National Defence Défense nationale

Canadian Forces College

Collège des Forces Canadiennes

Recruit the Soldier, Retain the Family: Removing Barriers to Primary Care for CAF Dependants

Lieutenant-Commander Johnathan MacDonald

JCSP 50

Exercise Solo Flight

Disclaimer

PCEMI n° 50

Exercice Solo Flight

Avertissement

Canada

CANADIAN FORCES COLLEGE - COLLÈGE DES FORCES CANADIENNES

JCSP 50 - PCEMI n° 50
2023 - 2024

Exercise Solo Flight – Exercice Solo Flight

Recruit the Soldier, Retain the Family: Removing Barriers to Primary Care for CAF Dependants

Lieutenant-Commander Johnathan MacDonald

Recruit the Soldier, Retain the Family:
Removing Barriers to Primary Care for CAF Dependants

The Canadian Armed Forces (CAF) personnel shortage has been widely acknowledged in recent years and particularly during and following the COVID-19 pandemic. The most recent reports identify that the CAF is missing a combined 16,000 Regular Force and Reserve Force members within its ranks.[1] The recruitment of young Canadians is recognized as a major challenge that the CAF must overcome. Alternatively, CAF retention is less frequently discussed and perhaps the more complex issue of the two to solve. There are many factors involved in a CAF member's decision to either submit their release or to sign the next contract. While each individual has unique circumstances, for members with dependants, it is the family that is often at the heart of this decision.

Few join the CAF for the healthcare benefits. Particularly for the young, healthy, Canadian-born recruit that has grown up in a nation with Medicare, it is rightly assumed that they will have sufficient access to healthcare upon entry. This is a social contract. For those CAF members who choose to get married, enter a civil relationship, and/or have children, it is also assumed that their dependants will at least maintain their current access to primary care within the country they serve. Spouses of these Regular Force CAF members may anticipate making sacrifices when entering the relationship, but forfeiting healthcare access is rarely considered. Unfortunately, as families grow and military careers require frequent postings to new regions around the country, this is increasingly what is occurring.

As primary care waitlists grow longer across the country, military families may spend the duration of a posting on a waitlist only to be relocated to a new city or province and restart their wait from the back of the queue. The result? Dependants of Regular Force CAF members have reduced access to primary care versus other Canadians due to the postings of their partner or parent. The Department of National Defence (DND) must resolve this chronic yet escalating retention issue by attaining equitable primary care access for CAF families. Doing so will not only support the health and wellness of CAF dependants but will alleviate one of the primary obstacles to family relocation, and thus to retention as well. While access to healthcare may not serve as a major influence in recruitment, the phrase 'recruit the soldier and retain the family' is perhaps even more pertinent in the current environment.[2]

---

[1] Charlotte Duval-Lantoine, "Throwing Money at Recruitment Won't Fix the CAF's Personnel Problems." *The Hill Times*, March 6, 2024, Retrieved from https://www.hilltimes.com/story/2024/03/06/throwing-money-at-recruitment-wont-fix-the-cafs-personnel-problems/413627/

[2] Anthony John, "Organisational Culture: From Institution to Occupation: Australian Army Culture in Transition." Australian Army Journal 10, no. 3 (2013), 198. https://search-informit-org.cfc.idm.oclc.org/doi/10.3316/INFORMIT.247008483604565

This paper will employ an institutional ethnography approach, predominantly via secondary sources, to include both qualitative and quantitative research of Canadian military families to highlight their unique healthcare challenges. Institutional ethnography is a qualitative theory or methodology which focuses on people's everyday lives and how institutional forces influence their lived experiences.[3] It examines how people coordinate and organize their lives around the institutional controls and aims for experiential knowledge rather than only objective.[4] With no intent to diminish the contributions of Reserve Force members and their families, this paper will focus primarily on the families of Regular Force (Reg F) CAF members - those who are full-time, eligible to receive healthcare through Canadian Force Health Services (CFHS) and are obligated to relocate via a CAF posting. Unless otherwise stated, "CAF families" or "CAF dependants" will refer to those dependants of members within the Reg F.

LITERATURE REVIEW

CAF Family Demographics

Military family dynamics and demographics have evolved over decades, corresponding with Canadian society. Approximately 64% of Reg F members have at least one legal dependant which may include a spouse, child, parent, or other family member.[5] 56% of Reg F personnel are married or common-law, while 8% are single but with dependant(s).[6] Of those Reg F members with children, 14% are single parents.[7] In total, CAF dependants amount to a population of approximately 100,000 Canadians.[8] CAF families share much in common with other Canadians but do experience some unique stressors which includes moving three times more frequently than civilian families.[9] Each relocation alters the resources and networks relied on to support family life and therefore requires re-establishment of services upon arrival.

Family members also encounter distinct challenges from the CAF member whom they relocate for and with. For instance, upon posting, CAF members are provided

---

[3] Grainne Kearney, Corman MK, Hart ND, Johnston JL, Gormley GJ. "Why institutional ethnography? Why now? Institutional ethnography in health professions education," *Perspectives on Medical Education,* February 2018, Vol. 8(1), 17, doi: 10.1007/s40037-019-0499-0

[4] Kearney et al., "Why Institutional Ethnography?" 20.

[5] Lynda Manser, (2018). "State of Military Families in Canada: Issues Facing Regular Force Members and Their Families." Canadian Forces Morale and Welfare Services., 8 https://cfmws.ca/getattachment/e5fb77d5-722a-4a9b-b4d5-a4be2fc37007/State-of-Military-Families-in-Canada-August-2018.pdf

[6] Lynda Manser, "State of Military families in Canada," 8.

[7] Lynda Manser, "State of Military families in Canada," 8.

[8] Lynda Manser, "Fast Facts: Canadian military families," *Journal of Military, Veteran and Family Health*, Vol 6, No. 2, 2020, 13, https://jmvfh.utpjournals.press/doi/10.3138/jmvfh-2019-0002

[9]Pierre Daigle, "On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium," November 2013, 4, https://www.canada.ca/content/dam/oodndcf-odnfc/documents/reports-pdf/mf-fm-en.pdf

uninterrupted employment at the appropriate rank and skillset, can establish social connections with colleagues, and have immediate access to healthcare, facilitated by a CAF-wide electronic medical record. Alternatively, the results of a 2013 Quality of Life Survey of CAF spouses found that these aspects were rated most difficult for CAF spouses to re-establish in a new location.[10] At the top of this list, 44% of CAF spouses found restoring medical services for they and their families to be the greatest challenge.[11] Similarly, in a 2018 survey on relocation, CAF families ranked finding a new family physician as the third highest priority during relocation, just behind finding a home, and selling their previous property.[12] Perhaps somewhat surprisingly, establishing primary care access was ranked higher than finding child care, spousal employment, or choosing the right neighbourhood.[13] Given the current family physician shortage nationwide, it is likely that survey respondents would place an even greater emphasis on healthcare access today.

Canadian Healthcare Demographics & Environment

Primary care access has declined across Canada in recent years due to a number of factors. The COVID-19 pandemic is often cited as the source of the problem but while it was a significant contributor, there are several other elements that led to this health system crisis. The number of Canadians without a family physician rose from 4.5 million to 6.5 million between 2019 and 2023.[14] During the first six months of the pandemic, Ontario family physicians left their practices at double the average rate of attrition, fueling the shortage.[15] But Canada's baby-boomer laden population disrupts the supply and demand balance on two spectrums. It is a problematic combination when an aging population produces additional health resource pressures, and for the same reason, the physician pool is shrinking due to retirements. The most recent statistics on physician demographics indicated that of the 44,584 general practitioners across Canada, 40% were 55 years or older and 16% were 65 or older.[16] In addition, immigration has led to steady

---

[10] Military Family Services, "Research Focus: Making Canadian Research Meaningful to Better Serve Military Families," Issue 4, January 2017, 1, https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/additional%20research/Research-Focus-Issue-4-Highlights-from-2013-Quality-of-Life-Survey-of-CAF-Spouses-Jan-2017-EN.pdf

[11] Military Family Services, "Research Focus," 1.

[12] Lynda Manser, "Relocation Experiences: The Experiences of Military Families with Relocations Due to Postings – Survey Results." Military Family Services, Canadian Forces Morale and Welfare Services, 2018, 25, https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/research/Relocation-Experiences-Research-Report-May-2018.pdf

[13] Lynda Manser, "Relocation Experiences," 25.

[14] Diana Duong and Laurne Vogel, "National Survey Highlights Worsening Primary Care Access," *Canadian Medical Association Journal*, April 2023, 1, https://www.cmaj.ca/content/195/16/E592

[15] Diana Duong and Laurne Vogel, "National Survey Highlights Worsening Primary Care Access," 1.

[16] Canadian Medical Association. (2019). "Number of physicians by specialty and age," 1, https://www.cma.ca/sites/default/files/2019-11/2019-02-physicians-by-specialty-age-e_0.pdf

population growth and family physicians are also leaving their practice because of the current funding models.[17] The imbalance of financial incentives is also prompting medical school students to choose a specialty over family medicine. This multifaceted issue will take many years to address and experts are forecasting and bracing for the discrepancy between supply and demand to worsen.[18]

Military Family Access to Care & Impacts on Health

What does this disheartening reality mean for CAF families? In addition to frequent relocations, spouses and children may also endure repeated and often prolonged amounts of separation from their CAF member and face the strain of having their loved one deployed to a high-risk environment.[19] This can take a toll on all members of the family and can be compounded when continuity of health care is broken or when posted to a rural or remote community where specialist or paediatric care may not be available.[20] A 2016 survey detailed that 24% of military spouses and 17% of military children did not have a family doctor, above the 15.5% for the remainder of Canadians.[21] Unfortunately, studies reveal that the combination of stressors and barriers to accessing care can lead to negative health outcomes. A retrospective cohort study using data from multiple health databases in Ontario between 2008 and 2013 demonstrated that on average, military family members had their first healthcare contact in a new province 40% later than civilian families.[22] Military children were less likely to access paediatric care or to be fully vaccinated, while older dependants and young spouses under the age of 24 were more than twice as likely to be hospitalized.[23] Based on the nationwide health human resource crisis that Canada is currently facing, without meaningful policy implementation, primary care access for CAF families will continue to deteriorate.

---

[17] Sharon Kirkey, "Canada's Family Doctor Shortage: 10 million will soon lack access to primary care," *The National Post*, February 16, 2024, 2, https://nationalpost.com/health/canada-family-doctor-shortage
[18] Sharon Kirkey, "Canada's Family Doctor Shortage," 1.
[19] College of Family Physicians of Canada, "Family Physicians Working with Military Families," 2016, 3, https://fmf.cfpc.ca/working-canadian-military-families/
[20] Gaby Novoa, "Research Recap: Caring for Youth from Military Families," *The Vanier Institute,"* November 2021, 1, https://vanierinstitute.ca/research-recap-caring-for-youth-from-military-families/
[21] College of Family Physicians of Canada, "Family Physicians Working with Military Families," 2016, 5, https://fmf.cfpc.ca/working-canadian-military-families/
[22] Alyson Mahar, Alice B. Aiken, Heidi Cramm, Marlo Whitehead, Patti Groome, and Paul Kurdyak. "Access to Health Care and Medical Health Services Use for Canadian Military Families Posted to Ontario: A Retrospective Cohort Study," *Journal of Military, Veteran and Family Health 4*, no. 2, 2018, 65, https://doi.org/10.3138/jmvfh.2018-0014.
[23] Mahar et al., "Access to Healthcare and Medical Health Services Use for Canadian Military Families Posted to Ontario," 65.

DND Policies

Numerous studies and surveys have been completed in the last 15 years involving Canadian military families, often but not solely led by Military Family Services (MFS). One of the most substantial reports was published by DND/CAF Ombudsmen in 2013. This *Special Report to the Minister of National Defence* touched on a range of the most pressing issues that CAF families face, including both negative health outcomes for military children and the struggle to access primary care.[24] The report received positive feedback from both the Minister and Chief of Defence Staff (CDS) and served as a catalyst for further research.[25]

A key topic discussed in the report was the *Canadian Forces Family Covenant,* which was announced in 2008, during the peak of the CAF's involvement in the war in Afghanistan. The Covenant is a social contract which recognizes the unique lifestyle of CAF families and the role that they have in enabling operational effectiveness.[26] Within it, DND/CAF pledges "…to work in partnership with families and the communities in which they live. We commit to enhancing military life."[27] Ombudsmen Mr. Pierre Daigle, stated that the Covenant possessed minimal tangible impact but referenced it as the foundation in making his 15th recommendation within the report, to assist military families in achieving better healthcare access.[28] DND has also published Defence Administrative Order and Directive (DAOD) 5044-1 dedicated to families.[29] Similarly, this DAOD includes a "CAF Commitment to Families" which vows to provide services for the well-being of CAF families and to support in reducing the impact of postings on CAF family stability.[30]

The 2017 Defence Policy *Strong, Secure, Engaged* (SSE) directly highlighted obstacles that CAF families face when relocating and announced several new initiatives

---

[24] Pierre Daigle, "On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium." Ombudsmen Special Report to the Minister of National Defence, November 2013, 5-6, https://www.canada.ca/content/dam/oodndcf-odnfc/documents/reports-pdf/mf-fm-en.pdf

[25] Tom Lawson, "Annex C: Chief of the Defence Staff's Response to the Advanced Draft of the Report," 6 August, 2013, https://www.ombudsman.forces.gc.ca/en/ombudsman-reports-stats-investigations-military-families/military-families.page#mf-annex-c

[26] Department of National Defence, "Canadian Forces Family Covenant," CANFORGEN 193/08 CMP 083/08, 211848Z Oct 08, 1, http://vcds.mil.ca/APPS/CANFORGENS/default-eng.asp?id=193-08&ty.pe=canforgen

[27] Department of National Defence, "Canadian Forces Family Covenant," 1.

[28] Pierre Daigle, "On the Homefront," 75.

[29] Government of Canada "DAOD 5044-1 Families" https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5044/5044-1-families.html#cafcf

[30] Government of Canada, "DAOD 5044-1 Families," 1.

to reduce this burden.[31] The most significant new program was titled the *Comprehensive Military Family Plan* (CMFP), specifically aimed to achieve the objectives of both the CF Family Covenant and CAF Commitment to Families, to "stabilize family life."[32] In addition to new funding for Military Family Resource Centres (MFRC), the purpose of the CMFP was to support families in re-establishing necessary services in their new community and to liaise with provincial and other partners to enhance coordination of services across provincial borders.[33] The CMFP initiative was tasked to the Canadian Forces Morale and Welfare Services (CFMWS) to develop and implement.[34]

More recently, the CAF Retention Strategy was released following the disruption that the COVID-19 pandemic had on CAF recruitment and training and as well, its negative impact on retention.[35] This strategy echoes past documents in its identification of CAF family adversities but also disaggregates the CAF family into multiple categories with varying circumstances such as service couples, non-service couples, as well as LGBTQ2+ and racialized families.[36] The strategy notes important differences regarding the lived experiences of these families and therefore the distinctive needs that each may require. Supporting CAF member and family wellness is listed as one of the six lines of operation within the strategy with the goal of achieving better balance between CAF service and family life.[37] Based on the assortment of policies, strategies, covenants, reports, studies, and surveys in recent years, it appears that DND has a clear understanding of the problems faced by military families, though with any complex problem, finding solutions has been more elusive.

Canada Health Act and Jurisdiction

Much of the problem space regarding a lack of primary care access for CAF families is centred around jurisdiction. Specifically, as healthcare falls under provincial jurisdiction within Canada, the federal government has limited authority to influence how each province or territory manages its individual health system. Canada's national public health insurance program known as Medicare was adopted in 1966 and the Canada

---

[31] Department of National Defence. Strong Secure Engaged: Canada's Defence Policy, 2017, 29, https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canada-defence-policy.html
[32] DND, "Strong, Secure, Engaged," 29.
[33] DND, "Strong, Secure, Engaged," 29.
[34] Canadian Forces Morale and Welfare Services, *State of Militaries Families in Canada: Issues Facing Regular Force Members and Their Families*, 2018, 1, https://www.cafconnection.ca/getmedia/5fbcf542-d946-4d6f-b7f9-70ab8c466bb4/State-of-Military-Families-in-Canada-August2018.pdf.aspx.
[35] Department of National Defence, "Canadian Armed Forces Retention Strategy," 2022, 1, https://www.canada.ca/content/dam/dnd-mdn/documents/reports/caf-retnetion-strategy/caf-retention-strategy-en-2022.pdf
[36] DND, "Canadian Armed Forces Retention Strategy," 24-25.
[37] DND, "Canadian Armed Forces Retention Strategy," 35.

Health Act (CHA) was passed in 1984.[38] The CHA is what outlined the conditions of the Canada Health Transfer to provinces and territories to be eligible for federal funding.[39] The five principles of the Act and the criteria which the provinces must achieve include: universality, comprehensiveness, portability, accessibility, and public administration.[40] This provides the federal government with a lever to maintain some oversight and influence over provincial and territorial health systems to ensure each are meeting the intent of the CHA. When the Act was legislated 40 years ago, the emphasis was on accessibility to acute or hospital care and unfortunately primary care access was largely neglected. While both Medicare and the CHA are viewed as sources of Canadian pride, in recent years the national conversation has more frequently been about how the health system is in decline.

DISCUSSION

Impact on CAF Retention

The *2022 CAF Retention Strategy* describes the recent CAF attrition rate to be between eight and nine percent, slightly below the 10.2% rate across the Canadian private sector.[41] This rate of attrition is also comparable with other Five Eyes allies such as Australia, New Zealand and the United Kingdom (UK).[42] While it is understood that the majority of allied forces are currently confronted with similar recruiting and retention issues as Canada, the reasoning for this cannot be conveniently generalized across all western societies. The same logic applies to the military family experience as studies have shown that the Canadian experience is divergent from other nations.[43] Most notably, there are stark structural differences regarding education, taxation, licensing, and of course healthcare between Canadian and American military families, as American families are included within the United States' military health system.[44]

A 2014 CAF retention survey asked more than 2,100 Regular Force members who intended to release from the CAF within five years, what their top three organizational as

[38] Government of Canada, "Canada Health Act Annual Report 2022-2023," 2023, 6, https://www.canada.ca/en/health-canada/services/publications/health-system-services/canada-health-act-annual-report-2022-2023.html#a1
[39] Government of Canada, "Canada Health Act Annual Report," 6.
[40] Government of Canada, "Canada Health Act Annual Report," 8.
[41] Department of National Defence. Strong Secure Engaged: Canada's Defence Policy, 2017. 15, https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canada-defence-policy.html
[42] DND, "Strong, Secure, Engaged," 15.
[43] Lynda Manser, "State of Military Families in Canada," 3.
[44] Lynda Manser, "State of Military Families in Canada," 3.

well as personal reasons influencing their decision.[45] Although "job dissatisfaction" was the top organization reason given, "geographic stability" was the second highest, while "postings" ranked fourth.[46] Also listed among the top 18 reasons by respondents were the "effects on children's education", as well as "lack of support for family."[47] Amongst personal reasons, "family wants them to leave" and "family issues" were ranked fourth and fifth respectively.[48] Within the CAF Exit Survey of those who have already submitted their voluntary release, when asked what first motivated them to consider releasing, the runaway leading response was "family."[49] There are countless and varied family circumstances that may prompt a CAF member to consider releasing. While no single policy will address each individual need, it is apparent that the impact of postings and the disruption of services as a source of stress and discontent is a common thread amongst CAF members with families. It is a root cause of the instability that DND is seeking to mitigate and the inability to obtain reasonable primary care access is a major component.

DND's Efforts & Initiatives

As described above, DND has demonstrated greater recognition on the military family since 2008, referring to families as the "strength behind the uniform."[50] There has been significant investment of time, research, and stakeholder engagement across DND and particularly within CFMWS. There have been some successes, including DND gaining support across provinces and territories to waive the typical 90 day waiting period to obtain provincial health coverage for CAF family members.[51] In 2012, MFRC National Capital Region launched Operation Family Doctor to connect new families with physicians.[52] Through collaboration with several organizations including MFS and CFHS, the College of Family Physicians of Canada also published guidance to better inform and advocate on behalf of CAF families to its physician membership in 2016.[53] The Calian Military Family Doctor Network has also been implemented across many cities home to a Canadian Forces Base (CFB) which aims to reduce the length of time

---

[45] Joelle Laplante, and Irina Goldenberg, "Retention and Attrition of Military Personnel: The Role of Family and Perceptions of Family Support," *The Homefront: Family Well-being and Military Readiness*, 2018, 19, https://publications.gc.ca/collections/collection_2018/mdn-dnd/D2-372-2017-eng.pdf
[46] Joelle Laplante, and Irina Goldenberg," Retention and Attrition of Military Personnel," 20.
[47] Joelle Laplante, and Irina Goldenberg," Retention and Attrition of Military Personnel," 20.
[48] Joelle Laplante, and Irina Goldenberg," Retention and Attrition of Military Personnel," 21.
[49] Joelle Laplante, and Irina Goldenberg," Retention and Attrition of Military Personnel," 26.
[50] Leigh Spanner, "The Strength Behind the Uniform": Acknowledging the Contributions of Military Families or Co-Opting Women's Labour?" Atlantis 41, no. 2, 2020, 58, https://www.erudit.org/en/journals/atlantis/2020-v41-n2-atlantis05922/1076200ar.pdf
[51] Pierre Daigle, "On the Homefront," 75.
[52] Mishall Rehman, "Medical Benefits for Military Families," March 2016, retrieved from https://www.cmfmag.ca/best_cmf/medical-benefits-for-military-families/
[53] College of Family Physicians of Canada, "Family Physicians Working with Military Families," 2016, 1, https://fmf.cfpc.ca/working-canadian-military-families/

that military families spend on primary care waitlists following relocation.[54] While these initiatives have been welcomed and for a time had real impact, the nationwide decline of primary care access has subsequently degraded the value of these past initiatives. As an illustration, Operation Family Doctor, which in 2016 had a 100% success rate on connecting families with a physician in Ottawa, is no longer an MFRC program.[55]

The 2017 publication of *Strong, Secure, Engaged* and the announcement of the CMFP spurred further research as well as mapping and gaps analysis of the services offered to Canadian military families.[56] One of the new initiatives that followed the announcement of the CMFP was the launch of *Seamless Canada* in 2018.[57] Seamless Canada was established by DND and CFMWS with a vision of enhancing coordination of services across provinces in three core areas that CAF families struggle with during relocation: spousal/partner employment, childcare and youth education, and healthcare access.[58] The Seamless Canada Steering Committee is comprised of partners from federal, provincial, territorial and private sector representatives and is co-chaired by the Minister of National Defence and a provincial minister, on a rotating basis.[59] Six years later, the organization is still maturing but has a strong foundation and clear vision to reduce the barriers for CAF families posted inter-provincially.

CAF members are eligible to enroll their dependants into the Public Service Health Care Plan and receive medical benefits such as insurance coverage for prescriptions. As this coverage has no effect on accessing care however, the difficulty that CAF families often face is finding an entry into the health system to obtain a new prescription, a refill, or a specialist referral. This can leave families resorting to hospital emergency departments to receive these non-urgent but necessary health services. Over the years, a small number of local MFRCs have attempted to create a grassroots solution to this chronic issue by establishing a medical clinic on the local base specifically for military families. Today, the only family medical clinic in operation is located at CFB North Bay, Ontario.[60] While North Bay provides a positive example, other bases have struggled to launch or sustain such an endeavour. CFMWS Senior Vice President of Military Family Services, Ms. Laurie Ogilvie explained that MFRCs are led by a

---

[54] Primacy, "Calian Military Family Doctor Network," 2024. Retrieved from https://www.primacy.ca/mfdn/
[55]Mishall Rehman, "Medical Benefits for Military Families," 1.
[56] Canadian Forces Morale and Welfare Services. "The Mapping and Gaps Analysis of Services for Military Families," 2019. https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/additional%20research/GAP-Analysis-Report-2019-ENG.pdf.
[57] Government of Canada, "Seamless Canada," 2024, Retrieved from https://www.canada.ca/en/department-national-defence/services/benefits-military/pay-pension-benefits/benefits/relocation-travel-accommodation/seamless-canada.html
[58] Ibid.
[59] Ibid.
[60] North Bay MFRC. "22 Wing Family Medical Clinic," 2016, Retrieved from https://www.northbaymfrc.ca/22-wing-family-medical-clinic/

volunteer board of directors, often at least partially comprised of military spouses.[61] It is a tremendous undertaking and responsibility to establish a sustainable business model in an exceedingly difficult environment and these volunteer boards also need to be weary of concerns such as medical malpractice.[62]

The CFMWS Mapping and Gaps Analysis of Services for Military Families Report identified approximately 200 military programs and services for members and families.[63] These services are offered across numerous organizations and sub-organizations to include DND, CFMWS, MFRCs, Veterans Affairs, CAF Transition Group, Personnel Support Programs, CANEX, and local Bases/Wings among others.[64] CAF members and families are fortunate to have a wide range of tailored services and supports to utilize and benefit from. When surveyed however, only one-third of CAF spouses feel well supported by CAF/DND, while the remainder are split between not feeling supported or neutral.[65] Laurie Ogilvie referred to the communication gap between the service providers and CAF families as one of CFMWS' greatest challenges.[66] The data supports this statement as participation in available programs is generally low but those families which do take advantage are typically satisfied with the services and assistance received.[67]

Military Family Virtual Healthcare Program

In response to the growing demand for primary care access from CAF families, CFMWS adopted a pilot program known as the Military Family Virtual Healthcare Program (MFVHP). CFMWS has partnered with Maple, a rapidly growing Canadian company which touts itself as "Canada's largest online network of doctors."[68] Maple offers patients 24/7 virtual physician access for many common medical issues and mental health conditions and physicians can also provide lab requisitions, medical notes, and medication prescriptions - all via a virtual encounter on their phone.[69] Since CFMWS

---

[61] Laurie Ogilvie, Senior Vice President of Military Family Services. CFMWS. Conversation occurred on April 12, 2024.
[62] Ibid.
[63] Canadian Forces Morale and Welfare Services, "The Mapping and Gaps Analysis of Services for Military Families," 2019, 7, https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/additional%20research/GAP-Analysis-Report-2019-ENG.pdf.
[64] Canadian Forces Morale and Welfare Services, "The Mapping and Gaps Analysis of Services for Military Families, 8.
[65] Lynda Manser, "The State of Military Families in Canada: A scoping review," *Journal of Military, Veteran and Family Health,* Vol. 6, No.2, August 2020, 125, *https://doi.org/10.3138/jmvfh-2019-0001*
[66] Laurie Ogilvie, Senior Vice President of Military Family Services. CFMWS. Conversation occurred on April 12, 2024.
[67] Lynda Manser, "The State of Military Families in Canada," 126.
[68] Maple. "About Us,", 2024, Retrieved from https://www.getmaple.ca/about/
[69] Ibid.

commenced the pilot project, Maple's platform has been utilized to access care more than 12,000 times by CAF families from across the country.[70]

The MFVHP provides CAF families with a gateway into the healthcare system that was not previously present for those without a family physician and is especially valuable for those posted to rural and remote regions. Similarly, Prince Edward Island, a province which struggles to recruit and retain physicians, offers free access to Maple for all residents without a family physician.[71] Maple and other private virtual care platforms offer an innovative solution but also raise serious questions regarding the Canada Health Act and as well, their net benefit to the Canadian healthcare system. Within the CHA, private virtual care presents a dilemma between two seemingly incompatible principles of the Act in the current environment: accessibility and public administration. In paraphrasing the CHA, the accessibility principle is described as *reasonable* access to medically necessary care, where and as available.[72] Conversely, the principle of public administration refers to the requirement for provincial and territorial healthcare insurance plans to be operated in a public and non-profit manner, and that insured citizens will not be charged for eligible health services.[73] These concerns led the federal Minister of Health to send a letter to all provincial and territorial health ministers in March of 2023 reaffirming the government's intent to protect the principles of universal and publicly funded healthcare for all Canadians.[74]

As Maple physicians must possess a provincial license for the patient population they are seeing, the accessibility created for virtual patients comes at a cost to that same province and its citizens seeking publicly funded care as the physician supply comes from the same source. Virtual care is a useful advancement which can address some health issues, but it is transferring rather than creating access. To use a medical analogy, virtual care treats the symptom rather than the cause of the systemwide health workforce shortage. The MFVHP offers perhaps the most tangible instrument that DND can provide CAF families across the country today and enables some level of primary care access which is otherwise increasingly difficult to attain. As DND has limited influence to address the problem in other ways, it presents an innovative option. It is concerning nonetheless that the principles of the CHA must be stretched to facilitate CAF families

---

[70] Government of Canada, "Seamless Canada – Past Achievements, February 26, 2024, Retrieved from https://www.canada.ca/en/department-national-defence/services/benefits-military/pay-pension-benefits/benefits/relocation-travel-accommodation/seamless-canada/seamless-canada-annual-report/past-achievements.html

[71] Cody MacKay, "P.E.I. government to put more money into virtual health-care programs," April 17, 2024, https://www.cbc.ca/news/canada/prince-edward-island/pei-virtual-health-care-programs-1.7175662

[72] Government of Canada, "Canada Health Act Annual Report 2022-2023," 8.

[73] Government of Canada, "Canada Health Act Annual Report 2022-2023," 8.

[74] Jean-Yves Duclos, "Statement from the Minister of Health on the Canada Health Act," Government of Canada. March 10, 2023, https://www.canada.ca/en/health-canada/news/2023/02/statement-from-the-minister-of-health-on-the-canada-health-act.html

having a level of care that should be complementary to, rather than a substitute for in-person primary care.

Environmental Scan

Targeted surveys and studies over the last decade have generated a much clearer understanding of the specific needs and challenges of the Canadian military family experience as it differs significantly from allied nations. But while the United States is not a valid comparator, other Five Eyes nations offer more relevance in terms of militaries, populations, and health systems. Military families in Australia primarily access the civilian health system but in 2014, the federal government also introduced the Australian Defence Force Family Health Program.[75] The program offers dependants reimbursement for some out-of-pocket expenses to facilitate enhanced access to primary and speciality care as well as diagnostic and allied health services.[76] New Zealand differs from Canada in both population and land mass. Its small size enables more national structures when it comes to healthcare, education, and professional licensing, reducing the barriers for military families in all three of these aspects, the core focuses of Seamless Canada.[77]

The United Kingdom's (UK) Armed Forces Covenant shares a similar intent as the CF Family Covenant but possesses some striking differences. In contrast to the CF Family Covenant which is difficult to even find within DND policy or directives, the Armed Forces Covenant is far more comprehensive, prominent, and enshrined within the triad of UK Government, Armed Forces Community, and the nation. While it is not legally binding, UK's National Health Services (NHS) have included the Covenant within its constitution to ensure military families receive equal access to healthcare as other citizens.[78] NHS specifically declares that military families seeking healthcare "should never lose their place on a waiting list" when being relocated.[79] UK has created a pledge that has been successfully adopted across federal and local governments and has also

---

[75] Australian Government, "ADF Family Health Program," Accessed on April 25, 2024, https://www.defence.gov.au/adf-members-families/family-programs-services/support-for-families/family-health-program

[76] Australian Government, "ADF Family Health Program," https://www.defence.gov.au/adf-members-families/family-programs-services/support-for-families/family-health-program

[77] Amanda Huddleston, Canadian Armed Forces Retention: A Wicked Problem? (A Master's Thesis. University of Manitoba.) Accessed April 14, 2024, 86-87, https://mspace.lib.umanitoba.ca/server/api/core/bitstreams/f1ea9e47-4c02-42d5-8d93-735d22b5de26/content

[78] National Health Services, "Healthcare for the Armed Forces community: a forward view," March, 2021, 1, https://www.england.nhs.uk/wp-content/uploads/2021/03/Healthcare-for-the-Armed-Forces-community-forward-view-March-2021.pdf

[79] NHS, ""Healthcare for the Armed Forces community," 11.

gained support from the private sector.[80] The Armed Forces Covenant provides an outstanding model for DND to follow.

Rationale

Dependants of Regular Force CAF members comprise approximately 0.25% of the Canadian population. Such a small proportion triggers the question of why ensuring equitable primary care access for CAF families would be high on the agenda for the federal government. As the issue falls primarily within provincial jurisdiction, and as waitlists filled with long-term provincial residents seeking a family physician grow longer, there is also little political incentive to appease this small, transient population. DND is currently facing a recruitment crisis, struggling to attract Canadian youth and therefore even within the department, retention of CAF members through support to their families would seemingly fall under the important but not urgent quadrant of the Eisenhower matrix. In light of the recruiting crisis however, retention is even more critical today. Numerous surveys have indicated that primary care access is a retention issue, one of the top priorities amongst CAF families. Lacking that access is a leading cause of the instability that the CAF has been striving to alleviate. As the CF Family Covenant acknowledges, each member of the CAF family influences operational effectiveness. This is true not only when members are considering renewing their terms of service, but when tasked to deploy and in their daily in-garrison work. It is indeed in the national interest and consequently, the interest of both federal and provincial governments to ensure that this 0.25% are not unjustly penalized due to having a loved one serving in the CAF.

POLICY OPTIONS

After reviewing the literature and past work on this subject, the fear was whether there are any new and innovative policy options that have not been previously recommended. Perhaps what has changed the most in the last decade is the mounting primary care crisis in Canada and the increased urgency for policies that will support CAF families today. The recommendation for DND to follow the UK's leadership and to pursue a nationally recognized and comprehensive CF Family Covenant remains extant. Specifically, a foremost recommendation is to establish an agreement with provinces that protects a relocating CAF family's place on primary care waitlists in the same way that British military families receive. This proposal is not novel however, as it was included as part of Recommendation 15 of the DND/CAF Ombudsmen's report in 2013.[81] This is

[80] Rachael Gribble, Alyson Mahar, Kelli Godfrey, Coherent Digital (Firm), and Canadian Electronic Library (Firm). What does the Term "Military Family" Mean?: A Comparison Across Four Countries. *Canadian Institute for Military and Veteran Health Research*, 2018, 9, https://cimvhr.ca/documents/Military-families-definitions.pdf

[81] Pierre Daigle, "On the Homefront," 85.

truly the baseline in supporting CAF families who have already sacrificed continuity of healthcare; surely they deserve equivalent access as every other Canadian citizen.

Technology, the COVID-19 pandemic, and a growing recognition of our system flaws have also altered the health landscape in recent years, and the policy options below present some additional opportunities to consider. A recent report by the House of Commons Standing Committee on National Defence presented 33 recommendations to enhance the healthcare and transition services of CAF members, as well as support to CAF families.[82] Recommendation 10 was to create a more efficient process for transferring health records between federal and provincial jurisdictions, facilitated by Seamless Canada.[83] While the government fundamentally supported this initiative, they correctly advised that Seamless Canada was focused on supporting CAF families.[84] The same recommendation remains valid not only for retiring CAF members who are transitioning to provincial healthcare systems but for CAF families who are moving from province to province. And in this case, Seamless Canada is the appropriate entity.

Maple and the MFVHP have proven that virtual care does indeed have a role in the future of Canadian healthcare and can serve particular benefit as both an interim and complementary measure for relocating CAF families. Virtual healthcare can also be achieved without breaching the principles of the CHA. The GoC could employ a suite of providers to include physicians, nurse practitioners, and mental health clinicians to not only support CAF families but the families of other governmental departments who also relocate for duty. This may include dependants of Royal Canadian Mounted Police, Canadian Security Intelligence Services, and Canada Border Services Agency personnel. This would enable a more comprehensive health team and allow for cost sharing among departments. These clinicians would require a federal licensing provision similar to CAF providers, to enable care across provinces and this initiative would require support from provincial regulatory colleges and licensing bodies.

Finally, regarding jurisdiction, the federal government undeniably maintains some authority and responsibility for healthcare in Canada. The Government of Canada (GoC) recently introduced Bill C-64 aiming to implement a national, universal pharmacare

---

[82] House of Commons Standing Committee on National Defence, *Canadian Armed Forces Healthcare and Transition Services*, November 2023, 9, https://www.ourcommons.ca/Content/Committee/441/NDDN/Reports/RP12673550/nddnrp06/nddnrp06-e.pdf

[83] House of Commons Standing Committee on National Defence, "*Canadian Armed Forces Healthcare and Transition Services,"* 2.

[84] Government of Canada, "Government Response to the Sixth Report of the Standing Committee on National Defence, 8, https://www.ourcommons.ca/content/Committee/441/NDDN/GovResponse/RP12975393/441_NDDN_Rpt6_GR_PDF/441_NDDN_Rpt6_GR-e.pdf

program.[85] While the bill requires additional work with provinces and is not yet enacted, it is just one of many recent examples which demonstrates that federal leadership can and must be the catalyst for healthcare change. In comparison, while the issue of CAF family healthcare access does not possess the same political weight nor national impact, accordingly, initiatives such as waitlist protection and publicly administered virtual care are attainable at a much lower cost. The federal government also retains significant leverage in their relationship with provinces on account of federal health transfers. As CAF members are excluded from provincial health insurance within the CHA, members receiving care outside of CFHS by the province are billed at a significantly higher rate than provincially insured citizens. The GoC agreed with the Standing Committee on National Defence that this ongoing issue necessitates resolution through "existing federal/provincial health coordination mechanisms."[86] Established channels for regular communication amongst federal, provincial, and territorial health ministers already exist and may offer a venue to collaborate with Seamless Canada representatives. The federal government holds several bargaining chips and as former federal Minister of Health Jane Philpott underlines, health is a shared jurisdiction.[87]

CONCLUSION

It is not known how many CAF dependants are lacking a family physician today as the most recent survey was completed in 2016. What is known is that across Canada, the percentage of those without a family physician has risen since 2016 from 15.5% to 22%.[88] As primary care access has deteriorated significantly over the last five years, where does this leave CAF families today, for which the majority have relocated at least once during this timeframe? Extrapolating from 2016 ratios, it would suggest that at least one third of CAF spouses are without a family physician. This quantitative estimate fails to illuminate the impact on each individual family, particularly those with more acute healthcare needs. It also neglects to outline the impact on CAF retention, not only for those without primary care access, but for those who recently found a family physician and are unwilling to relinquish the stability they have finally attained in their current location.

While significant work and research has occurred since the Comprehensive Military Family Plan was announced as initiative 24 of *Strong, Secure, Engaged*, officially this initiative remains incomplete and no CMFP has been published to date.

---

[85] Parliament of Canada, "Bill C-64: An Act Respecting Pharmacare," February 29, 2024, https://www.parl.ca/DocumentViewer/en/44-1/bill/C-64/first-reading

[86] Government of Canada, "Government Response to the Sixth Report of the Standing Committee on National Defence, 3.

[87] Jane Philpott, "Transcript, April 9, 2024," *The Current.* CBC. https://www.cbc.ca/radio/thecurrent/tuesday-april-9-2024-full-transcript-1.7169104

[88] Dr. Tara Kiran. *Primary Care Needs Our Care.* 2024 Final Report. 2024. Accessed on April 29, 2024. https://issuu.com/dfcm/docs/primary_care_needs_ourcare_the_final_report_of_the?fr=xKAE9_zU1NQ

Nevertheless, the CFMP sparked valuable CAF family focused research that more accurately highlights their lived experiences. Seamless Canada was also born out of the CMFP and is a positive step as the challenges faced by CAF families require intergovernmental collaboration to enable real change. Seamless Canada has established the correct approach but requires a sense of urgency and clear priorities of the tangible changes it seeks within each of its three core objectives. While the CAF grapples with a recruiting crisis, Canada is amidst a primary care crisis. DND has an opportunity and a responsibility to support CAF families by working with stakeholders to achieve meaningful policy change. Retention of CAF members is as critical as ever and to succeed, DND must retain the family members. CAF families have spoken and removing barriers to primary care access would be a tangible step in providing the stability that they deserve.

BIBLIOGRAPHY

Australian Government, "ADF Family Health Program," Accessed on April 25, 2024, https://www.defence.gov.au/adf-members-families/family-programs-services/support-for-families/family-health-program

Canadian Forces Morale and Welfare Services, "The Mapping and Gaps Analysis of Services for Military Families," 2019. https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/additional%20research/GAP-Analysis-Report-2019-ENG.pdf.

Canadian Forces Morale and Welfare Services, "State of Militaries Families in Canada: Issues Facing Regular Force Members and Their Families," 2018. https://www.cafconnection.ca/getmedia/5fbcf542- d946-4d6f-b7f9-70ab8c466bb4/State-of-Military-Families-in-Canada-August2018.pdf.aspx

Canadian Medical Association. "Number of Physicians by Specialty and Age," January 2019, https://www.cma.ca/sites/default/files/2019-11/2019-02-physicians-by-specialty-age-e_0.pdf

College of Family Physicians of Canada, "Family Physicians Working with Military Families," 2016, https://fmf.cfpc.ca/working-canadian-military-families/

Cramm H, Alyson Mahar, Linna Tam-Seto, and Anne Rowan-Legg. "Caring for Children and Youth from Canada's Military Families." *Paediatric Child Health*, September 2021, Vol. 27(2), doi: 10.1093/pch/pxab053. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9113843/#:~:text=Research%20has%20shown%20that%20during,care%20(14%2C15).

Cramm H, Alyson Mahar, Cathy MacLean, and Richard Birtwhistle, "Caring for Canadian Military Families." *Canadian Family Physician.* January 2019, Vol. 65(1). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347307/

Daigle, Pierre, "On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium." *Ombudsmen Special Report to the Minister of National Defence*, November 2013, https://www.canada.ca/content/dam/oodndcf-odnfc/documents/reports-pdf/mf-fm-en.pdf

Department of National Defence, "Canadian Armed Forces Retention Strategy," 2022, https://www.canada.ca/content/dam/dnd-mdn/documents/reports/caf-retnetion-strategy/caf-retention-strategy-en-2022.pdf

Department of National Defence, "Canadian Forces Family Covenant," CANFORGEN 193/08 CMP 083/08, 211848Z, October 2008, http://vcds.mil.ca/APPS/CANFORGENS/default-eng.asp?id=193-08&ty.pe=canforgen

Department of National Defence. Strong Secure Engaged: Canada's Defence Policy, 2017, https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canada-defence-policy.html

Duclos, J.Y., "Statement from the Minister of Health on the Canada Health Act," Government of Canada. March 10, 2023, https://www.canada.ca/en/health-canada/news/2023/02/statement-from-the-minister-of-health-on-the-canada-health-act.html

Duval-Lantoine, C. "Throwing Money at Recruitment Won't Fix the CAF's Personnel Problems." *The Hill Times,* Last modified March 6, 2024, https://www.hilltimes.com/story/2024/03/06/throwing-money-at-recruitment-wont-fix-the-cafs-personnel-problems/413627/

Duong and Vogel, "National Survey Highlights Worsening Primary Care Access," *Canadian Medical Association Journal*, April 2023, https://www.cmaj.ca/content/195/16/E592

Government of Canada, "Canada Health Act Annual Report 2022-2023," 2023, https://www.canada.ca/en/health-canada/services/publications/health-system-services/canada-health-act-annual-report-2022-2023.html#a1

Government of Canada "DAOD 5044-1 Families" Last modified June 27, 2017, https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5044/5044-1-families.html#cafcf

Government of Canada, "Government Response to the Sixth Report of the Standing Committee on National Defence, Accessed April 11, 2024, https://www.ourcommons.ca/content/Committee/441/NDDN/GovResponse/RP12975393/441_NDDN_Rpt6_GR_PDF/441_NDDN_Rpt6_GR-e.pdf

Government of Canada, "Seamless Canada," Last modified February 9, 2024, https://www.canada.ca/en/department-national-defence/services/benefits-military/pay-pension-benefits/benefits/relocation-travel-accommodation/seamless-canada.html

Gribble, Rachael, Alyson Mahar, Kelli Godfrey, Stewart Muir, David Albright, Galina Daraganova, Nora Spinks, Nicola Fear and Heidi Cramm, "What Does the Term "Military Family" Mean?: A Comparison Across Four Countries." *Canadian Institute for Military and Veteran Health Research,* 2018, https://cimvhr.ca/documents/Military-families-definitions.pdf

House of Commons Standing Committee on National Defence, *Canadian Armed Forces Healthcare and Transition Services,* November 2023, https://www.ourcommons.ca/Content/Committee/441/NDDN/Reports/RP12673550/nddnrp06/nddnrp06-e.pdf

Huddleston, A. Canadian Armed Forces Retention: A Wicked Problem? A Master's Thesis. University of Manitoba. 2020, https://mspace.lib.umanitoba.ca/server/api/core/bitstreams/f1ea9e47-4c02-42d5-8d93-735d22b5de26/content

John, A. “Organisational Culture — From Institution to Occupation: Australian Army Culture in Transition.” Australian Army Journal 10, no. 3 2013, 187-202. https://search-informit-org.cfc.idm.oclc.org/doi/10.3316/INFORMIT.247008483604565

Kearney GP, Corman MK, Hart ND, Johnston JL, Gormley GJ. “Why Institutional Ethnography? Why now? Institutional ethnography in health professions education,” *Perspectives on Medical Education,* February 2019, 8(1), doi: 10.1007/s40037-019-0499-0

Kirkey, S. “Canada's Family Doctor Shortage: 10 million will soon lack access to primary care,” The National Post, Last modified February 16, 2024, https://nationalpost.com/health/canada-family-doctor-shortage

Laplante, Joelle and Irina Goldenberg, “Retention and Attrition of Military Personnel: The Role of Family and Perceptions of Family Support,” *The Homefront: Family Well-being and Military Readiness*, 2018, https://publications.gc.ca/collections/collection_2018/mdn-dnd/D2-372-2017-eng.pdf

Lawson, Tom. “Annex C: Chief of the Defence Staff’s Response to the Advanced Draft of the Report,” August 6, 2013, https://www.ombudsman.forces.gc.ca/en/ombudsman-reports-stats-investigations-military-families/military-families.page#mf-annex-c

MacKay, Cody. “P.E.I. government to put more money into virtual health-care programs,” Last modified April 17, 2024, https://www.cbc.ca/news/canada/prince-edward-island/pei-virtual-health-care-programs-1.7175662

Mahar, Alyson, Alice B. Aiken, Heidi Cramm, Marlo Whitehead, Patti Groome, and Paul Kurdyak. “Access to Health Care and Medical Health Services Use for Canadian Military Families Posted to Ontario: A Retrospective Cohort Study,” *Journal of Military, Veteran and Family Health* Vol. 4, No. 2, 2018 https://doi.org/10.3138/jmvfh.2018-0014.

Maple. “About Us,” Accessed April 22, 2024, https://www.getmaple.ca/about/

Manser, Lynda, “Fast Facts: Canadian military families,” *Journal of Military, Veteran and Family Health*, Vol 6, No. 2, 2020, https://jmvfh.utpjournals.press/doi/10.3138/jmvfh-2019-0002

Manser, Lynda, “Relocation Experiences. The Experiences of Military Families with Relocations Due to Postings – Survey Results,” Military Family Services, Canadian Forces Morale and Welfare Services, 2018, https:/cfws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/research/Relocation-Experiences-Research-Report-May-2018.pdf

Manser, Lynda, "State of Military Families in Canada: Issues Facing Regular Force Members and Their Families," Canadian Forces Morale and Welfare Services, 2018 https://cfmws.ca/getattachment/e5fb77d5-722a-4a9b-b4d5-a4be2fc37007/State-of-Military-Families-in-Canada-August-2018.pdf

Military Family Services, "Research Focus: Making Canadian Research Meaningful to Better Serve Military Families," Issue 4, January 2017, https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/additional%20research/Research-Focus-Issue-4-Highlights-from-2013-Quality-of-Life-Survey-of-CAF-Spouses-Jan-2017-EN.pdf

National Health Services, "Healthcare for the Armed Forces Community: A Forward View," March 2021, https://www.england.nhs.uk/wp-content/uploads/2021/03/Healthcare-for-the-Armed-Forces-community-forward-view-March-2021.pdf

North Bay MFRC. "22 Wing Family Medical Clinic," 2016, Accessed April 19, 2024, https://www.northbaymfrc.ca/22-wing-family-medical-clinic/

Novoa, Gaby. "Research Recap: Caring for Youth from Military Families," *The Vanier Institute,"* November 2021, https://vanierinstitute.ca/research-recap-caring-for-youth-from-military-families/

Ogilvie, Laurie, Senior Vice President of Military Family Services. Canadian Forces Morale and Welfare Services. Conversation occurred on April 12, 2024.

Parliament of Canada, "Bill C-64: An Act Respecting Pharmacare," February 29, 2024, https://www.parl.ca/DocumentViewer/en/44-1/bill/C-64/first-reading

Philpott, Jane. "Transcript, April 9, 2024," *The Current.* CBC. Accessed on April 21, 2024, https://www.cbc.ca/radio/thecurrent/tuesday-april-9-2024-full-transcript-1.7169104

Primacy, "Calian Military Family Doctor Network," 2024. Accessed on April 22, 2024, https://www.primacy.ca/mfdn/

Rehman, Mishall, "Medical Benefits for Military Families," March 2016, Accessed on April 16, 2024, https://www.cmfmag.ca/best_cmf/medical-benefits-for-military-families/

Spanner, Leigh, ""The Strength Behind the Uniform": Acknowledging the Contributions of Military Families or Co-Opting Women's Labour?" Atlantis 41, no. 2, 2020, 57-71. https://www.erudit.org/en/journals/atlantis/2020-v41-n2-atlantis05922/1076200ar.pdf