



# **A Discussion of Women's Health in the Canadian Armed Forces**

Canadian Forces  
Health Services Group



Groupe des Services de  
santé des Forces Canadiennes

# Outline

- Canadian Armed Forces and the CAF Healthcare system
- Women in the CAF
- Women's Health
- Policy Review



DND photo XC06-2019-0008-136

An HMCS *Whitehorse* crew member programs coordinates into the GPS of a Rigid Hull Inflatable Boat (RHIB) in the Pacific Ocean during Operation *Caribbe*, 12 April 2019.

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# Canadian Armed Forces (CAF)

- Unified armed force
  - Canadian Army
  - Royal Canadian Navy
  - Royal Canadian Air Force
- Components
  - Regular Force ~68,000
  - Primary Reserves ~27,000
- Military age range: 17-60 years
- Over 100 occupations - no restriction on occupation for women



# Canadian Forces Health Services

- CAF has its own health system
  - CAF members are excluded under the Canada Health Act
  - Single health system for all the CAF
- Eligibility for care
  - Regular force and full time reservists
  - Reservists while on duty, or for injury and illness related to duty
  - Most reservists obtain health care from the provincial health systems



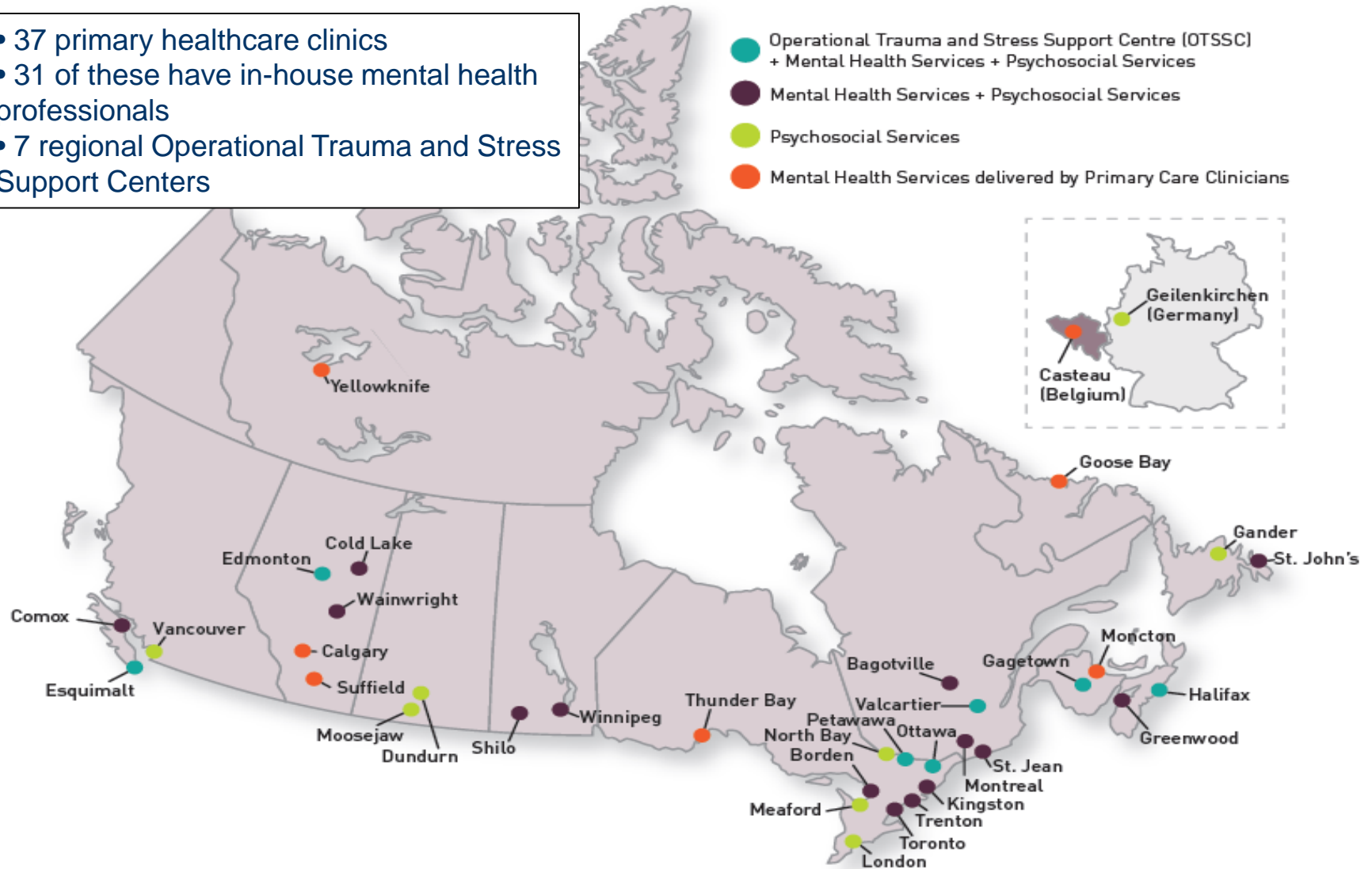
# Key Aspects of CAF Health Services

- Directly provide out-patient care only (except on operations)
  - Hospital care and many specialist services “purchased” from the civilian sector
    - Personnel have Blue Cross cards
- Confidentiality of medical records
  - Commanding Officers do not have access
- System-wide electronic medical record



# Mental Health Services in Canada and Europe

- 37 primary healthcare clinics
- 31 of these have in-house mental health professionals
- 7 regional Operational Trauma and Stress Support Centers



# Key Aspects of CAF Health Services

- We do not provide care to veterans
- We do not provide health care to military family members
  - Except under certain circumstances
  - .....but do provide “member focused family care”
- Occupational medicine is an important consideration
  - Ensure that people can safely do what is required of them
  - Protect them from (further) injury/illness



# Women in the Canadian Armed Forces

- Canadian women have served in virtually every armed conflict or peacekeeping effort Canada has engaged in during the past century and a half.
- Women served with distinction in the Boer War and the First and Second World wars.





# Women in the Canadian Armed Forces

- 1987 - Air Force opens all positions to women
- 1989 - all military occupations open to women, with one exception: service aboard submarines (which was opened in 2001)
  - First women infantry soldier
  - First two women CF-18 fighter pilots
- 1991 - The Gulf War the first conflict in which Canadian women take part in combat. HMCS Nipigon becomes the first mixed gender warship to participate in NATO exercises.



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# Women in the Canadian Armed Forces

- Women make up 15% of the Canadian military, with over 7,900 female personnel serving in the regular force and more than 4,800 women serving in the primary reserve.
- The CAF objective is that by 2026, 1 in 4 CAF members will be women.



# Statistics on the representation of women in the CAF as of September 2018

A summary of women's representation rates for officers and non-commissioned members (NCMs) in the Regular Force and Primary Reserve is as follows:

Service group	Percent of women
Regular Force Officers	19.30%
Regular Force NCMs	14.10%
<b>Total Regular Force members</b>	<b>15.40%</b>
Primary Reserve Officers	16.90%
Primary Reserve NCMs	16.20%
<b>Total Primary Reserve members</b>	<b>16.30%</b>
Regular Force and Primary Reserve Officers	18.70%
Regular Force and Primary Reserve NCMs	14.80%
<b>Total Regular Force and Primary Reserve members</b>	<b>15.7 %</b>

# Universality of Service

- "soldier first" principle
  - CAF members are liable to perform general military duties and common defence and security duties, not just the duties of their military occupation.
  - This may include, but is not limited to, the requirement to be physically fit, employable and deployable for general operational duties.



Canadian health care teams deployed as part of MINUSMA, practice their aeromedical evacuation skills in Gao, Mali on November 18, 2018.

# Physical Fitness Standard

- There are six common military tasks which are the basis for the Minimum Physical Fitness Standard for Universality of Service in the CAF
- Fitness for Operational Requirements of CAF Employment (FORCE)
  - four components each with minimal acceptable age-related standards that apply to **all**



physical training onboard HMCS REGINA during Operation PROJECTION, July 2019



# Pregnancy in the CAF

- The prevalence of pregnancy among Reg F CAF females was reported as 5.1% in 2014

**Table 5-1: Percentage of Regular Force women<sup>a</sup> pregnant at time of survey**

<b>HLIS</b>	<b>Percent</b>	<b>(95% CI)<sup>b</sup></b>	<b>Odds Ratio</b>	<b>(95% CI)</b>
2004	2.3	(1.6, 3.3)	0.44	(0.27, 0.72)
2008/9	4.7	(3.2, 6.8)	0.92	(0.56, 1.53)
2013/14	5.1	(3.7, 6.9)	Reference	

<sup>a</sup> Women currently on maternity leave or related sick leave were excluded from the Health and Lifestyle Information Survey.

<sup>b</sup> Estimates are standardized to the age, and rank distribution of the 2013 female Regular Force population.

Source: Health and Lifestyle Information Survey of  
Canadian Forces Personnel 2013/2014 – Regular Force Report

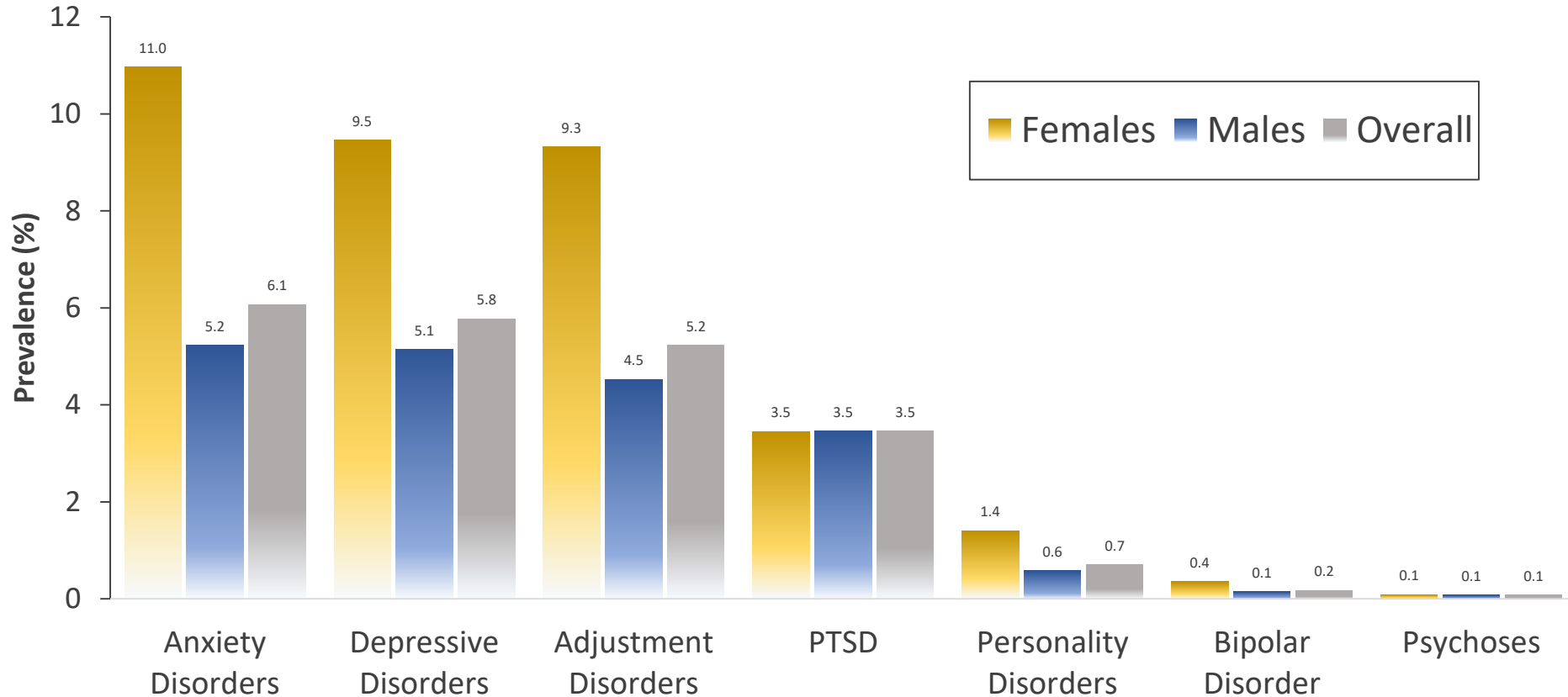
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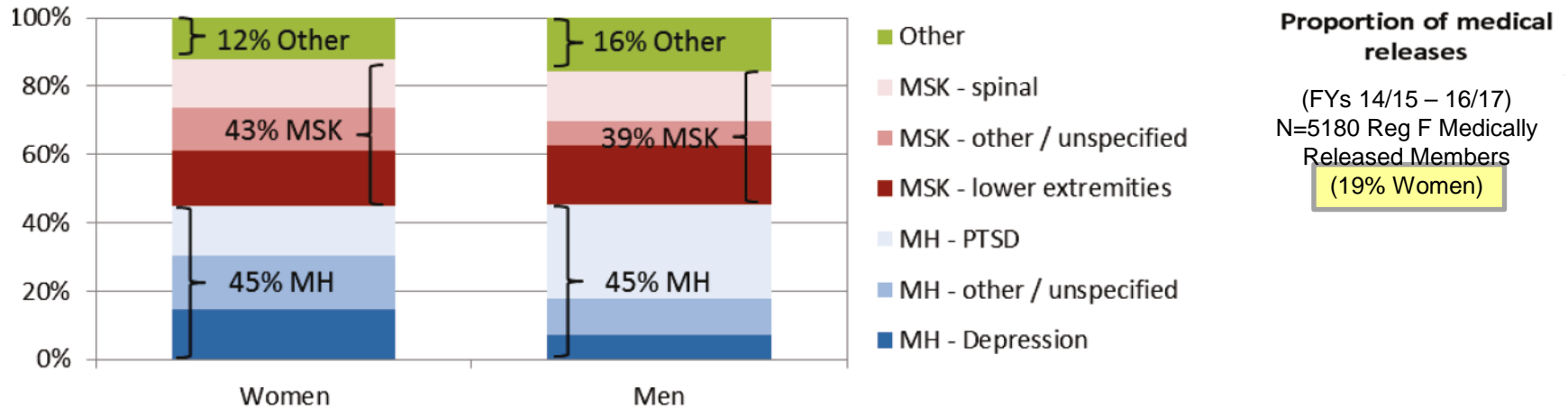
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# CAF Reg Force pers, Jan to Dec 2017, overall prevalence 13.6%

## Prevalence of New or Ongoing Mental Health Diagnoses



# Retention & Attrition: Reasons for Medical Release



**Overall:** Women are more likely to be medically released than men; however the proportions of mental health (MH), musculoskeletal (MSK), and other reasons are roughly equal between men and women:

- MH releases were the same for both men and women at 45%.
  - PTSD as primary diagnosis for releases was smaller for women (14%) compared to men (28%), but depression was higher.
- MSK releases was higher for women (43%) vs men (39%).
- Non-MSK and Non-MH diagnoses for women (12%) were related to the nervous system and for men (16%) it was circulatory.



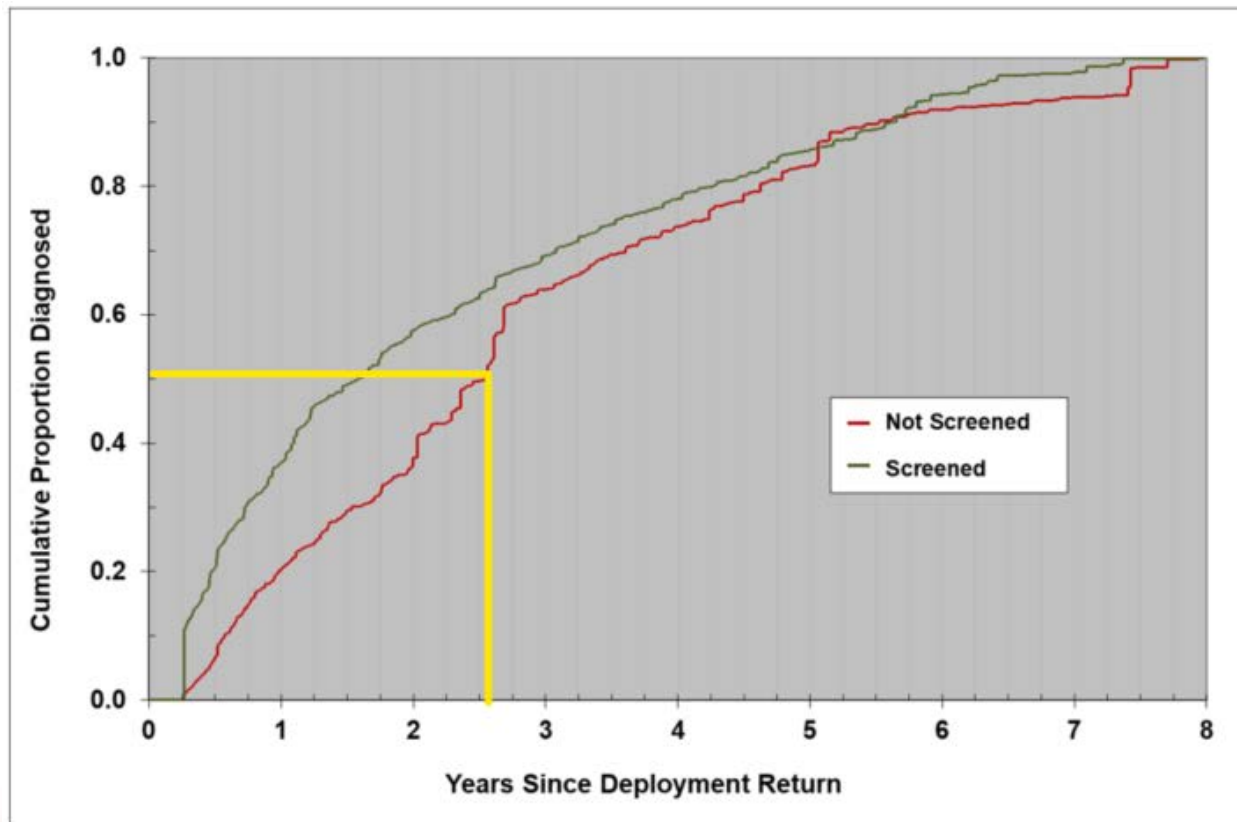
# Policy Review – enrolment screening

- 4000-13 Enrolment Medical Procedure (under revision)
  - Medical exam for medical issue that may impact fitness for service (CF2027) – this includes a spectrum of mental health disorders that may be disqualifying
  - Must meet the common enrolment medical standard as well as minimum medical standard for the selected military occupation based on A-MD-154-000/FP-000, *Medical Standards for the Canadian Forces*
  - significant medical conditions are assessed by stratified Risk Assessment Matrix



# Policy Review – MH screening and resiliency training

- 4000-17 Post-deployment Medical Screening Assessments



**Figure 1:** Cumulative proportion of mental disorder diagnoses that were identified as time since deployment return increased and by post-deployment screening status, among service members with a mental disorder that was deemed deployment service-related.




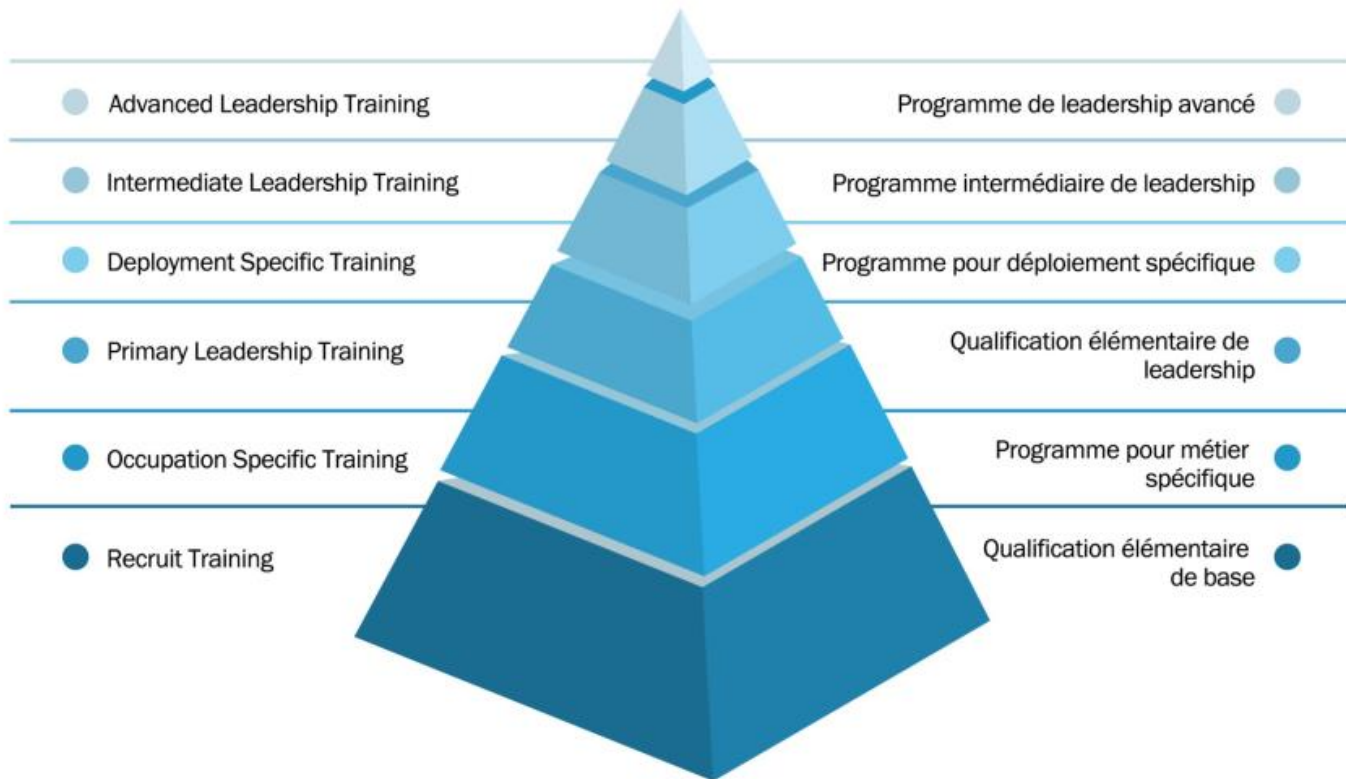
# Road to Mental Readiness

## Transition & Reintegration



Road to Mental Readiness  
En route vers la préparation mentale

 Défense nationale / National Defence



# Policy Review – Pregnancy

- CF H Svcs Gp Instruction 3100-23, Medical Administration of Pregnant Members
  - Describes activity restrictions for the member during pregnancy that consider ergonomic and physiological changes of pregnancy, and minimizes exposure to potential risks to the fetus (e.g., noise, toxin, electromagnetic radiation, etc.) Complete list in notes section.
  - Customised restrictions by occupation. For example, aircrew with uncomplicated pregnancies may continue on flight status with some restrictions up to 24 weeks of gestation, or for ground-based designated Control Positions until the end of the 34th week of gestation. Other restrictions include unfit ejection seat.
  - Restrictions may be more restrictive on a case-by-case basis
  - Sick leave (typically two weeks), followed by paid Maternity/Parental leave IAW Canadian standard following delivery (total up to 76 weeks) (Parental leave can be applied to either partner)



# Policy Review – other

- medications for contraception and menstrual suppression are available to women in garrison and in deployed settings
- management of female urogenital health conditions at primary care and specialist is available in garrison. Available in deployed settings generally at primary care level.
- fertility treatments: the eligibility is a one-time cycle (one at a time transfer of all viable embryos) per lifetime for any woman under the age of 43 years for Reg Force, and Class B and C Reserve greater than 180 days. Medication, cryopreservation (storage fees), and sperm donor fees are not be funded.



# Medical Services on Deployment

- Range of services on deployment, for example:
  - Forward Operating Base – Physician's Assistant and a Medic
  - Role 3 Hospital with range of primary and specialty care including stabilisation surgery, blood products and advanced imaging.



# Women's Health Proposal - Elements

- Deputy Minister support and Women's Health Champion coordinating a component plan to put more focus on women's health research and policy development specific to the CAF:
  1. CAF Working Group on Women's Health
    - Coordinate and prioritize activity among stakeholders, and synchronize communication
  2. Research on general health, wellness and performance
    - Many groups contributing, including VAC, CFHS, DGMPPRA, DRDC, and CFMWS, as well as civilian/University researchers (CIMVHR), and international military partnerships
  3. Health Care
    - Room to optimize how prevention and health care is tailored to women in military environments
    - Some of the needed surveillance and research is specific to health care/CFHS
    - Prevention, screening, education, and clinical care have long-term influence on members and veterans





# Questions