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How can DND and the CAF improve the way they support the health and wellness of military members? In what areas should more be done?

According to the Canada First Strategy plan, people are the Defense's most important resource: both the DND and the CAF rely heavily on the work and expertise of dedicated personnel to ensure the operational effectiveness of the military. Nevertheless while the DND and the CAF acknowledges the essential role of the human factor including not only military personnel but also their families in defending Canadian values, they **fail to provide a strategy for effective healthcare of military personnel throughout the continuum of their lives.**

#1.
The CAF military personnel are highly trained to successfully complete multifaceted operations: their training represents considerable financial investment and requires significant institutional and personal efforts. Repeated trainings and exercises combined with various types of deployments generate extended stress situations, which could lead to chronic stress-induced health impairments. The high prevalence of mental health impairments that involves 16-30% (depending on the studies) of actively serving military personnel supports the potentially negative health effects of service.

The currently existing approach to the military personnel's healthcare and wellness could be defined as **"reactive"** or **"compliant"** at best. The reactive form of a healthcare is **administratively driven** and includes: 1) Re-active risk assessment, e.g. addressing health impairment and/or injury after it occurred or fully developed; 2) Incident investigation but limited analysis; 3) Focus on what happened; 4) No systems focus; 5) Human fault focus; 6) Ad hoc and reactive medical monitoring; and 5) No or insufficient preventive health initiatives. Even with the suggested improvements provided by the CAF HSHQ, the near-future healthcare approach could be just "compliant": with risk assessments that occur through existing systems and provide only causal incident analysis when an injury / illness happens; and medical examinations that are mostly reactive responding to an illness or injury or periodical occurring at pre-set time points with a long lag-time in-between. Unfortunately, the maturity level of such approaches to the healthcare is quite low, as the figure shows below. Thus, with the existing healthcare system approach, while the high prevalence of health impairments among military personnel is unfortunate, it is not surprising.

What we have to aspire is to develop a healthcare system that would be **proactive** and lead to **resilient military population. A proactive healthcare** approach would provide: 1) A pro-active formal risk assessment; 2) Seek to actively identify inadequacies; 3) Incident-learning shared with all levels; 4) Well designed plans/procedures with continuous improvement; 5) Integrated medical examinations & monitoring; and 6) Peer evaluation and discussion. Building on the framework developed by a pro-active healthcare, we could eventually reach the desired level of a **resilient healthcare system**, which would deliver an **individually internalized – personalized medicine; continuous integrated medical and psychological evaluation; and systems enhancement through external evaluations (perhaps involving Academia).** Only then, we would be able to retain the maximum number of highly trained personnel functioning at the optimal level, and not having a considerable number of those who leave the service quite young due to debilitating medical consequences of illnesses and/or injuries acquired in operational environment.

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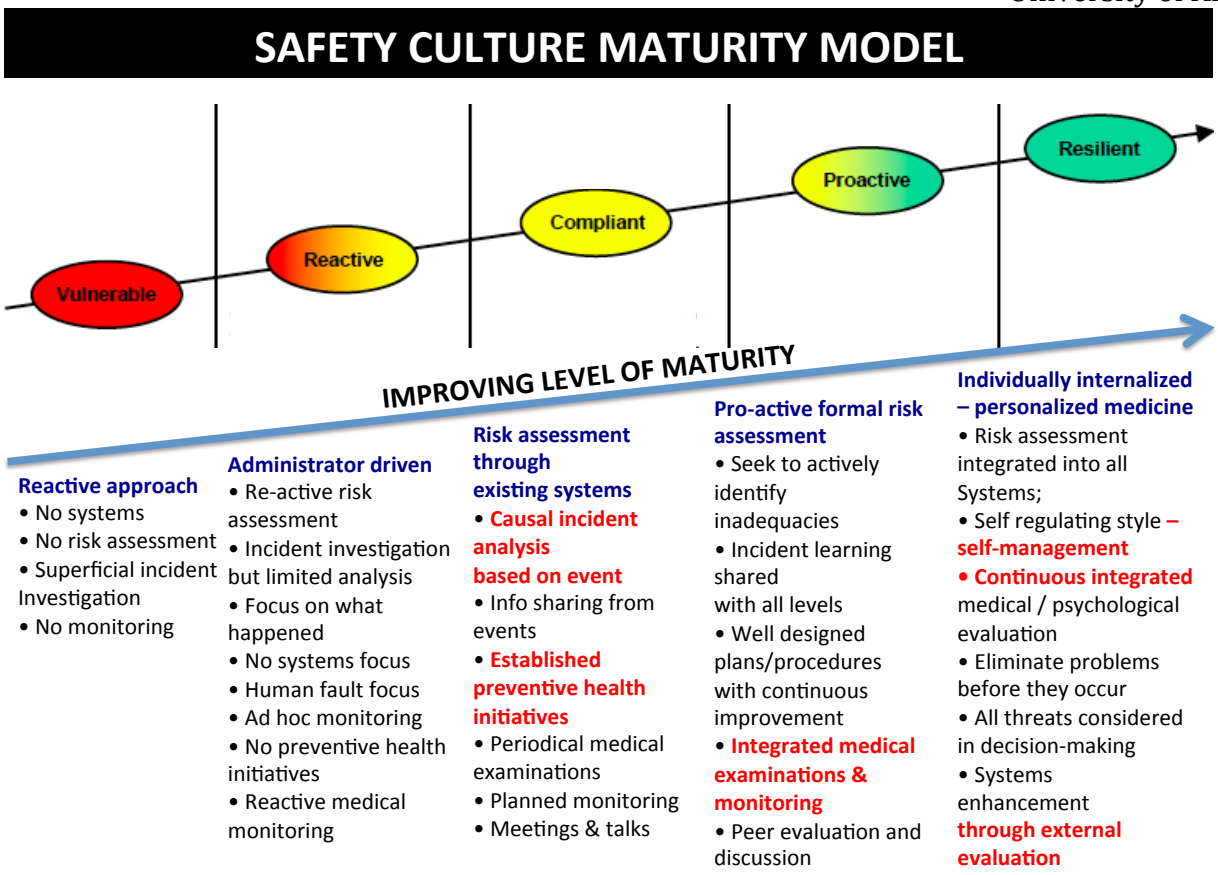

Modified from: Fleming, M. Safety Culture Maturity Model; HSE Offshore Technology Report 2000/049: Sudbury, UK, 2000; pp. 3–7.

#2. The motto **"Once a soldier, always a soldier"** lives deeply in every individual who served in military. The discharge and transitioning from active service to veterans' population, thus civilian life does not change the identity of our military personnel. Nevertheless, our healthcare system tries to do exactly that: shattering the psychological continuity of an individual who served in military and transitioned from active service into a civilian life. In general, the civilian healthcare providers lack understanding of military environment and service, thus provide a generalizable diagnostic and treatment approach to transitioned military personnel, failing to realize the essential differences between military occupational illnesses / injuries and civilian health impairments.

A proper planning requires exact quantification of a problem: although it sounds incredible, we do not have a **dedicated database** that accounts for all our veterans, the quality of their lives, illnesses, economic status, etc. The VAC's database accounts for only those veterans who receive monetary compensation; it doesn't even include those who sent a claim about health impairment and have been rejected. To establish a continuum of a pro-active and resilient healthcare system, and through it to **regain the trust** of our military personnel and their families, we need to have well-defined and protected databases including our actively serving military personnel and veterans – databases that would be effectively linked and synchronized. Canada's defence hinges on people who serve loyally; they should be rewarded with life-long and continuous healthcare without trying to erase their identity. A federally-controlled and directed pro-active healthcare system gathering the best services from military and civilian sectors would achieve what our society needs: strong, operational, and healthy military.