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RETAINING SKILLED PERSONNEL: A REALISTIC APPROACH TO THE APPLICATION OF MINIMUM DEPLOYMENT STANDARDS UNDER UNIVERSALITY OF SERVICE

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AIM

1. The aim of this service paper is to present an option for how the principle of Universality of Service (UoS) can evolve to increase the retention of skilled personnel in the Canadian Armed Forces (CAF) by reducing releases for breaching the minimum operational standard related to deployments. Through changing certain caveats under the minimum operational standard for deployments, and subsequently increasing flexibility under UoS, the ability to retain our skilled personnel will expand.

INTRODUCTION

2. As it currently stands, a member cannot have any medical or employment limitations that would affect their ability to deploy.¹ Yet the CAF has a pressing need to retain skilled personnel. In Fiscal Year 2018-2019, the CAF recruited 2,554 Regular Force (Reg F) personnel, but the attrition rate was 2,449.² Moreover, a disconcerting amount of trades saw attrition rates of well over 100% and 200%, more than double or triple their projected actuals.³ Although no mechanism aggregates this data and categorizes which releases are for breaching UoS under the deployment standard, it is

¹ Department of National Defence, Defence Administration Orders and Directives (DAOD) 5023-1, *Minimum Operational Standards Related to Universality of Service*, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5023/5023-1-minimum-operational-standards-related-to-universality-of-service.html>, last modified 31 August 2018.

² Department of National Defence, Chief Military Personnel – Director Personnel Generation Requirement, “PARRA Report Annex D Actual Recruiting vs Actual Attrition April 2018 – March 2019,” accessed 11 October 2019, <http://cmp-cpm.mil.ca/en/support/military-personnel/dpgr-index.page>.

³ Department of National Defence, Chief Military Personnel – Director Personnel Generation Requirement, “PARRA Report Annex C Attrition Projection vs Actuals April 2018 – March 2019,” accessed 11 October 2019, <http://cmp-cpm.mil.ca/en/support/military-personnel/dpgr-index.page>.

reasonable to assert these releases are occurring. This proposition is reinforced by the initiatives outlined in “Strong Secure Engaged” (SSE) intended to address retention problems posed by the current UoS. Specifically, SSE states:

The Canadian Armed Forces will also introduce new measures that allow some military members who no longer meet universality of service – that is, the requirement that all Canadian Armed Forces personnel be fit for deployment – due to illness or injury incurred while serving in the military to continue to serve on a case-by-case basis.⁴

This statement supports the premise that the CAF is experiencing challenges in retaining skilled personnel who do not meet UoS related to the minimum operational standard of deployability. Similarly, under the June 2019 *Report of the Standing Committee on National Defence*, Recommendation 20 states that the CAF should conduct a review of UoS for those Canadians who do not meet these principles and ascertain whether members can continue serving.⁵ Both of these statements add credence to the proposal that the CAF is releasing personnel based on their breaching UoS, which can be extrapolated to include the deployment minimum standard. The numbers related to attrition and retention, combined with the strategic-level attention surrounding UoS, reiterates the requirement for a new approach.

3. The principle of UoS is grounded in law, and holds that CAF members are liable to perform general military duties.⁶ UoS encompasses the requirement to be physically

⁴ Department of National Defence, *Strong, Secure, Engaged: Canada’s Defence Policy* (Ottawa, 2017): 22.

⁵ House of Commons, Standing Committee on National Defence. “Improving Diversity and Inclusion in the Canadian Armed Forces,” *Report of the Standing Committee on National Defence*, pg 4, June 2019, 42nd Parliament, 1st Session.

⁶ Department of National Defence, DAOD 5023-0 *Universality of Service*, last modified 31 August 2018, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-2/14>

fit, employable, and deployable.⁷ Currently UoS is based on minimum standards related to these three requirements, and applies to both Reg F and Primary Reserve (P Res) personnel.⁸ The overriding premise is that these members are expected to contribute and be ready for operational duty, and their “inability to do so reduces the capability and flexibility of the CAF to mount and sustain operations.”⁹ Under the minimum operational standard of deployability, the policy states a member must “not have a medical or other employment limitation that would preclude deployment.”¹⁰ From this, there are multiple caveats that the CAF member must adhere to in order to meet the minimum deployable standard, ranging from performing duties in the full variety of geographical locations and climatic conditions to performing duties with minimal or no medical support.¹¹ At this time, if an administrative review determines a member is permanently unable to meet one or more of the minimum operational standards, then the member is released.¹² Given the requirement for retaining skilled people, this current model is not sustainable for the CAF. This paper will analyse the applicable caveats outlined under the deployable category within UoS and put forth options for modifying these standards to increase their flexibility, thereby facilitating the retention of skilled personnel.

[administrative-orders-directives/5000-series/5023/5023-0-universality-of-service.html](https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5023/5023-0-universality-of-service.html). The statutory basis for this authority is section 33 of the *National Defence Act*.

⁷ Department of National Defence, *DAOD 5023-0 Universality of Service*, last modified 31 August 2018, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5023/5023-0-universality-of-service.html>.

⁸ Department of National Defence, *DAOD 5023-1 Minimum Operational Standards Related to Universality of Service*, last modified 31 August 2018, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5023/5023-1-minimum-operational-standards-related-to-universality-of-service.html>.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ *Ibid.*

¹² *Ibid.*

DISCUSSION

4. The first caveat states that a member must be able to “perform duties in the full variety of geographical locations and climatic conditions in any physical environment.”¹³ As stated previously, a member cannot have any employment or medical limitation that would prevent their deployment to any location. However, given the variety of geographical locations and climatic conditions that the CAF is engaged in, it is impractical to apply a nonspecific standard to six vastly different regions.¹⁴ Medical hazards present in the world’s regions vary greatly, and health concerns such as communicable diseases are completely different in Central American than Eastern Europe.¹⁵ Health services currently possesses mechanisms for capturing the medical hazards related to various deployed regions in their Deployable Health Hazard Assessment Teams (DHHAT) Reports, which are completed by theatre of operation. Additionally, the Geographic Factor (GF) existent within the medical category system could be utilized to capture the uniqueness presented with each theatre of operation. As it stands, those with a GF of 3 require a specific medical evaluation prior to proceeding on a tasking (among other items).¹⁶ A GF of 3 indicates to the Chain of Command (CoC) and medical staff that a member requires a more thorough review during their pre-deployment screening process. For personnel with medical limitations that would

¹³ *Ibid.*

¹⁴ Department of National Defence, “Current Operations List”, last modified 26 November 2018, <https://www.canada.ca/en/department-national-defence/services/operations/military-operations/current-operations/list.html>.

¹⁵ Max Roser and Hannah Ritchie, Our World in Data, “Burden of Disease,” accessed 14 October 2019, <https://ourworldindata.org/burden-of-disease>.

¹⁶ Department of National Defence, “Medical Category System,” accessed 11 October 2019, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/medical-standards-military-occupations/medical-category-system.html>.

preclude them from deployment to a specific region or environment, possessing a GF of 3 would indicate to medical staff a requirement for confirmation on deployment suitability to a specific theatre of operation. And this practice could be incorporated into the current pre-deployment screening process. The DHHAT reports, the GF medical category, and the pre-deployment screening process comprise the necessary tools required for health service staff to determine what location or region a member can deploy to within their medical limitations. Though a consequence of modifying this caveat is that not all CAF members will be employable at high readiness units, the current reality is such that not all members are employed at high readiness units throughout their career. As such, the obligation to release someone because they are unable to deploy to each of the six global regions could be modified so that personnel must be deployable, without specifying the location. This will reduce the number of personnel who are released based on diseases or medical conditions that limit their deployment to specific geographical regions, and ultimately retain more skilled personnel.

5. The next caveat includes deployment on short notice.¹⁷ All personnel in the CAF must undergo Personnel Readiness Verification (PRV) screening at the tier 1 level, and those selected for deployments, High Tempo Positions (HTPs) or High Tempo Units (HTUs) must undergo both tier 1 and tier 2 screening.¹⁸ For those in HTPs or HTUs, the requirement to deploy on short notice is a reality, which is why a specific screening

¹⁷ Department of National Defence, DAOD 5023-1 Minimum Operational Standards Related to Universality of Service, last modified 31 August 2018, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5023/5023-1-minimum-operational-standards-related-to-universality-of-service.html>.

¹⁸ Department of National Defence, DAOD 5009-0 Personnel Readiness, last modified 26 June 2017, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5009/5009-0-personnel-readiness.html>.

process must be passed before members are posted to these units or positions. However, numerous routine operations are planned through the managed readiness plans (MRPs) of the Services. The Canadian Army's MRP has a specific cycle dedicated to Brigade Groups, and not all units are on High Readiness in the cycle.¹⁹ Similarly, the Royal Canadian Air Force's MRP outlines when primary and secondary Force Generating Wings are dedicated to specific Air Task Force missions.²⁰ As such, for those members with personal circumstances that necessitate additional notice prior to a deployment, employment within a unit following the MRP cycle could provide that time. In addition, the CoC could manage their personnel when short notice deployments arise by choosing those who are willing and able to deploy for that tasking. Moreover, those in the P Res are unlikely to deploy on short notice given their employment model, yet they are held to this standard. As such, this is not necessarily a bona fide caveat that all CAF members must meet, but is unit and position specific, and can be appropriately managed by the CoC. Therefore, this caveat could be removed or widened to reflect current practices.

6. The following caveat states members must sustain irregular or limited meals, and in some cases miss meals altogether. Currently the CAF ensures there is a feeding plan for its personnel on deployments. The Canadian Forces Joint Publication (CFJP) 4.0 states the objective for feeding is to provide combat rations to a new theatre of operation,

¹⁹ Department of National Defence, Assistant Deputy Minister Review Services *Evaluation of Land Readiness*, last modified 1 March 2018, <http://www.dnd.ca/en/about-reports-pubs-audit-eval/276p1258-228.page>

²⁰ Department of National Defence, Assistant Deputy Minister Review Services *Evaluation of Air Force Readiness*, last modified 21 September 2018, <http://www.dnd.ca/en/about-reports-pubs-audit-eval/288p1258-3-005.page>

followed by fresh feeding.²¹ There is no doctrinal intent to have CAF personnel miss meals or have limited meals. Furthermore, the CAF could apply the principle of accommodating members with specific feeding requirements when possible, as doctrinally practiced for both allergies and religious accommodation.²² This caveat is a requirement for HTP or HTUs, and could be applied for specific missions in particularly resource constrained environments, such as United Nations operations. However, using the GF medical category along with the pre-deployment screening process could again aid in determining who requires additional feeding support during operations. Based on the doctrinal intent, this caveat is not a necessary minimum requirement for all deployments, and the medical screening process could once again aid in determining a member's deployment suitability if there are concerns surrounding feeding arrangements. Removing or increasing the flexibility in this area could reduce the number of personnel breaching UoS, potentially decreasing releases from the CAF.

7. Finally, the last two applicable caveats state that members must perform duties with minimal or no medical support, and perform effectively without critical medication. These will be reviewed in unison based on their similarities. For medical support, including medication, the CAF doctrinally endeavours to maintain integral health service

²¹ Department of National Defence, B-GL-005-400/FP001, *Canadian Forces Joint Publication 4.0*, (Ottawa: DND Canada 2014), 94. At the outset of an operation, the JTF will typically use combat rations. Once the capability to use fresh food has been deployed, the JTF will typically transition from using combat rations to fresh feeding ...

²² Department of National Defence , A-85-269-001/FP-001, *Food Services Direction and Guidance Manual*, (Ottawa: DND Canada, 2013), 111. It is the policy of the CAF that every reasonable effort shall be made to permit the observance of religious practices by individual members, when doing so will not impose undue hardship on the organizational element responsible for the accommodation. Approval or denial of requests for the accommodation of religious practices must be based on the circumstances of each case, taking into consideration such factors as: operational readiness and effectiveness; and the health and safety of the member, as well as other members of the unit. The approval authority is responsible for determining what constitutes “reasonable effort” and “undue hardship.”

support for operations at home and abroad. Under the CFJP 4.0, the Health Service Support (HSS) ranges from role Role 1 to Role 4 support on operations.²³ Under HSS specific Joint Doctrine, the primary objective of HSS is:

to conserve the fighting strength of the supported force...On operations, this consists of prevention of illness and injury; salvage of life and limb; rapid return to duty of the sick or injured; and evacuation, definitive care and rehabilitation of the sick and injured who are not expected to return to duty within a reasonable period of time.²⁴

Under both doctrinal tenets, the goal is to medically support CAF personnel on operations. Therefore, if the premise is accepted that doctrinally HSS endeavours to provide medical support to personnel on operations, a tailored approach to deployment suitability could be taken for each member based on their medical employment limitations (MELs). Currently Director Medical Policy employs a risk matrix for reviewing MELs to assist in determining whether a member can be retained, and this model weighs:

both the probability of an event occurring (Likelihood of Recurrence) and the medical consequences (Severity of Outcome), should the event occur. The intent is to balance an acceptable level of risk to the health and safety of the member, taking into account the potential unavailability of the appropriate level of medical care required for a medical condition, while simultaneously considering the effect on the operational mission.²⁵

Yet this risk matrix does not specify location or medical resources available to support a member. Since the level of medical support, including access to medication, varies

²³ Department of National Defence, B-GL-005-400/FP001, *Canadian Forces Joint Publication 4.0*, (Ottawa: DND Canada, 2014), 97.

²⁴Department of National Defence , B-GJ-005-410/FP-000, *Joint Doctrine: Health Services Support to Operations* (Ottawa: DND Canada, 2007), 19.

²⁵ Department of National Defence, Canadian Armed Forces Medical Standards (CFP 154) Annex F - *Medical Risk Matrix*, last modified 24August 2018, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/medical-standards-military-occupations/medical-risk-matrix.html>.

widely based on the nature of the task and location of the operation, a tailored analysis could be done before a member with MELs deploys. If a member has MELs that preclude deployment to one theatre of operation, it does not necessarily preclude deployment to other theatres of operation. As such, lowering the stringency of both caveats under the minimum operational standard for deployments would allow flexibility for members with MELs to deploy to locations that could accommodate their medical support requirements. This would subsequently reduce the number of skilled personnel released from the CAF.

8. There are three additional caveats that do not require robust analysis for reasons outlined below. These include:

- a. The caveat for travelling as a passenger in any mode of transportation. This may not require changing, but a common-sense approach should be applied in practice to manage releases attributed to this.
- b. The caveat for working prolonged or irregular hours. Given the nature of work within the CAF, in both deployed and home settings, this may not be strictly a factor related to deployments. It is worth noting that in the United Kingdom (UK), their Medically Non-Deployable personnel must be able to work 32.5 hours per week.²⁶ If the CAF adopted this as the minimum standard, it could increase retention of skilled personnel, but would need to be carefully weighed with affects on operations.
- c. Finally, the caveat for performing duties under physical and mental stress is very broad, and could also be placed as an employment caveat. Stress is

²⁶ Ministry of Defence, Defence Statistics Health Head, Freedom of Information Request, Reference: F012018/02760, 3 April 2018.

inherent in the work of the CAF and is not deployment specific. The Road to Mental Readiness program acknowledges this reality by providing training throughout a member's career, including in preparation for deployments.²⁷

CONCLUSION

9. Ultimately, the CAF must begin focussing on what its members can do, and tailor taskings accordingly. For those Reg F and P Res members who want to remain in the CAF and are willing to deploy, but have certain medical or employment limitations, a concerted effort is required by the leadership to ensure the organization capitalizes on their ability to serve. By altering the deployment caveats required to meet UoS, releases related to breaching UoS will be reduced. Consequently, this will enhance the ability of the CAF to retain its skilled personnel, with a likely side effect of expanding the current pool of experienced personnel to draw on for deployments.

RECOMMENDATION

10. It is recommended that the organization adopt models from two other nations which have retained personnel with medical or employment limitations that affect their deployability. The two forces are as follows:

a. The Australian Defence Force (ADF) has categories assigned to its personnel that determine the type of operations the member is fit for, but their members are not expected to be fit for every type of operation all over the world. Under their Medical Employment Classification (MEC), the intent is for the

²⁷ Department of National Defence, *The Road to Mental Readiness Program*, last modified 28 August 2017, <https://www.canada.ca/en/department-national-defence/services/guide/dcsrn/r2mr.html>.

system to be a flexible framework that ensures all of the ADF's members are “employed to their maximum potential to the best advantage of both the Defence member and the...ADF.”²⁸ The MEC categories focus on deployability, employability, and rehabilitation with the overarching principle of “flexibility for workforce managers to match Defence members against specific employment criteria in differing environments.”²⁹ The MEC has impacts holistically on the ADF member’s career, not just their employment in a deployed environment.³⁰ There are five levels within the MEC, with MEC 1 as Fully Deployable and Employable to MEC 5 as Separation.³¹ MEC 1 is for those who are medically fit to participate in the full spectrum of military duties in deployed and non-deployed environments, and are therefore eligible for the full range of postings and employment opportunities.³² MEC 2 covers those who are not able to perform the full range of military duties, but who can undertake limited duties depending on the material and health support available, as well as the physical requirements within the different employment environments. Unlike the CAF, the inability of an ADF member to perform in every type of deployed location with varying levels of resourcing is not necessarily automatic grounds for release.

²⁸ Australian Defence Force, MILPERSMAN Part 003, Chapter 2, “Australian Defence Force Medical Employment Classification System,” 1.

²⁹ *Ibid.*

³⁰ Australian Defence Force, MILPERSMAN Part 003 ...3. The allocation of MEC has implications beyond simply determining medical fitness for a deployed environment. Medical fitness will impact on decisions involving postings, training, rehabilitation, compulsory and voluntary transfers between employment groups or to the Reserves, payment of specialist allowances, employment group skill grades, rate of salary and retention in the ADF.

³¹ Australian Defence Force, MILPERSMAN Part 003 ...4.

³² *Ibid.*

b. The British Armed Forces has medical deployability categories that include: Medically Fully Deployable (MFD) with no restrictions in deployment; Medically Limited Deployable (MLD) where members have a minor employment limitation (medical or functional) that prevents meeting the full MFD; and Medically Not Deployable (MND), where members have major employment limitations, and are not fit to deploy on operations but who can be employed on UK based exercises and should be able to work effectively for a minimum of 32.5 hours per week.³³ Within the information provided by the Ministry of Defence, it outlined that as of 1 January 2018, the British Armed Forces had 13,967 MLD and 13,104 MND out of 137,263 service personnel.³⁴ It is worth noting that these medical deployability categories can be either issued on a permanent or temporary basis.³⁵ Consequently, members of the British Armed Forces can be retained even if they are unable to deploy outside of the UK.

The flexibility built within both of these nations and their focus on the contributions their service personnel can make both at home and abroad is an approach that would work well for the CAF. As such, it is recommended the CAF begin reviewing our Allies deployment principles for incorporation into our employment and retention model, specifically in relation to deployment standards under UoS.

³³ Ministry of Defence, Defence Statistics Health Head, Freedom of Information Request, Reference: F012018/02760, 3 April 2018.

³⁴ *Ibid.*

³⁵ *Ibid.*

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