



# The War Amps • Les Amputés de guerre

## National Headquarters • Siège social

2827 Riverside Drive, Ottawa, Ontario K1V 0C4

Tel./Tél. : 613 731-3821, 1 800 465-2677 • Fax:/Télec. : 613 731-3234, 1 855 860-5595

waramps.ca • amputesdeguerre.ca

### **HUMA: Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities**

Sixth Floor, 131 Queen Street

House of Commons

Ottawa, ON

K1A 0A6

**E-mail:** [HUMA@parl.gc.ca](mailto:HUMA@parl.gc.ca)

## **The Canada Disability Benefit: The War Amputations of Canada Response to the Federal Budget 2024**

### ***Prepared by:***

*The War Amputations of Canada*

May 9, 2024

## 1.0. Introduction

The Federal Budget 2024: Fairness for Every Canadian has announced the launch of the Canada Disability Benefit. The War Amps of Canada have followed the course of the CDB through the Parliamentary process and had developed a heightened expectation as to the beneficial application of this new legislation in assisting the disabled community. We were shocked to learn that the maximum amount of financial assistance is set at \$2,400 per year under the budgetary provision. This translates to a maximum of \$200 per month. This appallingly inadequate contribution fails to meet what is necessary to fulfill the program's primary purpose to reduce poverty and to support the financial security of working age persons with disabilities. Further, it fails to consider and address the high costs of disability, including the costs of assistive devices like artificial limbs.

Persons with disabilities in Canada will only be adequately supported with a much more significant increase in the Canada Disability Benefit funding and a substantial enhancement and expansion to the scope of the coverage for medical devices, especially artificial limbs.

### 1.1. Michelle in Ontario: A Composite of Real-Life Experiences

To breathe life into our submission, we felt it prudent to provide a composite case representing situations we see on a daily basis as part of our work in support for amputees across Canada. To protect the privacy of our membership who are in these vulnerable situations, we chose not to identify a single case, but rather to put together the following composite.

Michelle is 58 years old, and she has been struggling with diabetes for over a decade. As a result of severe neuropathy, pain, and a serious back injury, she has been unable to work and has been in receipt of Ontario's ODSP Program since the age 51.

She has long struggled to make ends meet on ODSP. As a diabetic, she knows she needs to try to balance her blood sugar, and to do so requires a healthy diet, however, healthy food is expensive.

ODSP income provides up to a maximum of \$1,308 per month. Michelle receives the maximum monthly ODSP payment.

<b>Income/Expense</b>	<b>Amount per month</b>	<b>Average cost per Month in Ottawa</b>
ODSP	\$1,308 Per month	
Rent: Michelle rents a room in a rough neighborhood in Ottawa. She does not have access to a vehicle	\$850 per month	\$1,686 per month in Ottawa

so she must live close to public transit.		
Equipass bus fare -monthly pass	\$59 per month	\$59
Groceries: Michelle tries to supplement this expense with the food bank	\$350	\$416
Total remaining	\$49	

With food, shelter and public transportation costs, Michelle has \$49 per month for clothing, medications, and medical treatments (such as physiotherapy), utilities such as a phone plan, and everything else. Internet, television, and any extra expenses are simply not feasible with the maximum monthly ODSP payment alone.

At age 57, Michelle's home care nurse found that a wound on her left foot was not healing properly. Despite repeated treatment and medications, infection set in and quickly entered her blood stream. A visit to the emergency room with a fever quickly turned into the need for an amputation of her leg above the knee to stop the infection and save her life.

Michelle now must relearn to walk using a prosthesis in order to complete any and all activities of daily living. The bedroom of the home she rents is up a flight of stairs, which is not easily accessible.

Michelle learned that the prosthesis recommended by her medical team which will allow her to walk again will cost \$69,378.58. The Ontario Assistive Devices Program (ADP) and ODSP will contribute \$12,857.00 and \$6,398.00 each, leaving her with a remaining balance of \$50,123.46 to pay out of pocket.

This is completely impossible for her financially, so her medical team re-assessed and, contrary to their medical recommendations quoted a very rudimentary prosthesis for her. With this prosthesis, Michelle would only be able to walk a few steps at a time and would require crutches to do so. With this option, she is looking at the need to purchase and rely on a wheelchair for her mobility in her home and in her community. A wheelchair is another cost for which funding is limited. She worries about where she will be able to live, as accessible housing wait lists are multi-year wait times and costs an exorbitant amount.

This subsequent prosthesis costs \$9,088.13, ADP and ODSP are contributing a combined total amount of \$6,228.75 towards the balance. Still, leaving Michelle with a balance of \$2,859.30 to pay out of pocket. For a recipient of ODSP who may only have \$49 per month for clothing, and medication, or less, an outstanding balance of \$2,859.30, is impossible to tackle.

	<b>Medically recommended prosthesis</b>	<b>Rudimentary prosthesis</b>
<b>Cost</b>	\$69,378.58	\$9,088.13
<b>ADP contribution</b>	\$12,857.00	\$6,228.75
<b>ODSP contribution</b>	\$6,398.00	
<b>Outstanding balance for the patient</b>	\$50,123.46	\$2,859.30

Even with an additional monthly amount of \$200, while it might allow her to purchase better quality food, it will not help her when facing the costs of the prescribed prosthetic care she needs, nor the difference in housing costs for an accessible home.

Neither the medically recommended nor the very rudimentary prosthesis are covered for this very vulnerable disabled individual. The federal government must step in to help ensure that amputees do not lose their homes or go hungry in order to have a prosthetic leg which enables them to walk safely. It must be noted that governments cover the cost if internal knee replacement prostheses, but when the prosthesis is external, the support is abysmal.

If prosthetic care were covered, then, perhaps the \$200 would make a slight difference. Still, she remains an extremely disabled individual who needs a new home, which will cost more due to her need for main floor living, and who needs crutches, a wheelchair, and pain medications for which the costs exceed the nominal amount of \$200 set out by The Federal Budget 2024.

Through our work with amputees, these cases are all too common and significant. As such, urgent action is required to protect vulnerable Canadians with disabilities.

## **2.0. Income “Top-Up” falls short, leaving the most vulnerable hundreds of dollars below the poverty line**

It remains our understanding that the current reasoning and rationale for the Canada Disability Benefit is to act as an income top up to resolve the problematic provincial inadequacies in this area. We completely agree that this is a serious issue and have spoken out about this in Ontario, given recent political action to “increase” the amount provided by ODSP (which is still far below even the effect of inflation in 2023).

As you are aware, across the country, disability support programs—such as DSP, in Nova Scotia (up to ~\$950 monthly), SAID in Saskatchewan (up to ~\$1,129 monthly), AISH, in Alberta (~\$1,787 monthly), PWD in British Columbia (up to ~\$1,535 monthly) and ODSP in Ontario (\$1,308 monthly)—offer income support at levels that are painfully insufficient. This is appalling when we consider that the average rent

price per month in Canada is \$2,117<sup>1</sup> and the average grocery bill is \$339<sup>2</sup>. With this model, people with disabilities who cannot work due to their disabilities are expected to find shelter and food with incomes that will only provide them with half the national average of these costs of living. This does not include other necessary expenses such as transportation, clothing and medical costs that are not covered by the province.

In Ontario, an additional \$200 per month does not provide people with disabilities with a meaningful top up to ensure they have safe housing and sufficient food. It will not lift our most vulnerable populations above the poverty line. With the average person with disabilities in receipt of \$1,300 per month, the extra \$200 does not allow them to even approach the poverty line. At \$2,400 per year, people with disabilities who cannot work are still about \$800 below the poverty line each month. When we break this down further, it amounts to an additional \$6.66 per day.

We must ensure that people with disabilities who cannot work are provided with income support that exceeds the poverty line. In 2023, the low-income threshold in Canada is \$25,252 for a single adult household. Currently, the provinces do not come close to this:

Province	Income per year
Nova Scotia	~\$11,400
Saskatchewan	~\$13,548
Alberta	~\$21,447
British Columbia	~\$18,420
Ontario	~\$15,696

Offering a paltry sum of \$2,400 per year through the CDB, which has been quoted at the “maximum” does not allow us to come close. Instead, some of the most disabled individuals in Alberta, British Columbia, and Ontario, with this \$200 ‘top-up’ would receive an annual “maximum” income of \$23,847, \$20,820, and \$18,096 respectively.

To lift Canadians with disabilities out of poverty, the Canadian Disability Benefit would have to provide at least \$14,356 annually according to the Office of the Parliamentary Budget Officer:

*“Given the diversity of provincial disability support systems and the variability of poverty thresholds across provinces and territories, the PBO opted to set the maximum benefit to match the largest gap. For 2024, this amount was set at \$14,356 a year”<sup>3</sup>.* Even with the most generous estimations, the amount set by Budget 2024 represents just over 15% of what the PBO has determined is needed to lift vulnerable Canadians with disabilities out of poverty.

## 2.1. A benefit for one third of Canadians with Disabilities?

<sup>1</sup> <https://www.cbc.ca/news/business/rentals-august-1.6963839>

<sup>2</sup> <https://www.moneysense.ca/columns/moneyflex/the-cost-of-the-average-grocery-bill-in-canada/>

<sup>3</sup> [The Canada Disability Benefit: Model and Scenarios \(pbo-dpb.ca\)](https://www.pbo-dpb.ca/en/the-canada-disability-benefit-model-and-scenarios)

The Budget commits to allocating \$6.1 billion over six years and \$1.4 billion ongoing, including the costs to deliver the benefit. This is set to support 600,000 Canadians. This is troubling as Canada is estimated to be home to over 1.6 million Canadians with disabilities living below the poverty line.

How will the additional two-thirds be treated? If more Canadians with disabilities qualify, will each receive less and less support? At \$6.66 per day, how can a reduction be justified?

This type of benefit should be opened-ended: whoever qualifies should get access to it. We find it troubling that it appears that this benefit must be crafted to fit into this set budgetary amount. People with disabilities deserve and need a benefit to solve the serious state of inequity and abject poverty and struggle they are facing. The scope of this benefit should be directed to solve the real issue, not to fit into a limited line item.

## **2.2. The Disability Tax Credit**

The Disability Tax Credit is a questionable measure of “disability”, and we caution the government’s overreliance on it:

- to use its data to quantify the number of persons with disabilities in Canada and
- to use it to determine eligibility for the CDB.

The DTC application process is very difficult for vulnerable low-income Canadians with disabilities to navigate. It requires the completion of a lengthy, technical form signed off on by a specific medical professional. For someone facing serious disability, completing the numerous steps required to access the form, and get to the appropriate medical professional can be insurmountable.

If the disabled individual can access the appropriate medical professional, that medical professional may not have time to fill out the multi-page form to the satisfaction of the CRA. Furthermore, completing this form is onerous and embarrassing for the person with a disability as it discusses and assesses intimate limitations in feeding, dressing, walking, and elimination. It is often humiliating for persons with disabilities to discuss the material the form asks for. Many would just as well avoid having to go through this.

And many do simply forgo it, especially those with low income. Due to the structure of the DTC, many simply choose not to apply as, with their limited income, it will confer no benefit to them. The DTC acts to reduce taxes paid and when incomes fall below the poverty line, few taxes are paid, so few deductions can be put in place for this vulnerable population.

Hence, a large population of disabled impoverished Canadians are not being accounted for and will not be lifted out of poverty if we rely on the DTC for the above-mentioned metrics.

Even as a “first step” and what we would call a “*prima facie*” way of looking at the issue, it must be remembered that this is a program for people with disabilities who cannot work. People with disabilities often have serious medical conditions that incur significant medical expenses that are not covered by the province, thanks to the narrow parameters of the Canada Health Act.

As you may know, the Canada Health Act dictates that provinces must cover the cost of “hospital provided services”, which does not cover many of the needs of people with serious disabilities, including but not limited to prosthetic limbs.

### **3.0 The National Pharmacare Plan**

In tandem with the Canada Disability Benefit, the National Pharmacare plan can help to build the safety net the government wishes to have in place to support Canadian with disabilities. Covering contraceptives and diabetes medications is a good first step, but it must be expanded to cover the cost of artificial limbs for amputees.

Amputation is a very common and very real consequence to diabetes. Often due to in-access to diabetic care, preventable amputations occur. Following an amputation(s), the amputee requires an artificial limb to walk again and prevent diabetic conditions (and costs) from increasing in severity.

A logical next phase of the National Pharmacare plan therefore, is to continue to work with provinces to cover the most basic and most pressing of healthcare costs: the artificial limb.

#### **3.1. A shocking state of affairs.**

Canadians would be shocked to learn that if you lose a limb, you are not appropriately covered for the artificial limbs you need to restore your ability to access your activities of daily living. A lack of understanding into the cost of and need for ongoing medically appropriate prostheses has enabled the creation of arbitrary and low standards of coverage, and funding for prostheses which do not reflect the full cost of prosthetic care.

Across the country, amputees, who cannot work, are faced with balances of upwards of \$80,000 or more for appropriate prosthetic care.

This arbitrarily low standard is even present with most provincially supported disability programs. For example, ODSP provides a small “top up” to the support provided by the Assistive Devices Program, which provides a small contribution to artificial limbs for Ontarians. However, even with this top up, the most vulnerable amputees who are unable to work are left with outstanding balances of thousands of dollars simply for a leg to stand on. Sometimes, if the balance remaining is small, they can arrange a payment plan, which further reduces their minimal ODSP income (usually impacting food budgets). Sadly, often, we see recipients of ODSP having to make the difficult choice to go without a prosthesis, leaving them confined to a wheelchair for mobility or leaving them exposed to the comorbidities of amputation. After the traumatic loss of a limb, this is another huge blow to an already vulnerable individual. This should not be the case in Canada.

#### **3.2. Assistive technology has been overlooked in Canada’s constitutional framework.**

Canada is lacking a national standard which facilitates access to assistive technologies at affordable cost, for persons with disabilities. This means that people with disabilities have significant additional costs that should be factored into the equation with the Canada Disability Benefit.

Unfortunately, access to assistive technology has been significantly overlooked by our healthcare system. Though a provincial power, the Canada Health Act sets the national standard for physician services provided in hospitals. Assistive devices are seldom provided in hospital by a physician; indeed, artificial limbs are prescribed by a physician, but dispensed by Prosthetists inside a hospital or outside, in a privately run certified clinic. Hence, the provinces have discretion on the level of support to provide. Sadly, provincial funding contributions fall shockingly short across the country; with some provinces providing no funding at all.

While constitutionally a provincial power, it is not unfamiliar for the federal government to set national standards in areas of provincial jurisdiction, especially as it relates to health care. In fact, it has largely been regarded as a critical role of the federal government in Canada to set these standards to ensure that Canadian values are upheld. This obligation is set out in the Constitution and is affirmed each time the federal government becomes a signatory to a United Nations Declaration. The responsibility and the obligation are clear: the federal government must ensure that national standards are set **and upheld**, especially in areas affecting vulnerable people such as those with disabilities, including persons with amputations. It is an accessibility issue and an issue of national importance.

We feel that the federal government has the responsibility and the obligation to be proactive in setting national standards, especially if these national standards affect vulnerable minority groups and are connected to commitments made on the international stage. To truly resolve the issue of income disparity for Canadians with disabilities, the issue of access to assistive technology, especially artificial limbs, must be resolved.

### **3.3. A lack of affordable access: private insurance caps**

Due to the serious lack of adequate funding for assistive technology at the provincial healthcare level, many persons with disabilities, especially amputees, rely heavily on their extended benefits or private insurance to help to ensure that the assistive devices they need are accessible. This secondary source of support will be unavailable for the future recipients of the CDB and is currently largely unavailable to those in receipt of provincial disability support as a private insurance plan is unaffordable. However, even if it were affordable, sadly, too many of these insurance and extended benefits packages contain arbitrary limits on contributions for essential medical devices, including artificial limbs. These “caps” effectively prevent persons with amputation from affordably accessing the assistive technology they need. Moreover, these caps are not reflective of the reality of living with amputation or other disabilities, which require reliance on assistive technology.

For example, many policies contain an arbitrary “one limb for life” provision. Amputees need periodic adjustments and replacement of their prosthesis or components within it. If their weight fluctuates even as little as five pounds or a component becomes worn, changes will need to be made. On average, an amputee requires a new prosthesis every three to five years due to physiological changes or the wearing out of components. A “one limb for life” policy acts as a barrier, preventing amputees from accessing assistive technology that is paramount to their accessibility in all areas of their lives.

Given this cost barrier, we are sad to say that some amputees must go without. It is our position that an amputee’s level of accessibility and functionality should not hinge on the arbitrary financial support



provided by provincial governments. The CDB presents the opportunity for a standard to be set in how Canadians with disabilities are treated. They must have access to a reasonable income, and they must have affordable access to medical care to treat their disabilities, including artificial limbs.

The War Amps fills the gaps where it can, but as a charity that relies on public donations, our funds can only go so far.

### **3.4. A priority need.**

Canada's failure to appropriately fund artificial limbs for amputees is evermore shameful when we consider that the World Health Organization (WHO) has identified artificial limbs as a "Priority Assistive Product" through the GATE Initiative (Global Cooperation on Assistive Technology). The Priority Assistive Product list serves as a model for member states to build their own priority areas and implement by priority. Also included on this list are hearing aids, wheelchairs, communication aids, spectacles, pill organizers, and memory aids, among others.

### **3.5. International Obligations**

According to the World Health Organization, *"very few countries have a national assistive technology policy or programme. Assistive products are often rationed or not included within health and welfare schemes, leading to high out-of-pocket payments by users and their families."*<sup>4</sup>

Ideally, access to assistive devices and rehabilitation services should be included in the Canada Health Act as an essential service. The current Canada Health Act mandates that provinces provide essential services to Canadians that are provided by doctors through hospitals. A prosthetic limb is an essential service for an amputee and the Act should be amended to reflect this update.

In the alternative, the federal government should develop a provision which prohibits insurers from creating arbitrary caps on medically necessary services, such as artificial limbs. The Affordable Health Care Act in the United States contains this provision, which ensures that Americans who pay insurance premiums are covered for essential medical services. Artificial limbs are included in this category.

In addition, the federal government should take a proactive role in ensuring that their agents do not hold attitudes and beliefs reflective of misconceptions on the medical necessity and the level of functionality afforded by prosthetic limbs. Education into the medical necessity of prosthetic care is also needed for any government department which provides coverage for assistive technology, like prosthetic limbs. This education will help to address the attitudinal barriers created by the lack of understanding regarding amputation and the misconceptions surrounding the functionality of artificial limbs. It must be relayed that artificial limbs play an essential role in improving accessibility and reducing comorbidities. They are not a luxury. Amputation and the prosthetic industry are a complex and advanced area which have been fraught with misconceptions.

Further, all federal agencies must develop and implement policies which best meet the needs of these individuals, ensuring that their accessibility is not compromised by an out-of-date policy on assistive

---

<sup>4</sup> <http://who.int/mediacentre/factsheets/assistive-technology/en/>

devices, especially artificial limbs. If not, barriers to accessibility will not be alleviated for these populations. Their policies should not contain arbitrary exclusions on assistive technology which has been prescribed to a person with a disability by their medical team.

It is our position that the federal government has an opportunity with the CBD to respond to this pressing issue. People with a disability need a response to this issue in addition to a respectable income. As you have seen above, the provision of affordable access to assistive technology is an integral, and so far, overlooked portion of this agreement. The federal government must ensure that an appropriate minimum standard of prosthetic care, which is reflective of the reality of living with amputation and the cost and medical necessity of prosthetic limbs, is mandated.

The federal government has the responsibility and the obligation, as a signatory of the Convention on the Rights of Persons with Disabilities, for which we acceded to the Optional Protocol in 2018. Now, as a global leader, Canada must take concrete steps to ensure that Canadians with amputations have affordable access to the assistive devices they need to restore and preserve accessibility, functionality, and quality of life. The obligation to act on the international standards set by the Convention, and in turn, set a national standard for prosthetic care is urgent, as many amputees across Canada are without the prosthetic care they need to access their activities of daily living, their communities, and their workplaces. It is an issue of accessibility, safety, and an issue of national importance.

In collaboration with the Convention, the WHO is clear that assistive technologies, like artificial limbs, should form an integral part of universal health coverage for State Parties who have ratified the Convention.

Article 20 of the United Nations Convention on the Rights of Persons with Disabilities stipulates that State Parties must ensure affordable access to assistive technology:

*“States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:*

- *Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost.*
- *Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;”*

Further, article 32 states that State Parties will:

- *“Provide, as appropriate, technical and **economic assistance**, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.”*

Canada ratified this declaration in 2010, while overlooking this obligation almost completely, which results in barriers to accessibility for amputees and other persons with a disability. This significant financial burden is present as provincial funding and insurance contributions fall shockingly short. As a

result, amputees, and others who rely on assistive technology for their mobility are not afforded access to the mobility aids they need at an affordable price.

The federal government has the responsibility and the obligation, as a signatory of this Convention, and as a global leader, to ensure that Canadians with amputations have affordable access to the assistive devices they need to restore and preserve accessibility, functionality, and quality of life. The Canada Disability Benefit has the potential to bridge this gap.

As a registered Non-Governmental Organization within the Economic and Social Council of the United Nations, The War Amps has a long history of leveraging United Nations Convention Optional Protocols to ensure that the rights of Canadians are upheld. Since the First World War, we have fought to protect the rights of amputees and veterans and address the inequities they face. In that time, we have successfully taken on many important battles in support of amputees and our veterans, including Hong Kong Veterans and Victims of Thalidomide.

### **3.6. Veteran's Affairs Canada: A Standard for Prosthetic Funding**

The War Amps has a long history of sharing our expertise in this area with government agencies. Through our collaborative partnership, VAC consults regularly with The War Amps so that we can share our Association's more than 100 years of expertise in amputation and prosthetics.

As such, we have worked with them to build a sustainable and strong policy which ensures that veterans with amputation(s) have access to funding for the artificial limbs they need to lead independent lives.

We question why the federal government should set a gold standard for prosthetic care for veterans, but ignore the plight of civilian and, worse still, child amputees. The disparity in access to prosthetic care between these two groups is shameful.

The VAC policy is a "ready-made" template for the national standard for artificial limbs that should be mandated for all amputees across Canada. It can and should be used as a national standard to elevate the egregiously low and arbitrary standards applied by provincial agencies.

### **3.7 The high cost of amputation**

In addition to the exorbitant, and as of yet, unaddressed cost burden of artificial limbs, costs of amputation are vast and can include, but are not limited to:

- Pain management prescription medications for phantom limb pain or overuse injuries.
- Occupational therapy to relearn how to accomplish activities of daily living after an amputation and in dealing with other comorbidities.
- Physiotherapy to relearn to walk with a prosthesis, rebuild strength after amputation or to cope with painful overuse or strain on the body caused by amputation.

- Daily living aids and devices to enable activities of daily living, like getting out of bed, food preparation, or hygiene, with or without a prosthesis.
- Clothing and shoe modifications to enable clothing to be donned with a prosthesis or to repair clothing damaged by the prosthesis.
- Additional costs to purchase clothing without laces or zippers which many upper limb amputees are unable to fasten.
- Massage therapy or other pain management therapies to cope with phantom limb or other pain caused by the sequelae of amputation.
- Orthotics devices and braces to support the sound limb or the amputated limb due to comorbidities of amputation or to prevent further amputation (like compression stockings).
- Home and vehicle modifications to enable safety in the home and while operating a vehicle, including the costs of assessments for these.
- The costs of treatment or medication for amputation-related conditions including, but not limited to diabetic care, vascular disease, or infection management.

Funding for all the above mentioned is severely lacking or absent for persons with amputation. Costs are either covered by a portion of their disability payment or they suffer or are put at further risk by going without.

Across the country, persons with amputation are faced with balances of upwards of \$80,000 or more for appropriate prosthetic care. A lack of understanding into the cost of, and the critical accessibility role played by medically appropriate prosthetic care has enabled the creation of arbitrary and low standards of coverage, and funding for prostheses which does not reflect the full cost of prosthetic care. In fact, some provinces offer no funding for prosthetic care, unless the individual is on social assistance (i.e. Nova Scotia). However, all funding across the country falls short for persons with disabilities, especially for amputees. As a result, we have seen all too often that this financial burden causes many Canadians with amputations to go without prosthetic care, putting an already vulnerable population at further risk. To provide appropriate artificial limbs for those who need them would cost significantly less than the cost of knee and hip replacements (which are fully covered) and would be a cost-saving measure for taxpayers.

Any amount assessed for Canadians living with a disability must consider the cost to cover these additional needs that assist with daily living, such as artificial limbs and other mobility aids. This benefit provides an opportunity to solve this imbalance. The Canada Disability Benefit will fail to accomplish its objective to reduce poverty and support the financial security of working-age people with disabilities, unless these essentials are covered appropriately in order to alleviate the impact of the lack of funding.

The federal government has an opportunity and, moreover, a responsibility for leadership in this area, which should be used to set the standard across the country. Further, assistive technology like

artificial limbs, is a critical element of accessibility for persons with disabilities, and one which presents a significant financial burden on an already vulnerable population of Canadians. Without these tools, persons with disabilities are barred from accessing their activities of daily living, communities, and workplaces. The disability community needs a national standard which facilitates affordable access to assistive devices, as without this, accessibility will not be achieved. We believe that the federal government has the major responsibility to set and uphold this national standard for assistive technology, including artificial limbs, as per their commitment to accessibility, to the United Nations and to all Canadians, and the Canada Disability Benefit has this potential.

## 5.0 Conclusion

With over a century of expertise, The War Amps is a centre of excellence in the field of amputation and prosthetic care. Nationally, we are held in high regard as the expert in the provision of care for all amputees in Canada. Through our formalized collaborative partnerships with the Department of National Defence, Veterans Affairs Canada, and Orthotics Prosthetics Canada, we provide expert advice to assist in the establishment of standards and policies for prosthetics and care, for both civilian amputees and our veteran and still serving war amputees. These agencies turn to us as the centre of excellence in amputation and prosthetics and hold our opinion as instrumental to their decision-making in support of persons with amputation and their prosthetic limbs.

In the view of The War Amps of Canada, disabled Canadians have every right to demand that the federal government should take this opportunity to set and uphold a national standard for accessibility and disability needs through the Canada Disability Benefit and an expansion to the National Pharmacare Act.

Thank you,



**Annelise Petlock**  
Associate Legal Counsel  
Manager, The War Amps, Member Programs



**Brian Forbes**  
Chairman, Executive Committee