

GOVERNMENT RESPONSE

GOVERNMENT RESPONSE TO THE REPORT OF THE STANDING COMMITTEE ON NATIONAL DEFENCE TITLED: *CANADIAN ARMED FORCES HEALTH CARE AND TRANSITION SERVICES*

Introduction

The Government of Canada welcomes the opportunity to respond to the recommendations made in the eleventh report of the Standing Committee on National Defence. The Government would like to thank the Committee for this report, as well as the witnesses who appeared before the Committee.

The Committee undertook a comprehensive study on the Canadian Armed Forces (CAF) health care and transition services and discussed several related topics, including access to mental health services, support to military families, continuity of care when transitioning to civilian life and the health care experiences of CAF women.

The majority of the Committee's recommendations align with work already being undertaken by the Government through Canada's 2017 defence policy *Strong, Secured, Engaged* (SSE) or more recent investments.

The implementation of some of the recommendations will be contingent upon negotiations with other parties, including provinces and territories.

Recommendation 1: That the Government of Canada commit to making Canada an international leader in the research, diagnosis and on-going treatment of mental or physical injuries caused by military service, such that service members and veterans are fully supported, both during and after their service.

The Government of Canada agrees with this recommendation.

The Government of Canada is committed to being an international leader in the research of mental health and physical injuries caused by military services. The Department of National Defence (DND), the CAF and Veterans Affairs Canada (VAC) have developed extensive partnerships with key external agencies to provide a whole-of-government approach to research that addresses the continuum of care for military members during their career, and after they retire from military service. Specific examples of ongoing research include:

- DND is leading research and development into tools and technologies that can characterize and track a military member's operational exposures that can lead to mild traumatic brain injury. For example, DND/CAF is improving its Enhanced Post-Deployment Screening process to streamline the manner in which data is collected and used by providers to enable early diagnosis and treatment of mental health conditions in personnel returning from deployment. In addition, DND continues to pursue access to

advanced imaging such as magnetic resonance imaging (MRI) and research to support clinicians in their diagnostic process when CAF members and Veterans report to medical clinics with symptoms associated with mild traumatic brain injuries. Aspects of this research are of significant interest to the CAF's allies, partners, and the international military community.

- VAC provides funding to the Atlas Institute for Veterans and Families since 2019, which works to increase Canadian knowledge and expertise in the field of military and Veteran mental health, and more specifically post-traumatic stress disorder. They provide service providers and organizations with new and evidence-based information on treatments and services that can improve the well-being of the Veterans and families they support.
- VAC also provides funding to the Centre of Excellence on Chronic Pain since 2020. This Centre focusses on the creation and dissemination of knowledge and research on chronic pain, a prevalent health concerns among the Veteran population.

In addition, DND researchers are routinely asked to bring their knowledge and expertise to bear on joint research activities carried out through the various Science and Technology organizations within the North Atlantic Treaty Organization. In parallel, VAC supports decision makers and planners nationally and internationally by providing scientific evidence on the health and well-being of Veterans, including research that focuses on the mental or physical injuries caused by military service.

Regarding the ongoing treatment of mental or physical injuries caused by military service, VAC provides a suite of supports and services for Veterans and their families, including:

- VAC-funded network of 10 outpatient Operational Stress Injury Clinics and 11 Satellite Service Sites across the country, providing access to services close to where Veterans live;
- access to a national network of independent mental health professionals, registered with VAC to deliver mental health services; and
- confidential peer support to CAF members, Veterans and their families impacted by an operational stress injury.

The Government of Canada will continue to emphasize global leadership in military health research as a mechanism to enhance support to CAF members and Veterans both during and after their service.

Recommendation 2: That the Government of Canada explore options to reform the current model of CAF healthcare funding, wherein provincial health agencies are often charging CAF members higher than normal service fees to get the medical treatment they require.

The Government of Canada agrees with this recommendation.

DND/CAF will explore different avenues to address inter-provincial health coverage issues. The Government's ability to implement this recommendation will be contingent on negotiations with provinces and territories.

The *Canada Health Act* of the 1st of April 1984 and the provincial and territorial health insurance acts specifically exclude members of the CAF from the list of "insured persons" for the purpose of provincial health care coverage. Instead, through a combination of military and contracted civilian health care professionals; as well as supplemental health care services purchased on a fee-for-service basis from provincial/territorial hospitals and clinical providers, the CAF operates its own health care system to provide CAF members with comprehensive health care comparable to that guaranteed to all Canadian citizens under the *Canada Health Act*.

The health services the CAF purchases from provinces are outside of federal/provincial funding and operating models. In most jurisdictions, provincial/territorial hospitals and clinical providers are not restricted in what they are permitted to charge the CAF for health services the CAF purchases for its members, nor are charges consistent across provincial/territorial jurisdictions or even across health care facilities within most provinces. Over the past decade, DND internal audits have twice identified concerns with how much a number of provincial hospitals in particular charge for supplemental health services purchased for CAF members. DND/CAF will seek to work with federal partners to address this issue through existing federal/provincial health care coordination mechanisms.

Recommendation 3: That the Government of Canada work with industry to expedite the approval of new technologies and modalities of treatments for the Canadian Armed Forces.

The Government of Canada agrees in principle with this recommendation.

The Government of Canada is currently working closely with industry to support the development of new treatment modalities and technologies for the CAF. Developing these new technologies and modalities of treatments takes time and is subject to regulatory approvals. DNDCAF will continue to explore avenues for improving the time it takes to approve new technologies and modalities of treatments, including through collaboration with regulatory bodies. For example, DND/CAF is working with Canadian Blood Services to provide Canadian donor sourced dried plasma for use during CAF deployments. In conflict situations, the daily volume of casualties requiring blood can outstrip readily available supply. In some situations, it could be unsafe to attempt to evacuate patients by air medevac, leading to the requirement to provide surgical care and blood further forward in the battle space. Canadian donor sourced dried plasma is a much more reliable and efficient source in a conflict situation and reduces the CAF's dependency on other nations who could also be seeking supply of plasma during a conflict.

Recommendation 4: That the Government of Canada establish a consistent and overarching definition for operational stress injury, military sexual trauma and moral injury that can be used by health care and policy makers, particularly as a shared definition for program eligibility with the Canadian Armed Forces and Veterans Affairs Canada.

The Government of Canada agrees in principle with this recommendation.

The CAF and VAC understand how important it is to have a consistent definition of these terms to provide reassurance to CAF members and Veterans experiencing symptoms related to these traumas that their situation is not unique or inexplicable, in addition to improving the provision of mental health care services. That is why the CAF and VAC have working definitions for “operational stress injury” and “moral injury” to help guide mental health care providers. DND/CAF is currently planning consultations with partners to develop an appropriate definition for “military sexual trauma.” Definitions for “operational stress injury” and “moral injury” are publicly available via a glossary of terms that is in the Health Promotion and Chronic Disease Prevention Journal published by the Public Health Agency of Canada. However, from a medical perspective, the terms operational stress injury, military sexual trauma and moral injury are not clinical diagnoses and cannot be used for medical services, including communicating health conditions, defining programs, and eligibility of care. Using the glossary of terms:

- An operational stress injury is defined as “any mental disorder or other mental health condition resulting from operational duties performed while serving in the Canadian Armed Forces”. This term can be used to describe a broad range of mental disorders that may not meet clinical diagnoses criteria for mental disorders but nevertheless are debilitating, cause distress, and interfere with daily functioning in social, work, and family life. These include, posttraumatic stress disorder, anxiety disorder, depressive disorders, substance use disorders, and other mental health conditions.
- A moral injury is described as an evolving concept that describes the psychological, social, and spiritual distress, harm, or impairment that results from experiencing a violation of deeply held morals, ethics, or values.

The CAF’s Sexual Misconduct Support and Resource Centre uses the term “military sexual trauma” in the provision of resources and programs aimed at supporting CAF member experiencing symptoms related to military sexual trauma. In addition, VAC’s Atlas Institute for Veterans and Families continuously develops resources for health care providers specific to mental health, including for these conditions.

Recommendation 5: That the Government of Canada invest greater resources and funds into the research of health and mental health outcomes and impacts of CAF service on women to create necessary health and mental health resources, particularly surrounding fertility, menopause, perinatal challenges and menstrual suppression.

The Government of Canada agrees with this recommendation.

The Government of Canada is committed to addressing the military gender and diversity information gap to help improve women's health, well-being, and occupational performance in the Canadian military environment. Budget 2022 committed to providing \$144.3 million over five years (and \$31.6 million ongoing) to expand the CAF health services and physical fitness programs to be more responsive to the need of women and diverse military personnel. Specifically, among other initiatives, this funding allowed for the creation of a clinical, administrative, and technical expertise team to coordinate the efforts across prevention, research, engagement, assessment of performance and delivery of health care services. This funding has also enabled the CAF to facilitate research relating to optimal physical and mental health care and support to women and diverse members in the military context. Research and health surveillance will be conducted through several key players within DND/CAF, in close partnership with civilian academic entities, VAC, and in collaboration with international military partners.

In addition, VAC funds research on the health and well-being outcomes and impacts of CAF service on women Veterans, including through the Joint Federal Research Funding Program for military personnel and Veterans. The program is a partnership between VAC, the CAF, the Canadian Institute for Military and Veteran Health Research, and the Defence Research and Development Canada (DRDC) which aims to: drive progress on new knowledge and understanding of military members, Veterans and well-being of their families; foster the development and implementation of policies and strategies on programs and benefits that address identified priorities for CAF members, Veterans and their family well-being; identify, assess, and promote new approaches, models, and best practices, leading to improved well-being for military members, Veterans and their families; build capacity within the research field engaged in studying Veterans' issues; and foster partnerships and networks with research institutions. In January 2024, the Joint Federal Research Funding Program called upon researchers to submit proposals in response to the funding opportunity titled *A Comprehensive Literature Review of Pelvic Floor Dysfunction (PFD) in Canadian Armed Forces' (CAF) Women*. A second funding opportunity titled *Exploring the Biopsychosocial Impacts of Pelvic Health Issues for Women Veterans* will be open to researchers by the end of fiscal year 2023-2024.

Lastly, DRDC recently implemented a Women and Diversity health stream of research through which several projects addressing physical and mental health outcomes and impacts for CAF women are underway. Currently, DRDC is conducting a review of reproductive issues for women in the CAF to identify areas of concern in order to prioritize reproductive health research moving forward.

Recommendation 6: That the Government of Canada work with the Canadian Armed Forces to revise the process for booking appointments to reduce wait times for mental health and specialist health treatments.

The Government of Canada agrees in principle with this recommendation.

The Government of Canada is committed to ensuring CAF members have access to the mental health care and services they need. While some members may be experiencing long wait times, these are not necessarily due to the process for booking appointments. Like the Canadian health care system, the CAF is experiencing a high demand for services with a limited number of available mental health practitioners and medical specialists. That said, the CAF is taking concrete steps to reduce the wait times through the adoption of a stepped-care model of mental health care delivery. Under this model, the most effective (and least resource intensive) treatment is delivered first as a 'stepping-stone' to more intensive / specialist services depending on the level of patient distress. For example, rather than all mental health patients requiring an assessment by a social worker or clinical psychologist, some may simply need virtual group therapy. Similarly, CAF members who require specialist medical care that is not available within the CAF health care system are appropriately triaged in the provincial / territorial health care system, along with all eligible Canadians based on medical need and specialist availability.

Recommendation 7: That the Government of Canada explore options for expanding all on-base health services to the families of service members.

The Government of Canada does not agree with this recommendation.

Members of the CAF are explicitly excluded as insured persons in the *Canada Health Act*, meaning they are not covered by the provinces and territories for the provision of their health care. As a result, the CAF is responsible for providing care to CAF members. Military families fall under the purview of the *Canada Health Act*. As such, their health care is provided by their respective provincial or territorial government. DND/CAF recognizes that military service places unique demands on members and their families. Canada's Defence Policy SSE, calls for enhanced dialogue with federal and provincial partners to improve the coordination of services across Canada to ease the burden of frequent relocations on military families and DND/CAF is working closely with provincial and territorial partners to improve coordination of services across Canada.

For example, DND/CAF launched the Seamless Canada initiative in 2018, through which DND/CAF and Canadian Forces Morale and Welfare Services (CFMWS) collaborate jointly with federal, provincial, territorial and private sector partners to improve the coordination of services across Canada's provinces and territories to ease the burden of relocation for CAF members and their families. This initiative has resulted in improved healthcare access for members' families, including waiving the 90-day wait period to obtain a provincial / territorial health card. In parallel, CFMWS launched the Calian Military Family Doctor Network, in available locations, to improve access to quality health care for CAF families. Since 2015, the program has helped connect over 4,000 military family members (or over 1,800 Regular Force families) with family physicians. DND/CAF will continue to work with provinces and territories to ensure military families without access to a family doctor receive fair and equitable access to public programs and services.

Recommendation 8: That the Government of Canada provide greater funding to the Military Family Resource Centres.

The Government of Canada takes note of this recommendation.

The Government of Canada recognizes that the well-being of military families is critical to CAF operational effectiveness. Military Family Resource Centres play an integral part in ensuring that the unique needs of military families are understood and facilitated wherever CAF members are sent to serve with their families. The level of funding provided to the Military Family Resource Centres is adjusted annually based on evolving needs, available resources and priorities.

Recommendation 9: That the Government of Canada take active measures to ensure that service members who need it are connected to a family physician and relevant specialists upon their discharge to ensure continuity of care.

The Government of Canada agrees in principle with this recommendation.

The Government of Canada is committed to ensuring that Veterans experience a continuity of care until they can find a civilian medical professional. Like for many Canadians, finding a primary health care professional (Family Doctor or Nurse Practitioner) remains a significant challenge for both Veterans and their families during transition due to the shortages of primary care and medical specialists across all jurisdictions. While CAF members are covered by the public health care system once they are released, the Government of Canada will continue to work with provinces and territories to ensure military families receive fair and equitable access to public programs and services.

The Canadian Forces Morale and Welfare Services (CFMWS) launched the Calian Military Family Doctor Network, in available locations, to improve access to quality health care for CAF families. Since 2015, the program has helped connect over 4,000 military family members with family physicians. In addition, CFMWS offers programming to CAF dependents living in Canada that offers 24/7 access to Canadian-license general practitioner virtually. This telemedicine program includes medical advice, referrals to specialists, non-narcotic prescriptions, and lab or imaging requisitions. Lastly, a parallel pilot, funded by Veterans Affairs Canada, is available to support medically-released Veterans and their families. This service works to ensure timely access to a primary care physician during the first year of transition and is currently offered as part of the Veteran Family Program delivered by CFMWS. Since January 2022, over 1,900 consultations have been conducted with a general practitioner.

Recommendation 10: That the Government of Canada create a more efficient process for transferring health records between federal and provincial jurisdictions by working with Seamless Canada to modernize its use of technology and high security storage of data.

The Government of Canada agrees in principle with this recommendation.

DND/CAF are committed to ensuring that retiring CAF members receive the healthcare they need without interruption and acknowledge that more work is required to efficiently transfer CAF member's health records between federal and provincial jurisdictions. DND/CAF experiences the same constraints and challenges similar to other institutions when transferring health records across jurisdictions, which are attributed to the large number of electronic health record systems used by civilian healthcare providers. These challenges are then compounded by the aging CAF electronic health record system and constraints imposed by privacy legislation that has not kept pace with technological developments over the last several years. That said, DND/CAF continues to work within these constraints to provide releasing members with the necessary health documents in the most convenient means possible, while monitoring opportunities to do this more effectively. While Seamless Canada is focused on military families and is therefore not an appropriate vehicle to implement this recommendation, creating a more efficient process will be contingent upon successful engagement with relevant stakeholders, including provinces and territories.

Recommendation 11: That the Government of Canada ensure that a determination of injury applicable to service from a CAF doctor or specialist be deemed sufficient for the purposes of Veterans Affairs Canada and that the veteran not require additional screening to access treatment, benefits, or supports.

The Government of Canada does not agree with this recommendation.

The determination of whether a member or Veteran are eligible to receive a Disability Pension or Pain and Suffering in Compensation requires several assessments, including an assessment of whether the injury is arising out of or directly connected with service in the CAF. These assessments are made by VAC specialists who are trained to review military service records, medical histories and rule on the likelihood that a condition is caused, or aggravated by military service.

To support CAF members applying for disability benefits, the CAF collaborates with VAC to simplify administrative processes and define the roles of each organization. CAF shares medical information with VAC with the consent of the CAF member, helping to streamline the information transfer between the departments. CAF clinicians are responsible for CAF members' medical care and occupational medical assessments. When a CAF member applies for VAC disability benefits, CAF clinicians ensure that the patient's medical record accurately reflects their medical history, diagnosis, treatment, and occupational limitations.

Using eligibility guidelines, VAC then considers evidence from a variety of sources to make a decision on eligibility and the amount payable, including the member or Veteran's Service Health Records and any medical diagnosis or tests that the member or Veteran may have received following release from the CAF. These decisions require the determination of whether the member or Veteran is suffering from a disability as a result of a service-related injury or a non-service-related injury that was aggravated by service, as well as the extent of the disability

in order to determine the amount payable, which may require additional screening.

In some cases, the assessments are straightforward in linking a disability to service such as when the disability presents immediately after the incident that caused the disability. However, in other cases it is more difficult to make the determination because the cause of a disability may be a series of smaller events that spanned a career.

Recommendation 12: That the Government of Canada work to ensure all relevant health resources are available for CAF members transitioning to VAC the moment they are discharged from the military.

The Government of Canada agrees in principle with this recommendation.

DND/CAF are committed to support CAF members transitioning to civilian life and are continually looking at ways to ensure a seamless transition. While some health resources can be readily available the moment CAF members are released, the availability of other services is impacted by the current shortage of medical service across all Canadian jurisdictions.

Prior to release, members will engage with CAF clinicians, and case managers, who are trained in health-related aspects of transition and have familiarity with the local health care landscape. Members are also provided with a transition guide, which includes a chapter on health that outlines health-related resources and considerations, checklists with health-related items to accomplish/organize prior to leaving the CAF, and a review of both CAF and VAC health-related benefits and programs. An updated version of this document is currently in development and will be published by the end of 2024. In addition, the Digital Transition Centre contains many health-related resources which can be found at the Canada.ca military transition site. Before the end of 2024, all resources pertaining to the various domains of well-being, including those in the health domain, will be grouped together for easier access in the National Resource Directory on the Digital Transition Centre. As part of the transition process, CAF members can also meet with VAC staff, who will identify and make recommendations for areas of continued health support post-release.

To help bridge potential gaps in the transition to the public health care system, the Veterans Family Telemedicine Service pilot program provides medically releasing Veterans and their families with one year of virtual physician access at the time of their release from the CAF. Going forward, DND/CAF and VAC are committed to continuing to build relationships and develop practical solutions with provincial and territorial health authorities to improve access for Veterans to primary and specialized health care from the moment of transition.

In addition, DND/CAF recognizes that veterans may have unique health challenges as a result of their military service. This means some civilian health care providers may not have the full range of competencies to support the needs of Veterans. That is why DND/CAF published guidelines for medical practitioners to help provide best practices in caring for veterans.

DND/CAF recognizes that further effort is needed in this area, which will require engagement with allies and partners in the medical education space, as well as grass roots initiatives that can be supported by CAF organizations.

Recommendation 13: That the Government of Canada give the Canadian Armed Forces the ability to retain medically released members until such time as all the benefits and services from the Canadian Armed Forces, Veterans Affairs Canada, and Service Income Security Insurance Plan have been confirmed and put in place.

The Government of Canada agrees in principle with this recommendation.

Canada's Defence Policy, SSE directs CAF and VAC to work with members early in their transition journey to start their release administration to ensure that all benefits will be in place before a member transitions to post-military life. However, some release-related benefits cannot be put in place until CAF members have been released. For example, to be eligible for Education and Training Benefits, which helps Veterans transition to civilian life by helping them achieve their education and post-military employment goals, applicants must have been released from the CAF. In the meantime, the administration can be completed to significantly reduce processing delays.

The guided support teams from CAF and VAC work closely together to assist members during their transition/release journey to ensure ill and injure members have the information they need to make informed decisions. Medically releasing members are fully briefed regarding the CAF Long Term Disability and VAC Income Replacement Benefits, and fully aware of all other CAF and VAC benefits that they can apply for prior to release. Each member is encouraged to document their transition progress in their personalized transition plan where it can be tracked by their guided support team in the CAF Release Administration application to ensure CAF Transition Centre staff have full visibility on the status of the member's benefits. The objective is to break down silos and help promote collaboration with a view to providing the best service and support possible to each transitioning member.

To ensure members are aware of the benefits and services offered to them, VAC has representatives located at each CAF Transition Centre across the country. Comprehensive information about the release/transition process has been updated and centralized at the Canada.ca transition webpage and Digital Transition Centre. In addition, a web service is being created to help DND/CAF provide timely advance notification to VAC concerning a member's intent to transition. This would allow VAC to be proactive in their preparation to receive applications, access CAF data to verify entitlements and calculate benefits, and provide a decision before the official release date.

Recommendation 14: That the Government of Canada collaborate with the relevant provincial and territorial licensing bodies to allow for the priority licensing of doctors from NATO allied countries that wish to join the Canadian Armed Forces.

The Government of Canada agrees in principle with this recommendation.

Recognizing the need to facilitate and streamline the integration of qualified foreign trained doctors into the Canadian health workforce, the Government of Canada has worked collaboratively with provincial and territorial licensing bodies to support streamlined approaches for family physicians trained in the United-States, United Kingdom, Australia and Ireland to reduce the time it takes to have their credentials recognized, obtain licensure and join the Canadian health workforce. However, determining this equivalency for all physicians and specialists trained in all NATO countries would be a time consuming and resource intensive exercise with unclear returns for the CAF or Canadians.

Internationally educated healthcare professionals– including doctors from NATO allied countries – must obtain recognition of their foreign credentials before they are eligible to apply for licensure to work in their field in Canada. Foreign credential recognition (FCR) and licensure for health care professionals is a provincial and territorial responsibility that is often further delegated through legislation to regulatory authorities. Once a foreign trained physician has obtained an unrestricted license to practice medicine from a provincial or territorial medical regulatory authority in a CAF recognized field of study, and if the applicant meets the practice profile required for employment by the CAF, they could be invited to apply to join the CAF.

That said, the Government of Canada is taking action through federal immigration programs to make it easier for foreign trained health workers to immigrate to and obtain residency in Canada. CAF collaborates with other federal departments such as Immigration, Refugees and Citizenship Canada, Employment and Social Development Canada and Health Canada, who are working collaboratively with provinces and territories, health regulators and other partners to support streamlined approaches to FCR and licensure across jurisdictions, in order to reduce the time it takes for all qualified foreign trained doctors who meet the requirements to have their credentials recognized, obtain licensure and join the Canadian health workforce.

Recommendation 15: That the Government of Canada work with the Canadian Armed Forces to ensure competitive health care wages and employment for CAF members, contractors and public sector employees.

The Government of Canada agrees in principle with this recommendation.

CAF Medical doctors and dentists have their rates of pay reviewed on a cyclical basis to ensure consistency with the private sector. Medical doctors and dentists' rates of pay were recently rebalanced with the Canadian average general practitioner income, which is based on data collected by the Canadian Institute for Health Information.

Other members of CAF health services have their pay determined in accordance with the established methodology applied to all other CAF members. Through these processes, members of the pharmacist occupation were recently granted a pay increase to align their rate of pay more closely to their public counterparts.

Recommendation 16: That the Government of Canada retrain service personnel who have been injured, whenever possible, rather than release them for not meeting the universality of service doctrine.

The Government of Canada does not agree with this recommendation.

The CAF's unique role requires its members to be deployable and able to perform a wide range of tasks. For that purpose, CAF members must meet the minimum operational standards, which are the baseline requirement for CAF members' readiness.

It is important to note that transition does not automatically mean leaving the Forces. CAF transition services supports, first and foremost, the return to duty of members, whether by reintegrating them back into their home units or helping them transfer their skills and experience to new career paths within the CAF, such as through occupational transfers. Specifically, CAF members who do not meet the minimum medical requirements for their respective occupation (e.g. vision requirements for pilots), are strongly encouraged to explore transfer options so that they can continue a meaningful employment in the CAF in another occupation for which they meet the standard or as a civilian within the Defence Team. Before any transition back into civilian life, National Defence provides the member with options to continue to be a part of the Defence Team with a view to retaining their corporate knowledge and providing continued employment within the organization. Certain former CAF members who have been released for medical reasons have a right to a priority status for hiring for positions in the public service, including within the Defence Team. They can also be hired as a contractor, or as a part of the Cadet Organizations Administration and Training Service, a sub-component of the Reserve Force that supervises, administers, and trains cadets.

The minimum operational standards, which are the baseline requirement for CAF members' readiness, allow our military to quickly provide support to emergency responses across Canada and to conduct operations abroad. The CAF is in the process of modernizing the universality of service policy and its standards to better respond to the evolution of CAF roles and operations and to reflect developments in Canadian human rights law. This process is informed by evidence-based research and analysis. It is anticipated that the updated universality of service policy will be released in 2025.

Recommendation 17: That the Government of Canada undertake a comprehensive and comparative review of the health and transitioning services of allied nations to learn and potentially adopt practices that can benefit the quality of care both serving and retired members of the Canadian Armed Forces can receive.

The Government of Canada agrees in principle with this recommendation.

DND/CAF and VAC are continually learning from the experiences of allies to inform services and programs for CAF members and Veterans. For example, the Canadian Forces Health Services Group is represented on most NATO medical, technical, and scientific committees, panels, and

standing working groups.

In addition, DND/CAF is leading a Five Eyes activity on transition and resilience, one of the objectives of which is to carry out an environmental scan and a literature review to identify what works to support resilience in transition across Five Eyes countries. DND/CAF also participated in a NATO research activity on the Transition of Military Veterans from Active Service to Civilian Life. VAC also regularly considers the approaches and best practices of allied nations when reviewing and updating its policies.

Recommendation 18: That the Government of Canada, particularly the Department of National Defence and the Canadian Armed Forces, begin a consultation process with expert military medical practitioners, social workers, psychologists, and former members of the Canadian Armed Forces, to establish a nationwide data base of these critical professionals to ensure outgoing members have a seamless transition to health services when they leave the CAF.

The Government of Canada agrees in principle with this recommendation.

DND/CAF leverages existing, user-friendly, searchable databases of health care providers through various regulatory bodies, including the College of Psychologists of Ontario, to assist outgoing members in finding the health services they need when they leave the CAF. These databases are best maintained by regulatory bodies considering how frequently health care providers are added and removed.

To better support CAF member's transition, the CAF is currently developing a National Resource Directory that will provide a vetted list of supportive organizations that will assist in transition to civilian life. These organizations are divided into categories across the seven domains of well-being that the CAF utilizes to support its members when transitioning to veteran status, including: (1) employment or meaningful purpose; (2) financial security; (3) health; (4) life skills and preparedness; (5) social integration; (6) housing and physical environment; and, (7) cultural and social environment. This directory will consolidate a list of screened, verified, community trusted organizations in the military transition landscape that members can access. The National Resource Directory is in the final stages of development and is to be publicly launched before the end of 2024.

Recommendation 19: That the Government of Canada prioritize efforts to reduce the wait times for CAF members, who are being medically discharged, to have their injury attributed to service in the forces.

The Government of Canada agrees in principle with this recommendation.

VAC and DND/CAF are committed to collaborating to ensure all eligible applicants receive their Disability Benefit as quickly as possible. VAC understands the challenges in processing disability benefits and is continually looking for ways to speed up the decision-making process.

For example, VAC has recently implemented a strategy to address the long-standing issue of wait times, and regularly reports on its performance. As a result of this strategy, the percentage of applications completed within the 16-week service standard increased from 23% in 2019-20 to 56% in December 2022.

The determination of whether a member or Veteran is eligible to receive a Disability Pension or Pain and Suffering in Compensation requires several assessments, including an assessment of whether the injury arose out of or was directly connected with service. These assessments take time and are necessary to make an accurate determination of eligibility and amount payable.

To support CAF members applying for disability benefits, the CAF collaborates with VAC to simplify administrative processes and define the roles of each organization. The CAF shares medical information with VAC with the consent of the CAF member, helping to streamline the information process between the departments. CAF clinicians are responsible for members' medical care and occupational medical assessments. When a CAF member applies for VAC disability benefits, CAF clinicians ensure that the patient's medical record accurately reflects their medical history, diagnosis, treatment, and occupational limitations.

The delegated decision makers at VAC then consider evidence from a variety of sources to conclude their assessments, including the member or Veteran's Service Health Records, any medical diagnosis or tests that the member or Veteran may have received following release from the CAF, the member or Veteran's application, as well as third party statements that may be submitted with the application. A final decision requires the determinations of whether the member or Veteran is suffering from a disability as a result of a service-related injury, disease, or a non-service-related injury or disease that was aggravated by service, as well as the extent of the disability in order to determine the amount payable, which may require additional screening, particularly if the disability is the result of an injury or disease that happened years earlier.

Recommendation 20: That the Government of Canada increase its efforts to replace the aging medical infrastructure in the Canadian Armed Forces and the Department of National Defence.

The Government of Canada agrees with the recommendation.

Since 2010, DND has built nine new Health Service Centres and is looking to build additional ones. The new Health Service Centres consolidate all clinical capabilities into a single, centrally located facility. Health Service Centres are intended to be centrally located at each base to allow CAF members to attend an appointment during working hours. For example, the CAF Health Service Centre in Petawawa, opened during the summer of 2022, consolidates the provision of medical, dental, physiotherapy and mental care services to meet the growing demands of the Canadian Forces community.

In addition, DND/CAF is looking to build new infrastructure to accommodate CAF members transitioning to civilian life. The new CAF Transition Centre facilities would include workspaces and reception areas, as well as individual, group and specialized counselling and therapy spaces. The new facilities would enable CAF Transition Units to effectively administer, sufficiently support and dutifully assist all transitioning CAF members back to duty or to civilian life.

Recommendation 21: That the Government of Canada move to implement a digital medical record system to replace the existing and antiquated health record-keeping system used by the Canadian Armed Forces and the Department of National Defence, where the medical information of members of the Canadian Armed Forces is readily accessible to employees from Veterans Affairs Canada, military medical personnel, and civilian medical practitioners, for the purpose of facilitating access to medical records across the entities, for the calculation of medical entitlements and for a seamless transition upon release from the CAF.

The Government of Canada agrees in principle with this recommendation. The Government of Canada recognizes the shortcomings of the existing system and is working on options for a new system that would enable digital healthcare solutions for CAF members commensurate with fellow Canadians, while ensuring that their healthcare providers can readily access health information and improve health outcomes.

Recommendation 22: That the Government of Canada immediately implement the following recommendations, made by the Ombudsman’s Office, and already accepted by the Government of Canada, in the reports Canadian Rangers: A Systemic Investigation of the Factors That Impact Healthcare Entitlements and Related Benefits of the Rangers, and A Systemic Review of the Compensation Options for Ill and Injured Reservists:

“That the Department of National Defence and the Canadian Armed Forces eliminate ambiguity and inconsistency in language in the policy framework for Reservists, with a focus on health care entitlements, as soon as possible.” “That the Department of National Defence and the Canadian Armed Forces ensure compliance with the existing illness and injury reporting process so that Canadian Rangers are not inadvertently barred from accessing their health care entitlements and related benefits.”

“That the Department of National Defence and the Canadian Armed Forces ensure the delivery of health care to Canadian Rangers to which they are entitled by: engaging with Canadian Rangers with the view of identifying the barriers to their access to Canadian Armed Forces health care, and their health care needs within their social and cultural contexts; and identifying and implementing a service delivery model for Canadian Armed Forces health care that is responsive to the identified needs of the Canadian Rangers.”

“That the Department of National Defence and the Canadian Armed Forces take concrete steps to ensure Canadian Rangers have a clear understanding of the importance of reporting injuries, and to improve their knowledge and awareness of the health care entitlements and

related benefits available to them by: • Amalgamating information on Canadian Ranger health care entitlements and related benefits; • distributing this information to Canadian Rangers in various languages and formats as necessary, by fall 2018; • and ensuring that this information is integrated into formal and any other relevant training offered to the Canadian Rangers, by fall 2018.”

“The Department of National Defence and the Canadian Armed Forces improve the governance and administration of the Reserve Force Compensation process by: a) Creating a functional authority who is accountable for the Reserve Force Compensation process, and who can reinforce the applicable policies and directives in place; b) Amending Canadian Forces Military Personnel Instructions 20/04 to provide clarity and consistency in the cessation of service due to service-related injuries and illnesses; c) Streamlining the Reserve Force Compensation process by: i) Standardizing and simplifying forms; and ii) Ensuring that units forward claims directly to the Director Casualty Support Management for adjudication, within 30 days of the time the application was commenced; and d) creating a Defence Administrative Order and Directive to codify the Reserve Force Compensation process, including service standards or a performance measurement strategy to validate the effectiveness of the entire process.”

“That the Department of National Defence and the Canadian Armed Forces take concrete steps to improve the knowledge and awareness of the compensation options available to ill and injured Reservists by: a) Making any relevant documents, policies, procedures and forms easily accessible on the internet and on the Defence Information Network; b) committing the resources required for the development and implementation of a communications plan, including i) activities, ii) products, iii) timelines, and iii) metrics to reach and inform Reservists about available compensation options; and c) formalizing training on Reserve Force Compensation and the Government Employees Compensation Act, and defining the roles and responsibilities for all Reservists and their leadership within these processes.”

The Government of Canada acknowledges this recommendation.

Since the Ombudsman report was released in September 2017, the Government of Canada has either directly implemented the recommended course of action or made progress towards improving the issues highlighted by the recommendation.

Eliminating the ambiguity and inconsistency in language in the policy framework for Reservists

DND/CAF recognizes that there is some ambiguity and inconsistency in language in the policy framework for Reservists and is progressing on the development of a new policy framework to remedy the situation.

DND/CAF is in the process of confirming policy intent through updated partner consultations to ensure that the new policy framework will meet CAF needs, including those of the Primary Reserve, and aims for this work to be completed by the end of 2025.

While this work is underway, the CAF has implemented an interim directive for medical support to the Reserve Force to guide and clarify decisions on entitlements to health care to address the most important ombudsman recommendations.

Ensuring the delivery of health care to Canadian Rangers

Canadian Rangers are considered insured persons under the *Canada Health Act*. Therefore, Canadian Rangers can, and do, access medical services paid for by their respective provincial/territorial health care insurance program. In addition, health care services may be provided by the CAF if the injury or illness is related to duty or training. Considering the CAF's limited footprint in northern Canada, the CAF can procure health care services, where available, from provincial/territorial health care system in support of Canadian Rangers entitled to health care services provided by the CAF.

However, Canadian Rangers will experience challenges in accessing health care as they operate in over 200 remote, isolated, and sparsely populated communities of Canada. As such, both the local healthcare capacity and DND/CAF's ability to provide CAF healthcare in those communities can be limited.

The CAF's Canadian Ranger Enhancement project aims to reduce the risk of injuries for Canadian Rangers performing their tasks through training, proper clothing, better equipment and defined Tactics, Techniques and Procedures.

Improving Canadian Rangers knowledge and awareness of health care entitlements and benefits, and understanding of the importance of reporting injuries

The CAF is committed to the welfare of their Canadian Rangers. Physical injuries are being tracked and reported according to policies for all members. Before and after every training event or operation, Canadian Rangers are reminded to report injury or trauma immediately.

The CAF informs Canadian Rangers of their pay and benefits entitlements—including healthcare—during their annual training and through routine communications. Canadian Rangers Instructors perform return checks on the health of Canadian Rangers before and after training or operations. This focus on direct and continuous communication has proven to be effective and adapted to an audience who uses over 39 different dialects.

Improving governance and administration of the Reserve Force compensation process

The form used for Reserve Force compensation during a period of injury, disease, or illness, has been substantially revised and updated to decrease wait times for decision to under 72 hours. Efforts are ongoing to digitize the process to enable CAF members to access the information through a secure internet portal. Once the digitization is completed, it is estimated that wait times will be further decreased. The development of a Defence Administrative Order Directive

(DAOD) will not be pursued, as it is not an appropriate instrument to codify the Reserve Force Compensation (RFC) process. Rather, an RFC Aide Memoire available on the CAF Transition Group website provides detailed information on the process, and serves as a useful training tool. Work is underway to have the Aide Memoire available on the Canada.ca website.

Improving ill and injured Reservist's knowledge and awareness of available compensation options

DND/CAF assesses levels of awareness and satisfaction with programs and services that are available to ill or injured Regular Force and Primary Reserve members using the Your Say Survey on a routine basis. The most recently published results suggest that awareness of such programs is generally lower among Primary Reserve members compared to Regular Force members and that program awareness could be improved substantially.

The CAF is developing a communications plan to disseminate information regarding available compensation options for ill and injured Reservists. DND/CAF has also published informative articles in "The Maple Leaf" and "The Guardian". DND/CAF's internal learning and development platform is also being explored as an avenue to offer additional learning opportunities.

Recommendation 23: That the Government of Canada immediately implement the following recommendation, made by the Ombudsman's Office, and already accepted by the Government of Canada, in the report *Part-Time Soldiers with Full-Time Injuries: A Systemic Review of Canada's Primary Reserve Force and Operational Stress Injuries*:

"That the Department of National Defence and the Canadian Armed Forces improve the clarity and administration of Reservists' entitlement and eligibility for health care, periodic health assessments and future Reserve employment by: a) Completing the revision of *Queen's Regulations and Orders, Chapter 34—"Medical Services,"* that has been under review since 2009, to clearly identify all entitlements to care for all Reservists; b) incorporating the requirement for Reservists to undergo routine periodic health assessments (or to have their medical readiness determined) into the revised *Queen's Regulations and Orders Chapter 34—"Medical Services"* (along with associated policies and directives). Once this requirement is codified, ensure that the appropriate resources are in place to guarantee Reserve medical readiness; c) confirming in Canadian Forces Military Personnel Instruction 20/04 that Reservists whose Medical Employment Limitations so allow may be eligible to obtain new employment despite the existence of a temporary medical category."

"That the Department of National Defence and the Canadian Armed Forces take measurable steps to improve the knowledge and awareness of the entitlements available to all Reservists, especially those who may be ill and injured, by: a) Making any relevant documents, policies, procedures and forms easily accessible on the internet and on the Defence Information Network, and ensuring this information remains current; b) committing the resources required for the development and implementation of a communications plan. This would include activities, products, timelines and metrics to reach and inform Reservists;

c) ensuring that training on entitlement to health care (currently provided by the Field Ambulance Medical Link Teams) is effective and mandatorily provided to Reserve units; and d) ensuring that Reserve units have the appropriate number of training days to provide mandatory training to their members, and that such training is completed.”

The Government of Canada acknowledges this recommendation.

Since the Ombudsman report was released in May 2016, the Government of Canada has either directly implemented the recommended course of action or made progress towards improving the issues highlighted by the recommendations.

“That the Department of National Defence and the Canadian Armed Forces improve the clarity and administration of Reservists’ entitlement and eligibility for health care, periodic health assessments and future Reserve employment by:

a) Completing the revision of Queen’s Regulations and Orders, Chapter 34—“Medical Services,” that has been under review since 2009, to clearly identify all entitlements to care for all Reservists; b) incorporating the requirement for Reservists to undergo routine periodic health assessments (or to have their medical readiness determined) into the revised Queen’s Regulations and Orders Chapter 34—“Medical Services” (along with associated policies and directives). Once this requirement is codified, ensure that the appropriate resources are in place to guarantee Reserve medical readiness; c) confirming in Canadian Forces Military Personnel Instruction 20/04 that Reservists whose Medical Employment Limitations so allow may be eligible to obtain new employment despite the existence of a temporary medical category.”

DND/CAF is in the process of confirming policy intent through updated stakeholder consultations to ensure that the new policy framework will meet CAF needs, including those of the Primary Reserve. This work will result in an updated policy framework, including but not limited to enabling revisions to Queen’s Regulations and Orders, and is expected to conclude by the end of 2025.

The updated policy framework will remedy the ambiguity and inconsistency in language in existing policies for Reservists, including around the employment of Primary Reserve members who have temporary medical employment limitations and medical support.

Reserve Force member’s entitlement to assessments of medical fitness will be included in the high-level framework elements, and lower-level policy instruments will expand on when these will be required, what form they will take and how they will be delivered as the program is developed.

“That the Department of National Defence and the Canadian Armed Forces take measurable steps to improve the knowledge and awareness of the entitlements available to all Reservists, especially those who may be ill and injured, by:

a) Making any relevant documents, policies, procedures and forms easily accessible on the internet and on the Defence Information Network, and ensuring this information remains current;

Building on the progress and ongoing efforts outlined in Recommendation #22, the Canadian Forces Health Services (CFHS) has a Canada.ca website that identifies services and information related to health care services to CAF members. The web page provides links to access services including information on CAF medical clinics, the CAF Member Assistance Program, and the Operational Trauma and Stress Support Centres. Information on mental health and wellness, mental health and career and other programs and services can also be found on the website.

b) committing the resources required for the development and implementation of a communications plan. This would include activities, products, timelines and metrics to reach and inform Reservists;

DND/CAF is developing a public affairs plan to improve its communication activities for Primary Reserve members. The plan will include tailored public affairs activities to inform Primary Reservists on where to find the information pertinent to the health care services they are entitled to, along with where to find the supporting policies, documents, and procedures relevant to mental health resources. The plan will include a timetable identifying the activities and products that will be used to reach and inform the Reserve Force members and the leadership.

c) ensuring that training on entitlement to health care (currently provided by the Field Ambulance Medical Link Teams) is effective and mandatorily provided to Reserve units; and d) ensuring that Reserve units have the appropriate number of training days to provide mandatory training to their members, and that such training is completed.”

DND/CAF is committed to ensuring Reservists are knowledgeable and aware of their entitlements to health care. However, due to several systemic constraints, DND/CAF will not be providing mandatory training specific to health care entitlements at this time. That said, CFHS makes the information readily available on its Canada.ca website plans and is planning the production of a communication plan that will specifically target Primary Reserve members. In the meantime, information specific to health care for Reservists is available on the DND/CAF Ombudsman’s website.

Recommendation 24: That the Government of Canada, consistent with the best practices of the health insurance industry and for the prevention of chronic conditions, remove the requirement that Canadian Armed Forces members must obtain a physician’s referral to access chiropractic treatments that can be claimed through insurance. Moreover, the Government should increase the annual amount that can be claimed for such treatments.

The Government of Canada does not agree with this recommendation.

Chiropractic care, which is not funded publicly in Canada at this time, is provided by the CAF health system when assessed as required for a member by a CAF clinician. In contrast to an employee benefit plan, the number of sessions is authorized based on clinical need rather than a defined benefit set, ensuring that CAF members receive appropriate care based on medical need and to continue to be operationally effective and deployable.

CAF health care is not comparable to benefit plans within the health insurance industry such as the Public Service Health Care Plan. These benefit plans are negotiated components of employees' compensation packages, designed to supplement the publicly funded health care all Canadians are entitled to under the *Canada Health Act*, and are partially financed by employees through contributions.

The CAF health services are different. CAF members are excluded as insured persons under the *Canada Health Act*. CAF health system provides CAF members with comprehensive health care comparable to the publicly funded services they would otherwise receive as non-CAF member Canadians. The CAF health system can provide additional health services, but these are predicated on the need for CAF members to be medically fit for operations.

Recommendation 25: That the Government of Canada evaluate and test the suitability of uniforms, equipment and other gear for Canadian Armed Forces women on a continual basis. Moreover, when conducting such evaluations, the Government should apply a gender-based analysis plus lens to ensure that Canadian Armed Forces women can carry out their duties safely and comfortably.

The Government of Canada agrees with the recommendation.

As outlined in Canada's Defence policy SSE, DND/CAF is committed to long term investments, in order provide our women and men in uniform with the modern tools they need to succeed in – and return home safely from – operations. The Soldier Systems team, in collaboration with Defence Research and Development Canada (DRDC) and other DND organizations, is working to modernize nearly everything a soldier wears or carries on their body. The Soldier Operational Clothing and Equipment Modernization (SOCEM) initiative focuses on gender-based analysis and inclusivity to improve the “form, fit and function” of all operational clothing (uniforms and outerwear), protective equipment (ballistic helmets, ballistic vests, and plates), and load carriage systems (tactical vests, rucksack, and patrol packs). For example, deliveries of inclusive base layer will start in 2024.

Inclusive requirements including female fit, maternity, and religious requirements are now being incorporated in all soldier systems procurements. Finally, the CAF Anthropometric Program will modernize the database that DND/CAF currently relies upon for guidance on procurement of personal clothing and equipment to ensure that all body types and gender considerations are appropriately considered and accommodated. This will enable development, design, and procurement decisions for clothing and personal equipment that focus on improving performance, functionality, and comfort for CAF members of all genders and sizes,

ensuring fit and function is optimized. This initiative will be delivered as a phased approach, starting with the upgrade of existing scanners used for sizing in base clothing stores and then fielding an anthropometric survey to update the measurement database. New anthropometric data is expected to be available in increasing amounts from 2025 onwards.

Recommendation 26: That the Government of Canada provide Canadian Armed Forces members with full access to reproductive care, including fertility preservation and treatment benefits.

The Government of Canada agrees in principle with this recommendation.

DND/CAF is committing to ensuring it provides inclusive and comprehensive health care to its members. That is why DND/CAF supports the access to a range of reproductive care services congruent with care provided by other Canadian health jurisdictions, including fertility treatments and fertility preservation.

Fertility preservation is available for CAF members for medical reasons, such as undergoing treatment for a medical condition that may cause infertility. Given that the CAF spectrum of care is intended to provide CAF members with comprehensive health care comparable to that of Canadians under the *Canada Health Act*, the range of reproductive care services that are available will continue to be comparable to that available through provincial health care coverages. The CAF is also studying the impact of operational demands on members' family planning, fertility, and reproductive health outcomes.

Recommendation 27: That the Government of Canada establish standards designed to ensure that the medical assets and resources available to Canadian Armed Force women while they are deployed meet their needs, regardless of where they are serving, and integrate women's health education into pre-deployment training.

The Government of Canada agrees in principle with this recommendation.

The CAF recognizes the sacrifices that military personnel make in the service of their country and is committed to ensuring that all military personnel receive a high standard of health care and support. The CAF acknowledges that women in the CAF have unique health needs and that tailored resources and services must be available to support their health and well-being. That is why the CAF has committed to identifying and addressing systemic health barriers in the CAF that disproportionately affect women and others with diverse identity factors.

The funding received through Budget 2022 helped launch the Women's Health Initiative, which focuses on four areas: care, prevention, quality performance and assessment; and research and engagement. The first focus area 'care' seeks to provide a world-class, evidence-based medical system for women, both domestically and on deployment, by continuing to adopt best-practice clinical care and integrating tailored policies and programs specific to military settings. The second focus 'prevention' includes developing health-related education products to enable and

optimise health and wellness for women and diverse CAF members. This education, planned to be available via multiple media including distance learning courses, website, apps and social media, will concentrate on health in the military occupational and operational context including deployment. The fourth line of effort focuses on research and engagement. This means understanding the health status and relevant risk factors for CAF women and diverse members, and how these are influenced by military occupations and demands including deployment, and will guide our policy, program, and service development.

The goal of this initiative is to drive long-term and sustained improvement of women and diverse members' health, well-being, and occupational performance in the Canadian military environment, including deployment, and contribute to a CAF culture in which every member of the Canadian Armed Forces is fully enabled in their chosen career.

Recommendation 28: That the Government of Canada, in collaboration with relevant stakeholders, take immediate steps to eliminate the stigma concerning mental health services for Canadian Armed Forces members and military families, including by amending Section 98 of the National Defence Act to remove the criminalization of self-harm for Canadian Armed Forces members.

The Government of Canada agrees in principle with this recommendation.

DND/CAF is committed to reducing the stigma associated with accessing mental health services. Section 98 of the *National Defence Act* (NDA) is intended for those who render themselves unfit for service and acts as an important disciplinary tool. That said, DND/CAF is looking for ways to clarify its scope to address the perception that this provision may act as a barrier to individuals seeking treatment for mental health.

Supporting the mental health of personnel and ensuring members receive the support they need remains a key priority for DND/CAF. That is why the Road to Mental Readiness Program was launched in 2008 as a mental health education and training program for members and their families. The program was further augmented in 2017 with the introduction of a mobile application. The program aims to improve well-being, resilience, short-term performance, and self-awareness of one's own mental health. It also encourages members to seek help when needed.

DND/CAF also continues to launch several initiatives to improve mental health awareness across DND/CAF through participation in campaigns, including Bell: Let's Talk Day, Canada's Health Workplace Month, and Mental Health Week. DND/CAF has also led a body of research to better understand how various factors, including stigma may interfere with intentions to seek care for physical or mental health conditions. Results of this research will be leveraged to inform targeted strategies to reduce the extent that stigma impacts mental health care-seeking.

Section 98 of the NDA is an important disciplinary tool, particularly during armed conflict and in circumstances that involve the mobilization of large numbers of forces. This provision acts in

concert with other service offences in the Code of Service Discipline to maintain discipline and integrity in the CAF. Paragraph 98(c) of the Act explicitly requires that the accused persons willfully maim or injure themselves with the intention of rendering themselves unfit for service. The existing language is intended for those whose intent is to try to avoid service. An individual who suffers from a mental illness that manifests in self-injurious conduct would be outside the scope of this provision.

However, DND/CAF is looking at options to add a note to the *Queen's Regulations and Orders for the Canadian Forces*, to address the perception that this provision may act as a barrier to individuals seeking treatment for mental health.

Recommendation 29: That the Government of Canada increase awareness, among Canadian Armed Forces members, about the physical and mental health benefits, services and supports that they can receive during and following their release from the Canadian Armed Forces.

The Government of Canada agrees with this recommendation.

The care and support of military members and their families during their transition remains a priority for DND/CAF and VAC. To help CAF members and their families better prepare for the transition process and navigate the full range of transition resources available, DND/CAF and VAC have continued to develop and promote communication tools and web applications.

This includes additional information on the Canada.ca website regarding transition related CAF/VAC benefits and services, in addition to references that will bring the member to a digital transition centre, which is a virtual “one stop shop” for research and initiating contact with a guided support team. From the digital transition centre, members can access a transition guide, a 101-transition course, an appointment scheduling tool, and a link to the “My VAC” account website. The member also has access to the full complement of My Transition Seminars (formerly known as Second Career Assistance Network (SCAN)) Seminar). Members can populate their personalized, individual transition plan and receive comments/advice from VAC and CAF professionals. DND/CAF routinely assesses awareness and use of these transition programs and services to identify knowledge and service gaps and inform strategies to enhance awareness.

In parallel, VAC focuses its communications efforts on increasing awareness amongst Veterans of the services and benefits available to them using traditional communications methods, its website, social media platforms, the “Let’s Talk” Veterans portal, and engagement with media. VAC is also preparing a national targeted communications and marketing campaign to raise awareness about VAC services and benefits. This campaign will target CAF members, Veterans, and their families. It will promote VAC services (finances, career development, education, mental health and supports for post-traumatic stress disorder), so that Veterans and Canadians alike are aware of VAC’s role as a service provider. A multi-pronged marketing approach will be used to increase the campaign’s reach via various platforms and allow VAC to tailor its message for each audience.

Recommendation 30: That the Government of Canada, respecting provincial and territorial jurisdictions and in cooperation with relevant stakeholders, ensure that mental health and other care providers at operational stress injury clinics have adequate training to provide treatments and programming that are tailored to situations involving military sexual trauma. As well, the Government should design and implement a mental health training program for Canadian Armed Forces members that focuses on responding to the disclosure of sexual assault.

The Government of Canada agrees with this recommendation.

Ensuring that mental health and other care providers at operational stress injury clinics (OSICs) have adequate training to provide treatments and programming that are tailored to situations involving military sexual trauma is a priority for the Government.

Through memoranda of understanding with provincial health authorities, VAC and provincial health authorities establish the shared understanding that clinicians in each OSIC are trained in evidence-based treatments for trauma, including sexual trauma. VAC also requires that the clinics hire psychologists and other mental health professionals who are in good standing with their regulatory bodies and therefore trained in the specific treatment modality they are to use as part of their duties (e.g., OSIs, MST).

OSICs have always offered individual treatment of OSIs, including Military Sexual Trauma, and are sensitive to the needs of individuals when assigning a client to a clinician. OSIC clinicians are trained in sexual trauma, and tailor therapeutic follow-up to the individual's needs and specific experiences within the military.

Recommendation 31: That the Government of Canada work with provincial and territorial governments, as well as relevant other stakeholders, to ensure that all Canadian military family members have access to mental health services and supports that are both adequate and tailored to their needs.

The Government of Canada agrees with this recommendation.

As previously outlined, the Federal Government is responsible for providing medical care to members of the CAF as per the *Canada Health Act*. This means CAF members are not considered provincially/territorially insured persons. Spouses and dependents of CAF members are considered insured persons under provincial jurisdiction and thus access their medical care in the same way other Canadians do. DND/CAF will explore ways to improve Canadian military family members' access to mental health services through engaging with relevant stakeholders, including provinces and territories.

However, the Military Family Resource Centres can offer a wide variety of mental health programs and services for military families in accordance with the Military Family Services

Program Mental Health Framework. These services range from outreach, engagement and peer support, to psychoeducation, psychosocial education and mental health treatment. It also includes a Family Information Line that provides supportive counselling and scheduled virtual mental health appointments available seven days a week, 24 hours a day. Spouses, partners, children, parents or relatives of CAF members, including families of the fallen can access this information line. There is also a Family Liaison Officer employed by the Military Family Resource Centre to support families of a CAF member coping with an illness, injury, death or special need. All family members of an ill or injured CAF member are eligible for this no-cost, short-term counselling and associated programming. In 2020, Canadian Forces Morale and Welfare Services, working in collaboration with Kid's Help Phone, launched a dedicated crisis text service for children and youth from military families. Since May 2020, over 200 young people from military families have reached out to this service for timely mental health support during times of distress.

Recommendation 32: That the Government of Canada, in collaboration with provincial and territorial governments, expedite its efforts to increase the availability of—and secure access to—affordable child care and family physicians for military families.

The Government of Canada agrees with this recommendation.

Military families experience unique challenges when relocating with their military spouses and partners across Canada to meet the operational priorities of the Government of Canada. This includes being at a disadvantage regarding access to quality childcare every time a military family relocates to a new Canadian community. In the spirit and intent of the Government of Canada's commitment to build a Canada-Wide early learning and child care system, DND/CAF is working collaboratively with other government departments to identify ways to better address the specific child care needs of military families. DND/CAF will also explore options to work with provincial and territorial colleagues to raise awareness and seek opportunities jurisdiction-by-jurisdiction to improve childcare for CAF families.

Recommendation 33: That the Government of Canada reaffirm the importance of spiritual and religious care for CAF members and their families and adopt a policy of inclusion in the Chaplain Services that ensures all CAF members are able to receive pastoral care in all religions, faiths, and spiritualities, and furthermore that Chaplains from all religions and faiths are welcome in the Chaplain Services and are protected by the Charter of Rights & Freedoms.

The Government of Canada agrees with this recommendation.

As a key partner in the Total Health and Wellness Strategy of the CAF, the primary mission of the Royal Canadian Chaplain Service's (RCChS) is to support the spiritual and religious well-being of all CAF members and their families without exception. All chaplains are required to uphold the values and ethos of the CAF. All applicants to the chaplain occupation undergo a rigorous screening and participate in a competitive selection process, as well as receive the

endorsement of the Interfaith Committee on Canadian Military Chaplaincy. Prospective applicants to the RCChS must also meet the enrolment requirements for officers in the CAF. Any candidates who successfully complete the application, screening and selection processes required by the committee and the CAF have demonstrated their ability to provide religious or spiritual support and care to CAF members of all or no expressed faith without judgement or exception. Following enrolment in the CAF, all chaplain candidates complete a comprehensive training program, which includes coursework in pastoral care, ethics and pluralism.

The RCChS fully embraces the values and ethos of the CAF, and has taken significant steps over the past several years to strengthen its commitment to diversity, inclusion and cultural transformation. As an example, since 2019, the RCChS has sought to include a wider number of traditions not previously represented in CAF chaplaincy in order to better serve the CAF and represent the religious/spiritual diversity of Canadian society at large. This has resulted in the enrollment of chaplains from Sikh, Buddhist, and Humanist traditions, complementing those chaplains already representing a variety of Christian denominations, Judaism and Islam. The RCChS has also shifted from a historical requirement of “ordained” status to a more broadly defined status of “credentialed as a faith tradition leader” as a requirement for endorsement. In doing so, the RCChS has ensured wider opportunities for women who represent faith traditions that do not practice ordination for women, but who otherwise meet the qualification standards for CAF chaplaincy as credentialed spiritual or faith group leaders. This was already the case for Roman Catholic and Muslim women who currently serve in the RCChS, and will now be an option for women from other faith traditions as well. This is in addition to those spiritual and faith groups that practice ordination regardless of gender identification. To further promote diversity and inclusion, the RCChS has instituted several new advisor positions, including an Indigenous Advisor, 2SLGBTQI+ Advisor, Anti-Racism and Anti-Discrimination Advisor and Gender Advisor. The RCChS has also supported the creation of a senior chaplain position to provide direct advice to the Commander of Chief Professional Conduct and Culture (CPC) in an effort to raise awareness, educate, and innovate in the area of spirituality and religion. These advisors together play a critical role in providing strategic input and advice to ensure direction and guidance and support the creation of initiatives and programs that integrate diverse perspectives in both the RCChS and the CAF as a whole.