans in Receipt of VAC Disability Benefits



3.3 Afghanistan Cohort

Among the 41,600 personnel who served in Afghanistan, 13% were in receipt of disability benefits related to Afghanistan service. However, many more have had contact with VAC. In fact, as of March 2013, about half (49%) had contact with VAC. About one in five (21%) had contacted VAC but were not in receipt of disability benefits and 15% were in receipt of disability benefits not related to Afghanistan.

While 4% (n=1,772) of the Afghanistan cohort were reported to VAC as casualties, many more were in receipt of disability benefits related to an illness/injury sustained in Afghanistan (13%). About half of those reported as casualties (n=847) were also in receipt of disability benefits. In terms of the Rehabilitation program, as the majority of the Afghanistan cohort were still serving many were not eligible for the program. Veterans with service in Afghanistan accounted for 21% of total Rehabilitation program clients (1,222/5,755) and 3% of the Afghanistan cohort were participating in the program.

Table 2: Afghanistan Cohort, Use of VAC Programs and Casualties, March 2013

	Afghanistan Cohort (N=41,600)
Contact with VAC*	20,459 (49%)
Disability Benefits Related to Afghanistan Service**	5,274 (13%)
Disability Benefits not Related to Afghanistan	6,322 (15%)
Contact with VAC but not receiving Disability Benefits	8,863 (21%)
No Contact with VAC	21,141 (51%)
Rehabilitation Client+	1,222 (3%)
Casualty Reported	1,772 (4%)
Casualty and Disability Benefits Related to Afghanistan	847 (2%)

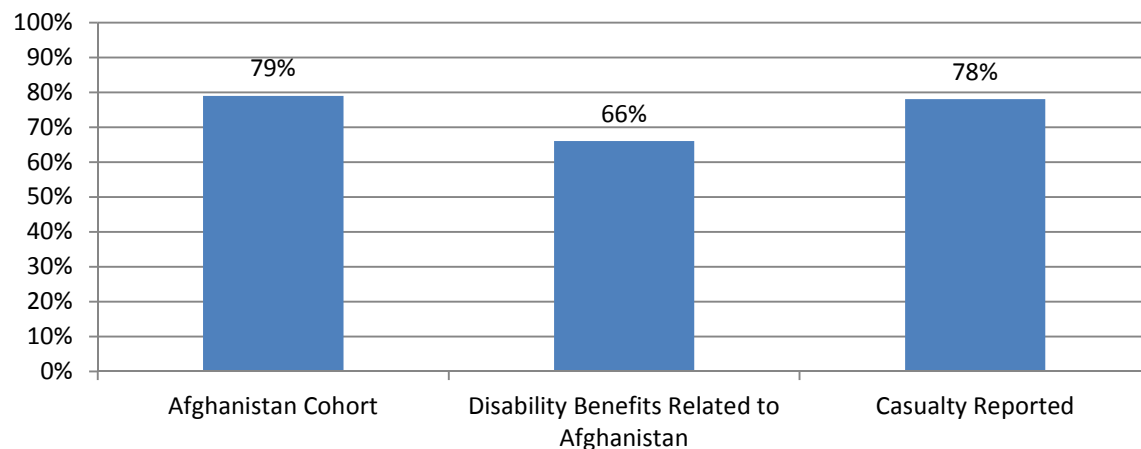
* Includes those who had a client identification number on VAC's service delivery system.

** Injury or disease that was incurred during, is attributable to Afghanistan service.

+ May not be in receipt of rehabilitation for Afghanistan service.

The majority (79%) of the Afghanistan cohort (41,600) were still serving as of January 2013. A similar proportion of those who were reported as casualties in Afghanistan were still serving (78%). Those in receipt of disability benefits were less likely to be serving (66%) but the majority were still serving.

Figure 2: Still-serving Status (January 2013) by Afghanistan Group as of March 2013



3.4 Participation of Afghanistan Cohort in VAC Disability Benefits

As of March 2013, there were a total of 74,539 disability benefit clients who served post the Korean War. Those in receipt of disability benefits related to Afghanistan service accounted for 7% of this population. Afghanistan clients were more likely than other post-Korean War clients to be in receipt of disability awards (New Veterans Charter) rather than pensions (Pension Act), entitled for psychiatric conditions, to have higher

disability assessment levels and to be younger. Of Afghanistan disability benefit clients, most (68%) were in receipt of a Disability Award (DA) only, about one-quarter (23%) were in receipt of a Disability Pension (DP) and a DA, and 9% were in receipt of a DP only. In contrast, only about one-third (32%) of overall post-Korean War clients were in receipt of a DA only, 17% were in receipt of both a DP and a DA, and about half (51%) were in receipt of a DP only⁸. The proportion of Afghanistan clients with a disability assessment of 48% or greater (28%) was twice that of other post-Korean War clients (14%).

The prevalence of psychiatric conditions among Afghanistan clients was more than four times higher than among other post-Korean War clients (58% vs. 13%). Similarly, the prevalence of PTSD was five times higher among Afghanistan clients (49%) compared to other post-Korean War clients (9%). Afghanistan clients had higher prevalence (61%) of musculoskeletal conditions compared to other post-Korean War clients (53%) but lower rates of hearing loss, 28% versus 53%. The vast majority (96%) of Afghanistan clients were under the age of 55 (Table 3). However, much (43%) of the new VAC client intake from 2001 to 2013 was from older Veterans (aged 55 or older) and as of March 2013, the majority (60%) of other post-Korean War clients were in this age group.

Table 3: Disability Benefit Clients, March 2013

	Afghanistan Disability Benefit Clients* N= 5,274	Other Post-Korean War Clients N=69,265
<i>Disability Benefit Type</i>		
Disability Pension (no award)	9%	51%
Disability Pension & Award	23%	17%
Disability Award (no Pension)	68%	32%
<i>Disability Assessment</i>		
0-4%	4%	7%
5-17%	32%	46%
18-27%	14%	17%
28-47%	21%	15%
48% plus	28%	14%
<i>Entitled Conditions**</i>		
Musculoskeletal	61%	53%
Psychiatric	58%	13%
PTSD (included in Psychiatric)	49%	9%
Hearing	28%	53%
<i>Age</i>		
<30	15%	1%
30-34	19%	2%
35-39	17%	4%
40-44	19%	8%
45-49	16%	12%
50-54	9%	13%
55+	4%	60%

Source: Statistics Directorate Client File, March 2013.

* Disability related to Afghanistan.

** Musculoskeletal includes medical category code 16, psychiatric includes 49 psychiatric conditions and hearing includes medical category 29. These groupings are based on indicators in the VAC Reporting Database. A client can be counted in more than one of these categories.

⁸ The higher proportion in receipt of awards reflects that many Afghanistan clients applied for benefits after the New Veterans Charter came into effect in April 2006.

3.5 Health and Service Characteristics of Afghanistan Veterans

Among respondents to the Survey on Transition to Civilian Life, Afghanistan Veterans were younger (almost half were less than age 40 compared to 33% of other Veterans), more likely to be male (94% vs. 88%), married (86% vs. 75%), and released as NCMs (88% vs. 79%). The proportion of Afghanistan Veterans who served from two to nine years was more than twice (40% vs. 15%) that of other Veterans while the proportion who served less than two years was much smaller (1% vs. 19%). Almost all (99%) Afghanistan Veterans reported one or more deployments of 30 days or more compared to over half (57%) of other Veterans.

Afghanistan Veterans, compared to other Veterans, had higher rates of reporting a difficult adjustment to civilian life (34% vs. 25%) and being diagnosed with PTSD (19% vs. 10%) and a lower rate of reporting very good or excellent mental health (56% vs. 67%). Rates of very good or excellent health, participation and activity limitation (disability), having at least one mental or physical health condition and being employed after release were not statistically different between Afghanistan Veterans and other Veterans.

Table 4: Survey on Transition to Civilian Life, Regular Force Released 1998 to 2007

	Afghanistan Veterans (CI 95%) n=223 N=2,139	Other Veterans (CI 95%) n=2,931 N=29,876
Age at time of survey		
20-29	24% (17.1, 31.5)*	15% (13.6, 17.0)
30-39	24% (17.8, 31.6)	18% (16.3, 19.8)
40-49	33% (26.7, 40.2)	34% (32.0, 35.6)
50-59	16% (11.2, 21.3)*	25% (23.2, 26.5)
60-69	4% (1.9, 7.3)	8% (7.2, 9.3)
% male	94% (90.1, 96.9)*	88% (86.3, 89.0)
% married/common law	86% (79.4, 90.1)*	75% (73.0, 76.6)
% one or more deployments of 30 days or more	99% (95.4, 99.9)*	57% (54.8, 58.9)
< 2 years of service	1% (0.13, 6.1)*	19% (17.0, 20.5)
2 to 9 years of service	40% (32.5, 48.0)*	15% (13.3, 16.5)
10 to 19 years of service	10% (6.2, 15.1)	13% (12.2, 14.7)
≥ 20 years of service	49% (41.8, 57.0)	53% (51.0, 55.0)
% medical release	19% (14.1, 23.9)	25% (23.5, 26.2)
% non commissioned members**	88% (82.6, 92.3)*	79% (77.2, 80.6)
% Army	50% (42.7, 57.9)	51% (49.0, 53.2)
% VAC clients	35% (29.2, 41.4)	34% (33.1, 34.0)
% difficult adjustment to civilian life	34% (27.6, 41.8)*	25% (23.1, 26.3)
% very good or excellent health	57% (49.8, 64.5)	56% (53.8, 57.5)
% very good or excellent mental health	56% (48.7, 63.6)*	67% (65.5, 69.0)
% participation and activity limitation (sometimes, often)	64% (56.0, 71.3)	56% (53.7, 57.4)
% with a mental health condition+	30% (24.4, 37.2)	23% (21.8, 24.8)
% with PTSD	19% (14.5, 24.8)*	10% (9.5, 11.3)
% with a physical health condition++	70% (62.1, 76.8)	66% (64.1, 68.0)
% employed 12 month after release	60% (52.6, 67.4)	56% (54.3, 58.3)

* Statistically significant difference from other Veterans.

** Includes privates, recruits and junior and senior non-commissioned members.

+ Mental health conditions: mood disorder, depression/anxiety, anxiety disorder, PTSD.

++ Physical health conditions: hearing problem, arthritis, back problems, high blood pressure, heart disease, stroke, bowel disorder, ulcers, cancer, diabetes, asthma, COPD.

4.0 Discussion/Further Study

This study found that from the start of the conflict up to March 2013, almost 42,000 personnel served in Afghanistan, 4% became casualties and 13% were in receipt of disability benefits related to an illness/injury sustained in Afghanistan. While the literature on CAF personnel who served during the Afghanistan conflict covered many areas of interest none have followed members after release from the military. However, Afghanistan Veterans were more likely to report a difficult adjustment to civilian life and poor mental health and Afghanistan disability benefit clients had higher prevalences of service-related psychiatric and musculoskeletal conditions and had higher disability assessments compared to post-Korean War clients. Since the start of the Afghanistan conflict in 2001, the number of post-Korean War disability benefit clients has more than tripled. However, this increase was mainly due to intake from older Veterans rather than those who served in Afghanistan. However, the majority of the Afghanistan cohort were still serving (79%) and as many members apply for benefits as they leave the Forces, participation in disability benefits may rise again as these members release. Experience from past conflicts also suggests that Afghanistan Veterans will come forward for disability benefits over a long period of time.

About half of those reported as casualties were also in receipt of disability benefits. However, a larger proportion of the Afghanistan cohort were in receipt of disability benefits than were reported as casualties. This is not surprising given the different meaning of the two concepts. Casualties are recorded by DND/CAF and generally include injuries and illnesses requiring medical attention during operations. Disability benefits, on the other hand, are awarded for permanent impairments. So, for example, a member could experience a fracture that would be recorded as a casualty, however it may not result in a permanent impairment for which disability benefits are awarded. Conversely, many with permanent impairments related to service are diagnosed after deployment. For example, a member could be diagnosed with PTSD after deployment but not be recorded as a casualty. Some members may still perceive that there will be career-related repercussions to reporting psychiatric conditions and, therefore, may apply for entitlement for such conditions only after release.

The participation rate of Afghanistan Veterans in VAC disability benefits was found to be already higher than that of previous conflicts. Differences between the Afghanistan cohort and Veterans of previous conflicts could explain differences in their application and entitlement for VAC benefits. The current cohort are likely more knowledgeable about their entitlement for disability benefits than Veterans of previous conflicts. Further, World War Veterans may have been less likely to seek help than more recent Veterans. With respect to Korean War Veterans, legislative changes well after the conflict that broadened eligibility could be a factor in delayed application for benefits.

This study suggests that the impact of Afghanistan will be felt for years to come. In Canada, past conflicts have resulted in Veterans coming forward for disability benefits over long periods of time -- well after conflicts have ended. For the First and Second World Wars and the Korean War, client numbers peaked more than 20 to 30 years after the conflicts ended. For the Gulf War, the numbers are still rising. Evidence suggests

that this trend continues today. Pedlar and Thompson (2011) found that while one-quarter of recent new intake into VAC disability benefit programs is from still-serving members, for those who receive benefits after release the average length of time from release to receipt is 25 years. Much of this long-term impact may be due to age-related conditions such as arthritis and hearing loss, although entitlements for hearing loss may decline in the future given enhancements in hearing protection and more frequent audiograms during service to document normal hearing at release. Over the last decade, the United States Veterans Affairs has seen increased growth in the number of disability pension clients from the Vietnam War (IOM, 2010). As the bulk of those who served in Vietnam would have been in their 20s at the time of the war and in their 50s by the 2000s, this increase could be the result of the ageing of this cohort. This delayed application trend may signal a possible rise in applications for disability benefits from existing as well as new Afghanistan Veterans for ageing-related conditions as well as a need for strategies to mitigate the impact of ageing.

As the majority of personnel who served in Afghanistan, and in particular those who became casualties, were found to be still serving, ongoing and possibly strengthened support may be needed for members transitioning to civilian life. Afghanistan Veterans were more likely to have been medically released, had shorter lengths of service, were more likely than other Veterans to have served in the Army and to be NCMs at release; all characteristics that confer higher risk of difficult adjustment to civilian life (MacLean *et al*, 2014). Therefore, it was not surprising to find that Afghanistan Veterans had significantly higher rates of reporting difficult adjustment to civilian life compared to other Veterans released over the same time period. Afghanistan Veterans also had poorer self-rated mental health, and the prevalence of service-related psychiatric and musculoskeletal conditions and assessments was greater among Afghanistan disability benefit clients compared to other CAF clients.

This study found poorer mental health among Afghanistan disability benefit clients and Afghanistan Veterans overall compared to other post-Korean War clients and Veterans. This finding is consistent with previous research that found an important minority of Canadian Armed Forces personnel deployed to Afghanistan had been diagnosed with a mental disorder perceived to be related to the deployment (Boulos and Zamorski, 2013). Higher rates of reported mental health conditions and poorer mental health were found among Afghanistan Veterans compared to other Veterans. Also, the prevalence of service-related psychiatric conditions (mainly PTSD) among Afghanistan clients was more than four times that of other post-Korean War clients. A number of factors could explain this, including aspects of combat exposure being associated with mental health, reduced stigma related to mental illness and greater knowledge of benefits and available support services resulting in increased reporting. A review of the literature suggests the need to explore for attitudes towards care at transition. While in Canada it has been found that post-deployment decompression programs have been effective and post-deployment mental health screening has improved over the last decade, negative attitudes toward care have been associated with lower care-seeking propensity. Although research has been conducted on stigma and other barriers to seeking mental health care during service, there is little information available on the perceived barriers to care following transition. Barriers may be different – it is likely that fear of career repercussions is less of an issue, but structural barriers (e.g., distance from providers or

difficulty getting an appointment) may become more apparent once individuals leave the military health care system.

Strengths and limitations:

This study has a number of strengths: the inclusion of all those who served in Afghanistan, both still-serving members and those who have since released (Veterans); a comparison of those with Afghanistan service to other CAF Veterans, as well as a detailed look at both physical and mental health conditions related to Afghanistan service. As such, it is the most comprehensive Canadian study examining a range of impacts relating to service in Afghanistan. With respect to limitations, the cohort includes only those who served in Afghanistan up to March 2013. However, the last operation did not end until March 2014. Therefore, the cohort may not represent the entire population who served. The overall prevalence of Afghanistan-related conditions could not be determined as the analysis relies on VAC administrative data which includes only those who applied for benefits. Previous research (MacLean, Poirier and Thompson, 2011) found that many Veterans who believe their conditions are related to service have not come forward to VAC. The comparison of Afghanistan Veterans and other Veterans relied on data on Regular Force Veterans released from 1998 to 2007; therefore, findings cannot be generalized to all Veterans who served in Afghanistan. Also, as the survey was cross-sectional, no conclusions can be drawn about the impact of deployment on outcomes.

Further research:

VAC currently does not forecast clients and expenditures by conflict. However, continued analysis and monitoring of the Afghanistan Veteran population will help inform program forecasts. This study found that clients with disability benefits related to Afghanistan have contributed little to the growth in CAF disability clients since 2001, suggesting the need for further analysis to explain the growth. Much of the growth could be related to the ageing of the population or perhaps greater knowledge of eligibility. This type of analysis will help to inform forecasts of future intake of clients with Afghanistan service. Given the higher resource intensity of clients with Afghanistan service, this service should be taken into account in forecasts of program expenditures and administration. A number of analyses would help inform this change in forecast method: the average cost of Afghanistan Veterans by program, trends in the severity of health needs of new clients and the impact on the costs of health care and NVC programs as members with Afghanistan service release and become eligible.

Further research is indicated in the area of physical health, the health of this population as they age and the effectiveness of programs and services aimed at improving transition to civilian life outcomes. The prevalence of Afghanistan service-related musculoskeletal conditions was already greater than among other post-Korean War disability benefit clients and these conditions tend to worsen with age. To date, few studies have been done on the physical health conditions of members who served in Afghanistan. Studies could examine the future health and needs of this population given their current health and determinants of health. These types of findings would have implications for strategic planning to improve the well-being of this population. Longitudinal studies that follow Veterans over time are also needed in order to evaluate programs and services aimed at improving transition outcomes and supporting Veterans over the life-

course. Including still-serving members in such longitudinal studies could identify long-term predictors of health outcomes and protective or risk factors that VAC and DND could work together to enhance or eliminate, respectively.

5.0 Conclusion

Existing literature focused on CAF personnel who served during the Afghanistan conflict and did not reflect post-release experiences. Indeed, the majority of the Afghanistan cohort were still serving and have yet to transition to civilian life. In this study, Afghanistan Veterans and clients were found to be worse off than other post-Korean War Veterans and clients in the areas of adjustment to civilian life and mental health. Participation in VAC disability benefits may rise again as more members release. Experience from past conflicts suggests that Afghanistan Veterans will come forward for disability benefits over a long period of time. Findings from this study can inform both strategic planning and further research. This study included personnel who served in Afghanistan up to March 2013. As the last operation ended in March 2014, a nominal roll for Afghanistan should be completed.

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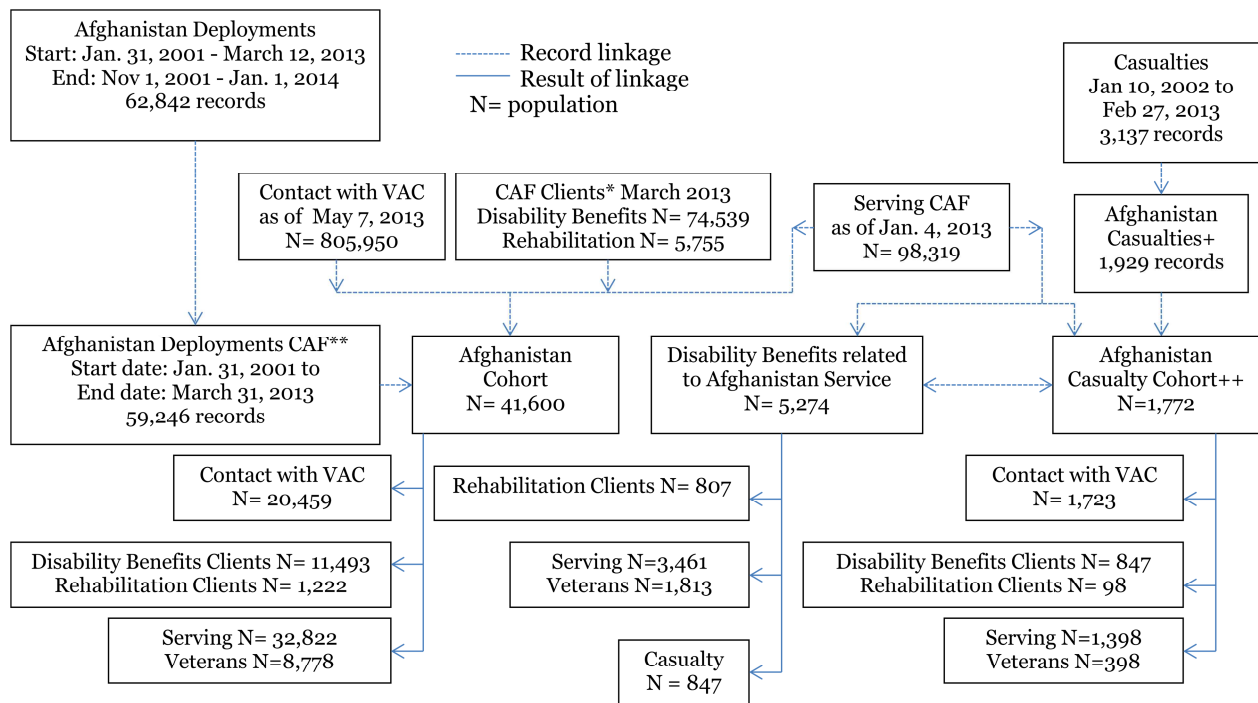
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Appendix A: Data and Record Linkages



*Excludes survivors.

** Removed records with missing service numbers (2,123) followed by missing start dates (256), missing end dates (1), end dates past March 31, 2013 (887), non-DND (11) and civilian components (309), and civilian rank (9).

+ Removed records with missing service numbers (4) and non-Afghanistan deployments.

++ Excludes deaths.

Appendix B: Disability Benefits and Rehabilitation Programs

Disability Benefits Program

Disability benefits includes disability pensions and awards. Disability pensions are paid under the *Pension Act*, 1985 and disability awards are paid under the *Canadian Forces Members and Veterans Reestablishment and Compensation Act*, 2005. Veterans, still-serving personnel of the Regular and Reserve Canadian Forces, their families, and certain other groups might be eligible for VAC disability programs. Eligibility is based on the Veteran's or member's service-related disability. To receive a disability benefit the member or Veteran must have a diagnosed medical condition or disability; and be able to show that the condition or disability is related to service. Veterans found to be eligible by VAC under legislation for disability programs can access related VAC programs, services, and benefits. The box below shows the two main ways a condition might be connected to military service for entitlement: insurance principle, which does not require a causal link to service activities such as a condition which arose during service in a special duty area; and compensation principle, which requires a causal link to service activities such as a disability arising out of peacetime service. Disability entitlement is not necessary to access some other VAC programs, such as the Rehabilitation Program.

The Table of Disabilities is used by Veterans Affairs Canada to assess the degree of medical impairment caused by an entitled disability. It uses the concept of medical impairment. The Disability Assessment (0% to 100%) is established based on the medical impairment rating, in conjunction with quality of life indicators which assess the impact of the medical impairment on the individual's lifestyle. Disability assessments are conducted when an entitled disability is considered to be medically stabilized (i.e., it is unlikely to change substantially in the next 12 months, with or without medical treatment). Over time there may be some change, however, no further recovery is anticipated.

Veterans Affairs Canada Disability Program

Disability entitlement—Entitlement means granting a client the right to disability programs through the application of law and the recognition of a service-related disabling condition. Entitlement is provided when there is evidence of a disability, the disability can be related to service, and the extent of the disability is apparent. Entitlement eligibility varies with type of military service.

Insurance principle—Entitlement is granted for disability resulting from an injury or disease that was incurred during, is attributable to, or was aggravated by service in World War II, the Korean War, or any of the more than 70 special duty areas or operations, such as Afghanistan. A causal link to service activities does not need to be established.

Compensation principle—Entitlement is granted for disability directly connected with or aggravated by service in peacetime, other than special duty areas or operations. A causal link to service activities needs to be established.

Disability assessment—After disability entitlement is granted the extent of disability is assessed and rated on a percentage basis from 0% to 100%. This rating is used to establish financial compensation.

Source: Boswall *et al*, 2010

Rehabilitation Program

The Veterans Affairs Canada (VAC) Rehabilitation Program is one of a suite of programs introduced with the New Veterans Charter, implemented on April 1, 2006. The Program oversees the provision of rehabilitation and vocational assistance services to eligible clients in order to assist their re-establishment. VAC Case Managers help the client cope with and resolve any mental or physical problems resulting primarily from service or their medical release as the Veteran transitions to civilian life through the Rehabilitation Program. The VAC Rehabilitation Program offers medical, psychosocial and vocational rehabilitation, and has two main client groups.

1. Those who within 120 days of medically releasing apply for the VAC program. All medically releasing go through the Service Income Security Insurance Plan (SISIP) long-term disability plan insured by manulife. SISIP pays their earnings loss and if they are participating in vocational rehabilitation, SISIP provides a case manager for vocational rehabilitation, and pays for training, books and other services and tools. VAC is essentially second payer for these clients, and covers expenses not covered by SISIP: the cost of medical/psychosocial rehabilitation, and earnings loss beyond two years if rehabilitation needs exceed the two year period provided by SISIP.
2. Any Veteran (both medical and non-medical releases) with a service-related rehabilitation need (SRRN). This means the Veteran must have a service-related physical and/or mental health problem that is creating a barrier to re-establishment in civilian life. Medically released Veterans who have exhausted their two-year post-release period of eligibility for SISIP Vocational Rehabilitation must have an SRRN to be eligible for the VAC program.