

CANADIAN RANGERS



A SYSTEMIC INVESTIGATION OF THE FACTORS THAT IMPACT
HEALTH CARE ENTITLEMENTS AND **RELATED BENEFITS** OF THE RANGERS

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OMBUDSMAN MANDATE

The Office of the Department of National Defence and Canadian Armed Forces Ombudsman was created in 1998 by Order-in-Council to increase transparency in the Department of National Defence and the Canadian Armed Forces, as well as to ensure the fair treatment of concerns raised by Canadian Armed Forces members, Departmental employees, and their families.

The Office is a direct source of information, referral, and education for the men and women of the Department of National Defence and the Canadian Armed Forces. Its role is to help individuals access existing channels of assistance or redress when they have a complaint or concern. The Office is also responsible for reviewing and investigating complaints from constituents who believe they have been treated improperly or unfairly by the Department of National Defence or the Canadian Armed Forces. In addition, the Ombudsman may investigate and report publicly on matters affecting the welfare of members and employees of the Department or the Canadian Armed Forces and others falling within his jurisdiction. The ultimate goal is to contribute to substantial and long-lasting improvements to the defence community.

Any of the following people may bring a complaint to the Ombudsman when the matter is directly related to the Department of National Defence or the Canadian Armed Forces:

- a current or former member of the Canadian Armed Forces
- a current or former member of the Cadets
- a current or former employee of the Department of National Defence
- a current or former non-public fund employee
- a person applying to become a member
- a member of the immediate family of any of the above-mentioned
- an individual on an exchange or secondment with the Canadian Armed Forces

The Ombudsman is independent of the military chain of command and senior civilian management and reports directly to the Minister of National Defence.



EXECUTIVE SUMMARY

In 2016, this Office launched a systemic investigation of the Canadian Rangers organization to identify any factors that could impact Canadian Rangers' access to health care entitlements and related benefits.

Preliminary research of the Canadian Rangers organization found several areas of concern for further investigation, including: challenges in the determination of appropriate type of Reserve Service, concerns with the absence of a requirement for medical examinations for Canadian Rangers prior to enrolment, 1 and a lack of awareness on the part of the Canadian Rangers with regard to their entitlement to Canadian Armed Forces health care treatment and to employment benefits.

Canadian Rangers reside in over 200 sparsely settled and isolated communities across Canada, many only accessible by air. As a result, medical services, especially specialized care, are not as easily accessible as in other parts of Canada. In some communities, doctors fly in once a month so Canadian Rangers requiring medical attention are not always seen.

The Canadian Armed Forces are responsible for providing health care to Canadian Rangers when an illness or injury is attributable to military service. Considering the often limited services available to Canadian Rangers in their communities, access to Canadian Armed Forces health care often requires travel to medical facilities outside of their communities. This acts as a barrier for many Canadian Rangers who spoke of a reluctance to leave their communities and their support network to seek treatment in southern hospitals.

The majority of commanding officers interviewed recommend a review of how mental health services are delivered to Canadian Rangers in their communities. Accessibility to mental health services was found to be a concern,

because mental health service providers might not understand the context within which the Canadian Rangers work and live. Canadian Rangers can be exposed to traumatic situations, so access to mental health services is critical.

In addition, we found that many Canadian Rangers we interviewed were unaware of their health care entitlements and assumed they would be taken care of by the Canadian Armed Forces.

This includes Veteran Affairs benefits as well, which 89 percent of respondents who were injured on duty did not submit a claim for. It is vital that Canadian Rangers are aware of the benefits entitled to them if they experience a service-related illness or injury.

Canadian Rangers, similar to other Reservists, are failing to report or consistently track their illnesses and injuries. Several reasons were cited for this including: underestimating the severity of the injury, fearing removal from a particular activity, fearing long-term career implications, and finding health care through other sources. As access to entitlements may require proof of a service relationship, the implications of failing to track illnesses and injuries are evident.

This Office has maintained a strong focus on Reserves over the past decade, including our 2008 report, *Reserved Care: An Investigation into the Treatment of Injured Reservists* where we looked at the provision of care, compensation and other benefits for ill and injured Reservists.

This is our first systemic investigation of the Canadian Rangers organization meant to assist the Department of National Defence and the Canadian Armed Forces in ensuring that Canadian Rangers are treated fairly.

With this in mind, our Office has made four recommendations to the Minister of National Defence:



Recommendation 1

We once again recommend that the Department of National Defence and the Canadian Armed Forces eliminate ambiguity and inconsistency in language in the policy framework for Reservists, with a focus on health care entitlements, as soon as possible, and no later than spring 2019.

Recommendation 2

We recommend that the Department of National Defence and the Canadian Armed Forces ensure compliance with the existing illness and injury reporting process so that Canadian Rangers are not inadvertently barred from accessing their health care entitlements and related benefits.

Recommendation 3

We recommend that the Department of National Defence and the Canadian Armed Forces ensure the delivery of health care to Canadian Rangers to which they are entitled by:

3.1 Engaging with Canadian Rangers with the view of identifying the barriers to their access to Canadian Armed Forces health care, and their health care needs within their social and cultural contexts.

3.2 Identifying and implementing a service delivery model for Canadian Armed Forces health care that is responsive to the identified needs of the Canadian Rangers.

Recommendation 4

We recommend that the Department of National Defence and the Canadian Armed Forces take concrete steps to ensure Canadian Rangers have a clear understanding of the importance of reporting injuries, and to improve their knowledge and awareness of the health care entitlements and related benefits available to them by:

4.1 Amalgamating information on Canadian Ranger health care entitlements and related benefits; distributing this information to Canadian Rangers in various languages and formats as necessary, by fall 2018.

4.2 Ensuring that this information is integrated into formal and any other relevant training offered to the Canadian Rangers, by fall 2018.

SUMMARY OF IMPACT ON NATIONAL DEFENCE AND CANADIAN ARMED FORCES CONSTITUENTS

The Canadian Rangers are a sub-component of the Reserve Force, so it is reasonable to expect that they would have the same health care entitlements and related benefits as other Reservists on the same type of service, as well as comparable access to those entitlements. This Office found that this is not the case.

We identified key challenges that impact Canadian Rangers' access to health care entitlements and related benefits, including: geographical location, level of awareness of entitlements, and the current practice in tracking and reporting Canadian Ranger illnesses and injuries.

Most Canadian Rangers live in remote, isolated areas where medical services, particularly specialized care, are not as easily accessible as in other parts of Canada. Our recommendation in this regard is intended to address some of these challenges and to help mitigate the impact of geography on Canadian Rangers. It is also to ensure that they receive fair access to the health care they are entitled to through the Canadian Armed Forces, following an illness or injury related to military service.

We also found that Canadian Rangers are unaware of their Canadian Armed Forces health care entitlements and related benefits, and this is a barrier to their accessing these entitlements. It is important that Canadian Rangers understand the different options available to them when they experience a service-related illness or injury, and our recommendation addresses the current deficit in this respect.

Finally, this investigation found that Canadian Ranger illnesses and injuries are not being consistently reported or adequately tracked for health care entitlements and related benefits purposes. The current practice negatively affects Canadian Rangers' access to entitlements—such as compensation benefits—where proof of a service relationship may be required. Our recommendation addresses this problem.

Throughout the course of interviews conducted by this Office, the chain of command at the Canadian Ranger Patrol Group level demonstrated goodwill and a strong interest in supporting their Canadian Ranger members to the fullest extent possible within their authority. In terms of the management of the Canadian Rangers organization overall, the Canadian Armed Forces operates within the existing policy framework, which presents some challenges as the reality of the Canadian Rangers does not always fit within the cadre of conventional Reservist policies.

The recommendations made in this report, if accepted and implemented, will assist the Department of National Defence and the Canadian Armed Forces in ensuring the Canadian Rangers have access to the health care to which they are entitled, as well as improving their overall wellbeing.

SECTION I—CONTEXT

The Canadian Rangers provide “a Canadian Armed Forces presence in those sparsely settled northern, coastal and isolated areas of Canada which cannot conveniently or economically be covered by other elements of the Canadian Armed Forces”

- Defence Administrative Order and Directive 2020-2, Canadian Rangers.

The Canadian Rangers are a sub-component of the Canadian Armed Forces Reserve Force¹ and an important component of Canada’s overall defence strategy.

The Canadian Ranger sub-component is a distinct military occupation, but is not considered a combat arms occupation. Canadian Rangers are recruited primarily for their knowledge and ability to operate in extreme environments within their geographical areas of responsibility.²

The Canadian Rangers contribute to the protection of Canada’s sovereignty by:

- Conducting surveillance or sovereignty patrols;
- Collecting local data of significance to the Canadian Armed Forces; and
- Reporting unusual activities or sightings.³

In addition, Canadian Rangers provide a range of specialized services in their geographical area of operation, including:

- Humanitarian assistance;
- Rapid response for disaster situations;
- Search and Rescue operations; assistance to federal, provincial/territorial or municipal authorities; and

1 *Queen’s Regulations and Orders*, Volume 1, Chapter 2.034(d).

2 The guidance for sub-component selection for Canadian Ranger enrolment requires that the applicant “be intimately familiar with the local population, industries, terrain, weather and other conditions within their area” and further “possess useful skills, in the opinion of the Commanding Officer of the Canadian Ranger Patrol Group, for duties in their area” Defence Administrative Order and Directive 5002-1, Enrolment: Component and Sub-Component Selection.

3 Canadian Rangers, Canadian Army. <http://www.army-armee.forces.gc.ca/en/canadian-rangers/index.page>



- Support for evacuations in natural emergencies such as forest fires and floods.⁴

Canadian Rangers also regularly train in activities such as navigation, weapon safety, first aid, and other specialized skills.⁵

There are approximately 5,000 Canadian Rangers divided into five Canadian Ranger Patrol Groups, each covering a distinct geographical area. Each Patrol Group is made up of Canadian Ranger patrols, many of which are located in remote areas. The number of patrols varies at each Patrol Group, with the highest being 60 at the 1st Canadian Ranger Patrol Group.⁶

Each Canadian Ranger Patrol Group is led by a Commanding Officer who is responsible for administration and operations within the Patrol Group. Canadian Ranger Instructors supervise and train the Canadian Rangers, and are the link between the Canadian Armed Forces and the communities in which the patrols operate. The responsibilities of Canadian Ranger Instructors are extensive, including the administration of finances and personnel, training on weapons and drills, ensuring dress and deportment, parade conduct, and developing youth community programs. Canadian Ranger Instructors are required to visit their patrols and communities 1-2 times per year in order to conduct training activities and supervise training operations. The ratio of full time staff-to-Canadian Rangers is as low as 1:53 in some Canadian Ranger Patrol Groups. For further information on the organizational structure of the Canadian Ranger patrols, including staff ratios, refer to Appendix A—Organizational Structure of the Canadian Rangers.

As with all Reservists, Canadian Rangers can be employed on a type of service (Class “A”, “B”,

or “C”⁷) when training has been authorized or a task has been assigned to them.⁸ Additional information on types of service can be found in Canadian Rangers Tasks and Operations.

Many Canadian Rangers live and operate within diverse Indigenous communities. Canadian Rangers speak some 26 different languages and dialects, many of which are Indigenous.⁹ It is important to note the role that Elders play in some of the communities within which the Canadian Rangers live and operate. The definition of Elder varies from nation to nation,¹⁰ but broadly speaking, their function is to “ensure that traditional values, principles and other teachings are passed along.”¹¹ Elders are role models, historians, spiritual leaders and counsellors, and play a vital role in First Nations, Métis and Inuit communities.¹² Elders are not defined by age, but rather by the level of respect their community has for their teachings, and they are central in decision-making within their respective communities.¹³

For further information, please refer to Appendix B—Members of the Canadian Ranger Organization, and Canadian Rangers and Junior Canadian Rangers.

⁴ 3rd Canadian Ranger Patrol Group. <http://www.army.forces.gc.ca/en/3-crpg/index.page>

⁵ Canadian Ranger patrols, Canadian Army. <http://www.army.forces.gc.ca/en/1-crpg/patrols.page>

⁶ 1 Canadian Ranger Patrol Group—Unit Brief to DND/CAF Ombudsman, April 2016.

⁷ *Queen's Regulations and Orders*, Volume 1, Chapter 9, Section 3—Types of Service. Deemed Full-time Service is defined as “a member of the Reserve Force who is serving on an operation of a type approved by or on behalf of the Chief of the Defence Staff under subparagraph 9.08(1)(b) (Class “C” Reserve Service) is deemed to be on full-time service”. As per the Chief of Reserves, Rangers serving on operations are “Deemed Full-time Service” and are placed on a period of Class “C” Service.

⁸ Standing Operation Order for Domestic Operations 3000-1, Reserve Force Employment by Sub-Component (j).

⁹ Canadian Rangers, Canadian Army. <http://www.army-armee.forces.gc.ca/en/canadian-rangers/index.page>

¹⁰ Council of Elders, Indigenous and Northern Affairs Canada. <https://www.aadnc-aandc.gc.ca/eng/1100100013748/1100100013749>

¹¹ Council of Elders, Indigenous and Northern Affairs Canada. <https://www.aadnc-aandc.gc.ca/eng/1100100013748/1100100013749>

¹² Council of Elders, Indigenous and Northern Affairs Canada. <https://www.aadnc-aandc.gc.ca/eng/1100100013748/1100100013749>

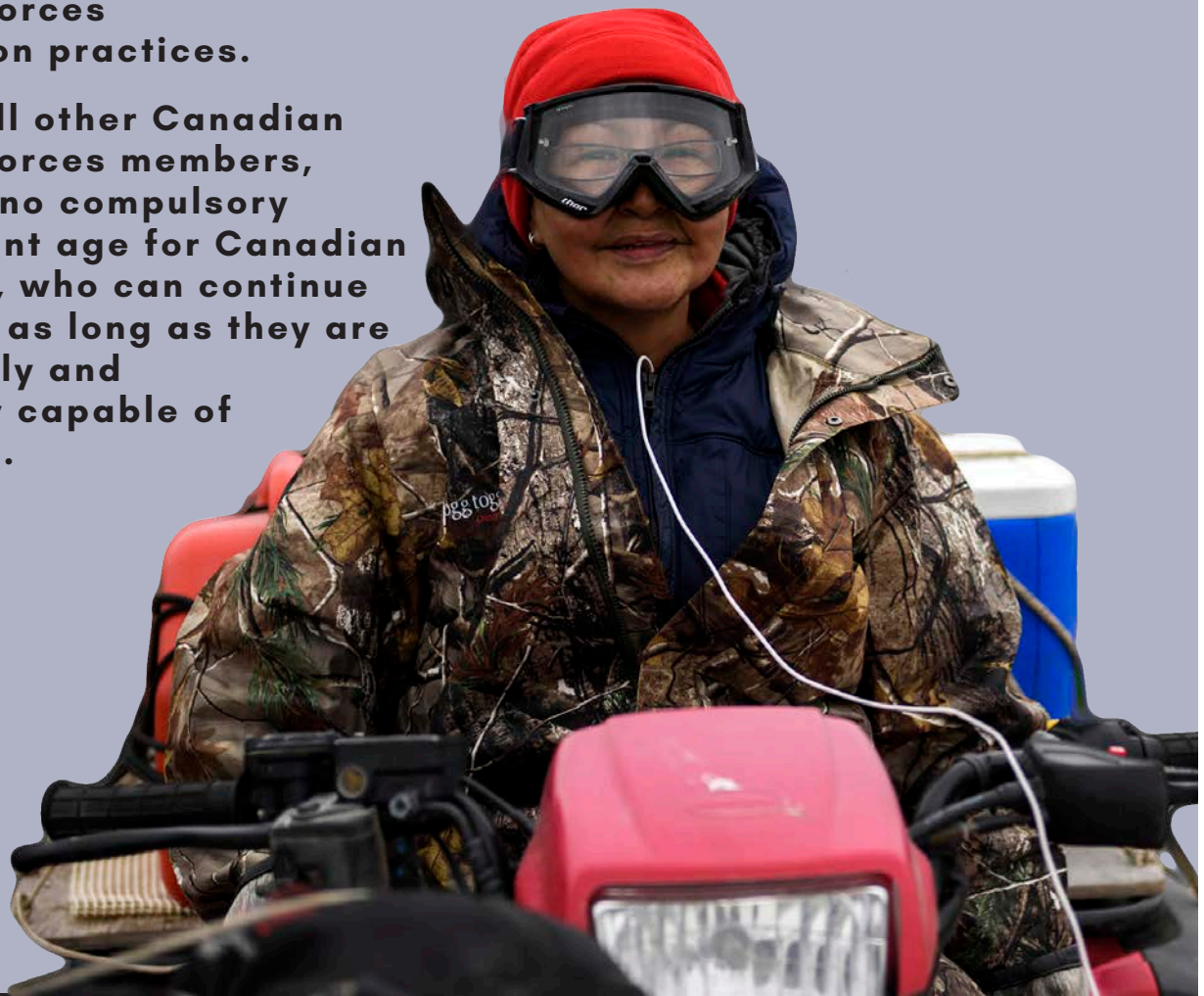
¹³ Council of Elders, Indigenous and Northern Affairs Canada. <https://www.aadnc-aandc.gc.ca/eng/1100100013748/1100100013749>

The Canadian Rangers are distinct from other components of the Canadian Armed Forces in many ways. Unlike Regular and Primary Reserve Force members, Canadian Rangers are exempted from meeting the minimum operational standards related to universality of service, including the operational standard for physical fitness.

Canadian Rangers also elect their patrol leaders and sergeants annually, as opposed to the Canadian Armed Forces promotion practices.

Unlike all other Canadian Armed Forces members, there is no compulsory retirement age for Canadian Rangers, who can continue to serve as long as they are physically and mentally capable of doing so.

- Defence Administrative Order and Directive 5002-1, Enrolment: Component and Sub-Component Selection, and Defence Administrative Order and Directive 5023-1, Minimum Operational Standards Related to Universality of Service. According to DAOD 5023-1, “The principle of universality of service or “soldier first” principle holds that CAF members are liable to perform general military duties and common defence and security duties, not just the duties of their military occupation or occupational specification. This may include, but is not limited to, the requirement to be physically fit, employable and deployable for general operational duties.”
- Canadian Army, Canadian Rangers, Organization: Patrol Groups, Canadian Rangers National Authority. <http://www.army-armee.forces.gc.ca/en/canadian-rangers/organization-patrols.page>
- Frequently Asked Questions, Canadian Army. <http://www.army-armee.forces.gc.ca/en/canadian-rangers/faq.page>



SECTION II—INTRODUCTION

As international interest in the Arctic grows,¹⁴ so too will the role of the Canadian Rangers in providing surveillance in Canada's North. The Minister of National Defence's 2015 mandate letter identifies the renewed focus on surveillance and control of Canadian territory and the expansion of the Canadian Rangers organization as a priority.¹⁵ The central contribution of the Canadian Rangers to Canada's sovereignty is further underscored in the Department of National Defence's 2017-18 Departmental Plan, which describes the Canadian Rangers as "integral to northern defence."¹⁶ Canada's June 2017 Defence Policy speaks to enhancing and expanding the training and effectiveness of the Canadian Rangers, with the view to "enhance the Canadian Armed Forces' ability to operate in the Arctic and adapt to a changed security environment."¹⁷

Over the past decade,¹⁸ this Office has maintained a strong focus on Reserves, including on the provision of care, compensation, and other benefits to ill and injured Primary Reservists. In line with this focus, in the fall of 2015 the National Defence and Canadian Armed Forces Ombudsman committed to conducting an investigation of the Canadian Rangers organization with an emphasis on health care provided by the Canadian Armed Forces. This is this Office's first systemic investigation into the Canadian Rangers.

This Office completed preliminary research of the Canadian Rangers organization and found several areas of concern for further investigation, including: challenges in the determination of appropriate type of Reserve Service, concerns with the absence of a requirement for medical examinations for Canadian Rangers prior to enrolment,¹⁹ and a lack of awareness on the part of the Canadian Rangers with regard to their entitlement to Canadian Armed Forces Health care treatment and to employment benefits.

Subsequently, this Office set out to identify the impact of the following key issues on Canadian Rangers' health care entitlements and related benefits:

- Assessing and monitoring the medical (physical and psychological) fitness of Canadian Rangers;
- Reporting of tasks operations;
- Reporting and tracking of illnesses and injuries; and
- Other relevant factors.

This Office did not examine or assess:

- The adequacy of health services not provided by the Canadian Armed Forces;
- Pay issues;
- Current enrolment eligibility criteria of Canadian Rangers; and
- Health care entitlements for dependents of the Canadian Rangers.

Of note, in April 2015, the Commander of the Canadian Army ordered a review of the Canadian Rangers organization and structure with the intent of ensuring its long-term relevance and sustainability. This review includes four phases: organization and policies; command, control and

¹⁴Canada's Northern Strategy—Exercising our Arctic Sovereignty. <http://www.northernstrategy.gc.ca/sov/index-eng.asp>

¹⁵Minister of National Defence mandate letter. <http://pm.gc.ca/eng/minister-national-defence-mandate-letter>

¹⁶2017-18 Departmental Plan, National Defence, Planned Results, Program 1.0: Defence Combat and Support Operations.

¹⁷Canada's Defence Policy, page 80.

¹⁸Since December 2008's *Reserved Care: An Investigation into the Treatment of Injured Reservists*.

¹⁹This is because the Canadian Rangers are exempted from meeting the minimum operational standards related to universality of service, including the operational standard for physical fitness.



manning; financial and personnel administration; and resource and infrastructure. While we did not look at topics covered in the Commander of the Canadian Army's review within this Canadian Rangers investigation, this Office is monitoring progress and has released a [Progress Update on the Canadian Army's review of the Canadian Ranger organization](#).

Additional information on the data collected and interviews conducted is outlined in Appendix C—Investigative Methodology.

All Reservists, including Canadian Rangers, are expected to perform certain tasks while not on duty, including maintaining their uniforms and equipment, communications and planning associated with upcoming training or operations, and being prepared in the event they are called out on service. In addition to these tasks, Canadian Rangers are uniquely expected to observe and report suspicious or unusual activity and collect local information of military significance during the course of their daily routine. This is intrinsic to the role of the Canadian Ranger, but is not considered as duty status for the purpose of health care entitlements and related benefits.

SECTION III—FINDINGS

GOVERNANCE AND ADMINISTRATION

Finding: Health care entitlements of Canadian Rangers are the same as Primary Reserve Force members employed within the same type of service.

As is the case with all Reservists, Canadian Rangers' health care entitlements and related benefits are determined by type of service and are based on whether an illness or injury is attributable to military service. The type of Reserve Service under which a Canadian Ranger serves (Class "A", "B", or "C") determines health care entitlements and related benefits.²⁰

In 2009, the Surgeon General for the Canadian Armed Forces issued a directive to provide clarification to health services staff on Reservists' entitlements to care by means of the *Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*.²¹ In general, if a Reserve member becomes ill or is injured while on Class "A" or short-term Class "B" service (i.e. attributable to the performance of military duty) the member will be provided care to the extent practicable by the Canadian Forces Health Services Group until care can be safely transferred to the member's civilian primary care provider.²² The *Interim Guidance* further stipulates that members on short terms

of service (<180 days)²³ are "best looked after by their civilian care providers."²⁴ Reserve Force personnel on long-term Class "B" Reserve Service (>180 days),²⁵ and Class "C" Reserve Service will be treated as Regular Force members.²⁶

The *Queen's Regulations and Orders* Chapter 34, "Medical Services", is the governing document for Reservists' entitlements to medical care.²⁷ However, as this Office has previously found, the provisions of the *Queen's Regulations and Orders* referring to entitlement to medical care

²³The divide of Class "B" Reserve Service surrounding 180 days is a recurring threshold for benefits to Class "B" Reservists. The Injured Military Members Compensation Act expresses the divide as "more than 180 days" and "180 days or less". However, Canadian Armed Forces policies and regulations are inconsistent. Some refer to "more than 180 days" and "up to 180 days", without addressing terms of service of exactly 180 days. Other policies and regulations are silent on the duration of period of service when on Class "B".

²⁴*Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*, 4090-02. The Vice Chief of the Defence Staff Letter, Access to Medical Care—Reserve Force Personnel, 2 November 2011 further states that "all CF personnel who have been injured or become ill as a result of service will be taken care of by the CF H Svcs until such time as the member no longer requires the care or the member's care has been successfully transferred to another health care system. All serving CF personnel who present themselves to a CF clinic will be evaluated to ensure that their immediate health care needs are met."

²⁵The divide of Class "B" Reserve Service surrounding 180 days is a recurring threshold for benefits to Class "B" Reservists. The Injured Military Members Compensation Act expresses the divide as "more than 180 days" and "180 days or less". However, Canadian Armed Forces policies and regulations are inconsistent. Some refer to "more than 180 days" and "up to 180 days", without addressing terms of service of exactly 180 days. Other policies and regulations are silent on the duration of period of service when on Class "B".

²⁶*Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*, 4090-02.

²⁷This policy refers to entitlements for every member of the Reserve Force.

²⁰*Queen's Regulations and Orders*, Volume 1, Chapter 9—Reserve Service.

²¹Canadian Forces Health Services Instruction 4090-02, *Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*.

²²Vice Chief of the Defence Staff Letter, Access to Medical Care—Reserve Force Personnel, 2 November 2011.

are vague and this ambiguity “leads to different interpretations and applications of care.”²⁸ This ambiguity persists to this day, and remains to be addressed.

Canadian Rangers interviewed during the investigation cited examples where they had sustained injuries while on duty and where Canadian Armed Forces medical personnel were present: first aid was provided by medics on site, and the civilian medical system provided follow-up care. Other Canadian Rangers described how the local community medical facility was the primary health source for minor illnesses or injuries, with more serious conditions requiring travel to the nearest city.

This Office’s report *Reserved Care: An Investigation into the Treatment of Injured Reservists* found that a Primary Reserve member injured while off-duty could be eligible for Canadian Armed Forces health care entitlements and related benefits in specific situations. In that report, we found that Primary Reserve members could be eligible for Canadian Armed Forces care for an injury sustained during fitness training and while off-duty. This is because Primary Reserve members are “expected to meet and maintain the same standards of fitness for employment as Regular Force members,”²⁹ and must therefore meet the minimum operational standards related to universality of service. Canadian Rangers are not compelled to meet universality of service, but we found that, in the context in which they work, Canadian Rangers injured while practicing and maintaining Ranger-specific skills, without prior approval from the chain of command, would not be eligible for Canadian Armed Forces health care entitlements and related benefits.

For further information, please see [Health Care for Canadian Rangers](#).

²⁸*Part-Time Soldiers with Full-Time Injuries: A Systemic review of Canada’s Primary Reserve Force and Operational Stress Injuries*, May 2016.

²⁹*Reserved Care: An Investigation into the Treatment of Injured Reservists*, Special Report to the Minister of National Defence, April 2008, page 37.

Finding: There is inconsistency and ambiguity in some policies, orders, and instructions that confer health care entitlements and related benefits and eligibilities to Canadian Rangers.

Nearly a decade ago, this Office found that in the matter of the provision of health care to Reservists, “the current policies and regulations relating to the entitlement of medical care for Reservists are confusing.”³⁰ To this day this confusion persists in policies, orders, directives, and instructions related to Reserve Force health care entitlements and related benefits. It is not always evident whether specific sub-components of the Reserve Force, such as the Canadian Rangers, are included or excluded in these documents.³¹ This ambiguity can lead to inconsistent interpretation and application of policies, orders and instructions for the Canadian Rangers.

For example, in the *Surgeon General’s Interim Guidance for Delivery of Health Care to Reserve Force Personnel*,³² references are made to Reserve Force, Primary Reserves, and Class “B” Reservists. The document discusses guidance for care delivery for three types of Reserve service, but does not specify whether it is for members of the Primary Reserve, or all sub-components of the Reserve Force.

Recommendation 1:

We once again recommend that the Department of National Defence and the Canadian Armed Forces eliminate ambiguity and inconsistency in language in the policy framework for Reservists, with a focus on health care entitlements, as soon as possible, and no later than spring 2019.

³⁰*Reserved Care: An Investigation into the Treatment of Injured Reservists*, April 2008.

³¹These documents make reference to “Reservists” or “Primary Reservists” or specific types of service within the same document. It is not always clear whether or not a particular sub-component of the Reserve Force, such as the Canadian Rangers, was intentionally left out of the policy or directive, or if terms are being used interchangeably.

³²*Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*, 4090-02.

A Canadian Ranger who sustains an injury or illness while off duty is not be eligible for Canadian Armed Forces health care entitlements and related benefits, which are determined by type of service. This is the case for any off-duty Reservist. A Canadian Ranger injured in the course of observing and reporting suspicious or unusual activity would only be eligible for health care entitlements and related benefits if specifically tasked to do so or if the the Minister of National Defence were to retroactively designate a Special Duty Area or Special Duty Operation.

- *Queen's Regulations and Orders*, Chapter 34, Medical Services. Entitlement to the Reserve Force Death Gratuity is not affected should a Ranger become deceased while off-duty.
- Defence Administrative Order and Directive 2020-2, Canadian Rangers: Patrols, Unusual Activities. Additionally entitlement to the Reserve Force Death Gratuity is not affected should a Ranger become deceased in the process of conducting a non-compensated task. This benefit would still be payable whether a Ranger died on or off-duty. During the course of this investigation, some Canadian Rangers cited having undertaken Canadian Ranger activities for which they were unpaid, but these were often administrative tasks and none reported having sustained injuries as a result. While this Office was not made aware of injuries related specifically to the observing and reporting of suspicious behaviour, the potential exists for a Canadian Ranger to be denied Canadian Armed Forces health care and related benefits for performing a task intrinsic to the Canadian Rangers role.
- This authority is set out in the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, sections 70-71.



ASSESSING AND MONITORING OF MEDICAL (PHYSICAL AND PSYCHOLOGICAL) FITNESS OF CANADIAN RANGERS

Finding: The chain of command and patrol leadership monitor Canadian Rangers' fitness informally, but overall fitness is neither assessed nor monitored in an official capacity.

Defence Administrative Order and Directive 5002-1, "Enrolment" states that upon enrolment, Canadian Rangers must be physically and psychologically fit to perform foreseeable duties, and that a medical examination is not required.³³ Following enrolment, Defence Administrative Order and Directive 2020-2, "Canadian Rangers" stipulates that Canadian Rangers must be physically able to continue performing their duties.³⁴ The measure of "physically able" is subjective and dependent on circumstances.

Enrolment:

While overall fitness is not assessed and monitored in an official capacity, each patrol group undertakes some form of informal screening to assess the overall fitness of candidates prior to enrolment.³⁵ This Office found that the informal assessment for recruitment is typically based on input received from various stakeholders including other Canadian Rangers, patrol leaders, and in some cases the band chief, council members, and the community.

Post-enrolment:

The fitness and well-being of Canadian Rangers is monitored for the purpose of mitigating risk to the patrol and to ensure the safety of the patrol overall. Patrol leadership select Canadian Rangers for exercises and tasks based on various criteria including the Canadian Rangers' expertise and knowledge of a particular area, whether he or she has access to the required equipment, his or her ability to communicate in

the local language, and previous experience. If it is determined that a particular Ranger would pose a threat to the safety of the patrol due to illness, injury, or physical limitations, that Ranger is given other tasks to support the operation. The chain of command recognizes that the unique reality of the Canadian Rangers requires different operating procedures. As such, the chain of command assumes a certain level of risk by allowing patrol leadership and Canadian Ranger Instructors to make these operational decisions.

While some respondents felt that pre-tasking medical clearance might be beneficial, concerns were raised at the possibility of imposing military fitness and medical standards. Respondents indicated that not all Canadian Rangers would meet these standards, designed for all other Canadian Armed Forces members, both for reasons of age and health. The imposition of these standards could screen out candidates or current members, potentially resulting in a significant loss in knowledge, skills, and expertise that is held by Canadian Ranger Elders. Many Canadian Rangers were forthcoming about diabetes, heart conditions, and other ailments that affect members of their communities; conditions that would likely disqualify many of them from serving if they became subject to military fitness and medical standards. These standards, currently in place for the majority of the Canadian Armed Forces members, were not designed with Canadian Rangers' required skills and tasks, or the environment in which they operate, in mind.

Members of the chain of command and Canadian Rangers alike indicated that, while not a perfect system, the current practice with respect to the assessing and monitoring of Canadian Rangers' fitness works well overall. The lack of formal monitoring, reporting mechanisms and tracking for health and fitness provides leadership with the flexibility to enrol and assign tasks to Canadian Rangers based on factors not limited to their physical abilities. The absence of a baseline medical assessment does not affect access to Canadian Armed Forces health care entitlements or related benefits: eligibility is solely determined

³³Defence Administrative Order and Directive 5002-1, Enrolment: Component and Sub-Component Selection.

³⁴Defence Administrative Order and Directive 2020-2, Canadian Rangers.

³⁵This was consistently reported across all five Canadian Ranger Patrol Groups at all levels during the information gathering and interviews phase.

by type of service being performed at the time of illness or injury, and not by the pre-existing state of Canadian Ranger's health.

Canadian Rangers may also be eligible for a range of benefits and other services through Veterans Affairs Canada as serving members of the Canadian Armed Forces or as veterans once released. These benefits include compensation for service-related illnesses and injuries, support during the transition to civilian life, financial assistance, and support for health and well-being. The absence of a baseline medical examination upon enrolment³⁶ does not preclude Canadian Rangers from accessing these programs.³⁷

³⁶As a Canadian Ranger does not have an enrolment medical upon enrolment as per Medical Standards, there is no need to create a health file. (*Military Human Resources Records Procedures*, Chapter 11).

³⁷Note that the determination of a service relationship for an injury for VAC benefits is made based on a variety of evidence including (but not limited to): the information contained in the Disability Benefits application, Service Health Records, and any medical reports or test results that are submitted with the application. Source: Email, Policy, Strategic Policy and Commemoration, Veterans Affairs Canada. For further information on Veterans Affairs Canada entitlements, please consult their website: www.veterans.gc.ca

This Office previously recommended the development of a new framework governing the entitlement to, and provision of, medical and dental care for the various sub-components of Reservists. This recommendation was made with the view to achieve fair and appropriate treatment for Reservists.



REPORTING AND TRACKING OF TASKS AND OPERATIONS

Finding: The practice with regard to the tracking and reporting of tasks and operations is in accordance with departmental guidelines.

Canadian Rangers are considered on duty only when training has been authorized or a formal task has been assigned and they are placed on a class of service.³⁸ They undertake other aspects of their Canadian Ranger role in concert with their daily civilian activities.

Canadian Rangers must be placed on the appropriate type of service for the tasks they perform to ensure they receive the health care entitlements and related benefits should they become ill or injured while on duty. The Canadian Armed Forces acknowledged that in the past “tasks were performed by Canadian Rangers for which the proper type of service was not applied.”³⁹ As a result, in the fall of 2013, the Canadian Armed Forces created a framework to provide guidelines for the determination of class of service for the corresponding Canadian Ranger tasks and operations.⁴⁰

The current practice with respect to the tracking and reporting of Class “A”, short-term Class “B”⁴¹, and “C” tasks and operations does not have a direct impact on Canadian Rangers’ health care entitlements and related benefits, nor on their access to these entitlements, provided the Canadian Ranger has been employed on the appropriate type of service.

³⁸Standing Operations Order for Domestic Operations (S00D0) 3000-1 (J5), Appendix 2, Annex HH: Employment of Reserve Force Personnel.

³⁹Canadian Rangers Patrol Types Matrix for Operations and Employment letter, 3 October 2013.

⁴⁰Canadian Rangers Patrol Types Matrix for Operations and Employment letter, 3 October 2013.

⁴¹The divide of Class “B” Reserve Service surrounding 180 days is a recurring threshold for benefits to Class “B” Reservists. The Injured Military Members Compensation Act expresses the divide as “more than 180 days” and “180 days or less”. However, Canadian Armed Forces policies and regulations are inconsistent. Some refer to “more than 180 days” and “up to 180 days”, without addressing terms of service of exactly 180 days. Other policies and regulations are silent on the duration of period of service when on Class “B”.

For further information, see [Canadian Rangers Tasks and Operations](#).

REPORTING AND TRACKING OF ILLNESSES AND INJURIES

Finding: Canadian Rangers’ illnesses and injuries are not being consistently reported or adequately tracked.

In the event of an on-duty illness or injury, the Canadian Armed Forces is required to ensure that:

- all circumstances resulting in a military casualty⁴² are appropriately reported and documented;
- members and their families are made aware of the resources available in the event of a military casualty;⁴³ and
- transition assistance is provided to injured members who are subsequently released for medical reasons due to their injuries.⁴⁴

The proper documenting of illnesses and injuries is also a critical step in demonstrating a relationship between an illness or injury and a member’s military service.⁴⁵

The *Report of Injury, Disease or Illness* form (herein referred to as the CF 98) is the primary tool for reporting and documenting injuries, diseases, and illnesses⁴⁶ and should be completed by any member of the Canadian Armed Forces whether or not an incident is

⁴²As part of this investigation, our Office only looked at illnesses and injuries, but not deaths.

⁴³As part of this investigation, our Office only looked at illnesses and injuries, but not deaths.

⁴⁴Defence Administrative Order and Directive 5018-0, Injured Members and Military Casualties.

⁴⁵Email from Director Casualty Support Management dated 12 April 2017.

⁴⁶Instructions for Completion of the CF 98 form *Report of Injury, Disease or Illness*.

attributable to military service.⁴⁷ The Director Casualty Support Management is the authority responsible for verifying, approving and maintaining all CF 98s⁴⁸ and should receive and retain all completed CF 98s. However, this Office found that only 70% (74 of 106) of Canadian Ranger CF 98s were transferred to Director Casualty Support Management within the timeframe of this investigation. This represents a gap in the tracking and reporting of Canadian Ranger illnesses and injuries, one which could pose problems for some Canadian Rangers in the future, if proof of a service relationship is required to determine entitlement to benefits and services.

This Office also found that many Canadian Rangers do not consistently report their injuries. Of the Canadian Rangers interviewed who self-identified as having sustained an injury while on duty, 52% stated that they had not completed the required paperwork to report that injury. Canadian Rangers cited several reasons for this, including: they underestimated the severity of the injury, health care was available to them through other sources, or they feared immediate removal from a particular activity or long-term career implications if they reported a particular injury.

It should be noted that the under-reporting of injuries on the part of the Canadian Rangers is consistent with what this Office previously found with other Reservists. Stigma and career implications were previously cited as top impediments to coming forward with an injury.⁴⁹ As this Office previously acknowledged, it is “difficult for the Canadian Armed Forces and the

Department of National Defence to assist an injured Reservist who does not first make their need for assistance known.”⁵⁰

For further information, see [Health Care for Canadian Rangers](#).

Recommendation 2:

We recommend that the Department of National Defence and the Canadian Armed Forces ensure compliance with the existing illness and injury reporting process so that Canadian Rangers are not inadvertently barred from accessing their health care entitlements and related benefits.

OTHER RELEVANT FACTORS

Finding: Canadian Rangers’ access to health care, particularly specialized medical services, is affected by the fact that most live in remote and isolated areas.

Canadian Rangers reside in over 200 sparsely settled and isolated communities across Canada,⁵¹ some of which are only accessible by air. The degree of isolation varies from one patrol to the next, even within the same Canadian Ranger Patrol Group.⁵²

As Reservists typically serving on Class “A”, Canadian Rangers are largely dependent on local medical clinics, nursing stations and hospitals to meet their health care needs. Most Canadian Rangers reported that access to specialized medical care through territorial, provincial or federal health care programs is often challenging. Canadian Rangers described long wait times to see doctors, especially in isolated and remote communities serviced by rotational medical support staff. In some cases, doctors fly into these communities once per month and we were told that those requiring medical attention are not always seen during these visits. Access to continuing care for chronic medical conditions was also reported as a challenge.

⁴⁷This is done to protect the member (i.e. to ensure that there is documentation supporting a member’s claim or application for benefits), and to protect the Department of National Defence and Canadian Armed Forces (i.e. member tries to attribute an injury to military service when in fact it happened off-duty and the member files a claim or application for benefits). It could also be important if an injury was aggravated by military service, and it is the basis for the majority of Veterans Affairs Canada decisions on benefits requiring the applicant to demonstrate a link between a medical condition and military service.

⁴⁸Defence Administrative Order and Directive 5018-2, Report of Injuries and Exposure to Toxic Substances.

⁴⁹*Part-Time Soldiers with Full-Time Injuries: A Systemic Review of Canada’s Primary Reserve Force and Operational Stress Injuries*.

⁵⁰*Part-Time Soldiers with Full-Time Injuries: A Systemic Review of Canada’s Primary Reserve Force and Operational Stress Injuries*.

⁵¹Standing Operations Order for Domestic Operations (S00D0) 3000-1 (J5), Appendix 2, Annex HH: Employment of Reserve Force Personnel.

⁵²Interviews with Canadian Rangers, when referring to access to medical services along the James Bay coast.

Members of the chain of command and the Canadian Ranger community alike identified access to mental health services as problematic. The majority of the commanding officers interviewed recommended a review of the delivery of mental health services in this regard.⁵³ In their support of Canadian Armed Forces operations, Canadian Rangers can be exposed to traumatic situations (for example, on Search and Rescue operations), and one senior leader stressed that “we need to have something in place to help them.”⁵⁴ The greatest challenge raised with respect to mental health was the lack of access to psychological support services within isolated and remote communities. Indeed, many national psychological service providers might not understand the context within which the Canadian Rangers work and live.

The Canadian Armed Forces are responsible for providing health care to Canadian Rangers in specific circumstances as described in the Surgeon General’s *Interim Guidance*⁵⁵. Since most Canadian Rangers operate in geographically isolated areas, access to Canadian Armed Forces health care often requires travel to medical

facilities outside of the Canadian Ranger’s home community. This geographic remoteness acts as a barrier for some Canadian Rangers, particularly those living in predominantly Indigenous communities. Many Canadian Rangers indicated that they did not pursue health care available to them through the Canadian Armed Forces because of this requirement to travel. These Canadian Rangers spoke of a reluctance to leave their communities, even temporarily, citing a general discomfort in seeking care in southern hospitals, and the absence of their support network while at these facilities. Members of the chain of command confirmed that there is reluctance on the part of Canadian Rangers to travel for medical treatment.

For further reading, see Appendix D—The Delivery of Health Services in Canada.

⁵³Interview with a Canadian Ranger Patrol Group Commanding Officer.

⁵⁴Interview with a Canadian Ranger Patrol Group Commanding Officer.

⁵⁵*Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*, 4090-02.



Recommendation 3:

We recommend that the Department of National Defence and the Canadian Armed Forces ensure the delivery of health care to Canadian Rangers to which they are entitled by:

3.1 Engaging with Canadian Rangers with the view of identifying the barriers to their access to Canadian Armed Forces health care, and their health care needs within their social and cultural contexts.

3.2 Identifying and implementing a service delivery model for Canadian Armed Forces health care that is responsive to the identified needs of the Canadian Rangers.

As this Office previously found, when Primary Reservists experience an illness or injury attributable to military service, they are eligible to apply for different compensation options. As Reservists, Canadian Rangers are also entitled to some of these options.

- "Compensation Options for Ill and Injured Reservists", February 2016.
- For example: extension of Class "C" service for personnel whose injury or illness was sustained on Special Duty Service; Reserve Force Compensation; or for compensation pursuant to the *Government Employee Compensation Act*.

Finding: Most Canadian Rangers are not aware of their Canadian Armed Forces health care entitlements.

The Vice Chief of the Defence Staff has affirmed that "the chain of command must ensure that all CF members are fully cognizant of their access and entitlement to care from the Canadian Forces Health Services...This is a leadership responsibility."⁵⁶ However, information on health care entitlements and related benefits is not clear, nor is it conveyed to Canadian

Rangers consistently. The *Interim Guidance for the Delivery of Health Care to Reserve Force Personnel* further states that "we must... better educate our Reserve Force members with respect to their entitlements to care."⁵⁷

Knowledge transfer from the chain of command with respect to health care entitlements is neither standardized nor consistent across all patrol groups. Some patrol leaders and instructors reported that information on health care entitlements is informally passed down through casual conversation, or in the event of an injury if a Canadian Ranger requests specific information.⁵⁸ Some instructors suggested that additional training would be beneficial and would better equip them to pass on this knowledge to patrol members. On average, a Canadian Ranger Instructor will visit a community 1-2 times per year, and only for the duration of a particular training exercise. This gives the Canadian Ranger Instructor limited time within which to complete their many tasks. Additionally, not all Canadian Rangers participate in exercises and training events, which creates challenges with regard to disseminating information to all Canadian Rangers in the patrol.

The Canadian Ranger Basic Military Indoctrination—a pilot course launched in 2016 set to replace the Developmental Period 1 course for new Canadian Ranger recruits—focuses primarily on reserve administration, compensation, and personal equipment responsibilities. The course's curriculum does not include comprehensive information on health care entitlements and related benefits. In addition, this course is not mandatory and would not be offered to Canadian Rangers enrolled prior to its inception.

⁵⁷*Interim Guidance for the Delivery of Health Care to Reserve Force Personnel*, Direction and Guidance, Key Principles.

⁵⁸Interviews with Patrol Leadership and Canadian Ranger instructors, across all 5 Canadian Ranger Patrol Groups. Many Patrol Leaders self-identified as being unaware of their own health care entitlements, much less those of their subordinate Rangers.

⁵⁶Vice Chief of Defence Staff letter: Access to Medical Care— Reserve Force Personnel, November 2011.

Canadian Rangers who were interviewed provided mixed responses when asked about their awareness of Canadian Armed Forces health care entitlements and related benefits. Most reported that they were not aware of their entitlements, and others simply assumed they would be “taken care of”.

It is important that Canadian Rangers understand their health care entitlements and related benefits in order to make informed decisions about options available to them. Their low level of awareness is a barrier to accessing their health care entitlements and related benefits.

Finding: Most Canadian Rangers are not aware that they may be entitled to Veterans Affairs Canada benefits and services as a serving member or veteran.

Veterans Affairs Canada offers a broad range of benefits and services available to serving members and veterans of the Canadian Rangers as well as to their families. These benefits and services are designed to compensate for service-related illnesses and injury, to support during the transition to civilian life, to offer financial assistance, and to help maintain health and well-being.⁵⁹

Respondents interviewed who self-identified as having sustained an injury while on duty were subsequently asked if they had considered submitting a claim to Veterans Affairs Canada—the vast majority (89%) responded that they did not. The most common reason cited for this was a lack of awareness that they could be entitled to Veterans Affairs Canada benefits.

There are some Veterans Affairs Canada benefits and services that are only available to released members of the Canadian Armed Forces. This becomes problematic when applied to the Canadian Rangers context, since unlike all other Canadian Armed Forces members, Canadian Rangers have no compulsory retirement age. Canadian Rangers are permitted to serve until such time as they no longer meet employment requirements and, as we have seen, these do

not include any medical or fitness standards.⁶⁰ Between 2013 and 2016 an average of 3.8% of the total Canadian Ranger population released each year.⁶¹ We heard across all five Canadian Ranger Patrol Groups that many Canadian Rangers continue to serve up until their death and do not voluntarily release.

Canadian Rangers’ lack of awareness of Veterans Affairs Canada entitlements and the impact of them not releasing is another impediment to their access to these benefits and services.

Recommendation 4:

We recommend that the Department of National Defence and the Canadian Armed Forces take concrete steps to ensure Canadian Rangers have a clear understanding of the importance of reporting injuries, and to improve their knowledge and awareness of the health care entitlements and related benefits available to them by:

4.1 Amalgamating information on Canadian Ranger health care entitlements and related benefits; distributing this information to Canadian Rangers in various languages and formats as necessary, by fall 2018.

4.2 Ensuring that this information is integrated into formal and any other relevant training offered to the Canadian Rangers, by fall 2018.

⁵⁹Email from Veterans Affairs Canada dated April 4th, 2017.

⁶⁰“To continue to serve, a CR member must be: a) physically able to continue performing their duties; and b) likely to promote, from an educational or administrative perspective, the general efficiency of their patrol, the Canadian Ranger sub-component and the CAF”. “Physically able” is not defined. Defence Administrative Order and Directive 2020-2, Canadian Rangers.

⁶¹Canadian Ranger National Authority statistics on Canadian Ranger releases.



RECOMMENDATIONS

Recommendation 1:

We once again recommend that the Department of National Defence and the Canadian Armed Forces eliminate ambiguity and inconsistency in language in the policy framework for Reservists, with a focus on health care entitlements, as soon as possible, and no later than spring 2019.

Recommendation 2:

We recommend that the Department of National Defence and the Canadian Armed Forces ensure compliance with the existing illness and injury reporting process so that Canadian Rangers are not inadvertently barred from accessing their health care entitlements and related benefits.

Recommendation 3:

We recommend that the Department of National Defence and the Canadian Armed Forces ensure the delivery of health care to Canadian Rangers to which they are entitled by:

3.1 Engaging with Canadian Rangers with the view of identifying the barriers to their access to Canadian Armed Forces health care, and their health care needs within their social and cultural contexts.

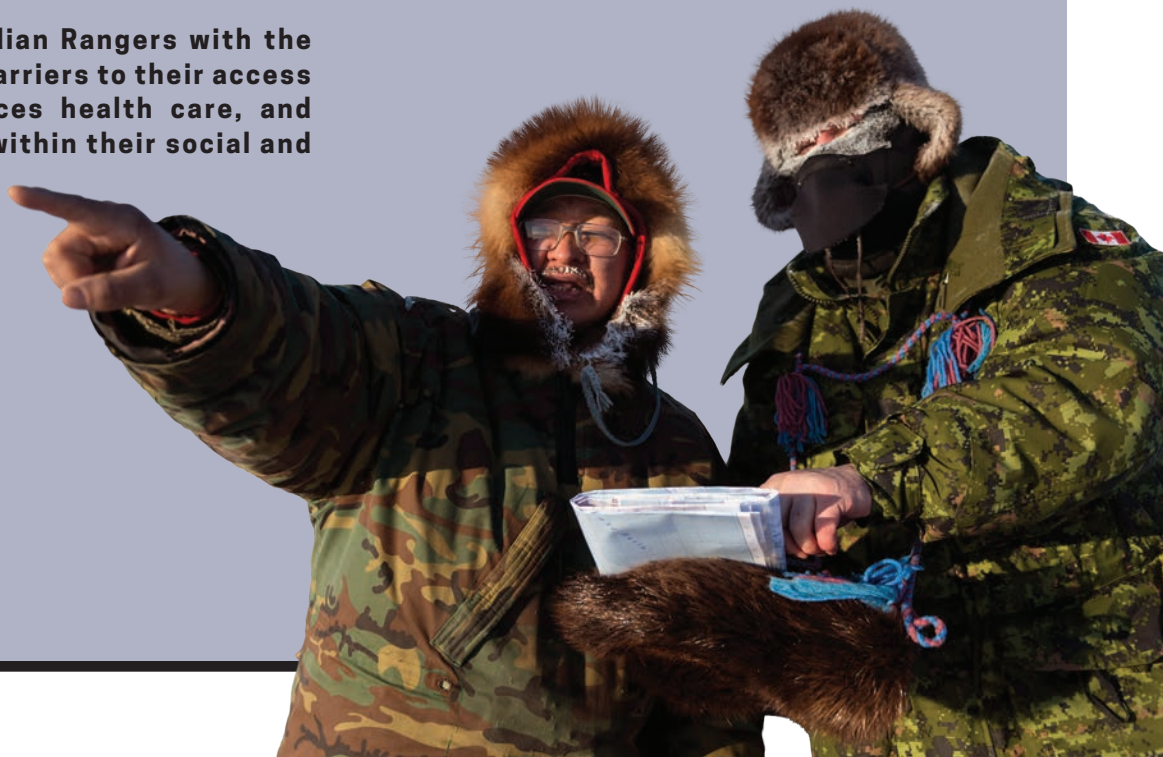
3.2 Identifying and implementing a service delivery model for Canadian Armed Forces health care that is responsive to the identified needs of the Canadian Rangers.

Recommendation 4:

We recommend that the Department of National Defence and the Canadian Armed Forces take concrete steps to ensure Canadian Rangers have a clear understanding of the importance of reporting injuries, and to improve their knowledge and awareness of the health care entitlements and related benefits available to them by:

4.1 Amalgamating information on Canadian Ranger health care entitlements and related benefits; distributing this information to Canadian Rangers in various languages and formats as necessary, by fall 2018.

4.2 Ensuring that this information is integrated into formal and any other relevant training offered to the Canadian Rangers, by fall 2018.



CONCLUSION

This investigation has identified specific challenges within the Department of National Defence and the Canadian Armed Forces that concern the health care entitlements and related benefits for the Canadian Rangers. Though they are entitled to the same health care entitlements and related benefits as other Reservists on paper, in practice Canadian Rangers face numerous barriers in accessing those entitlements, and this places them at a disadvantage.

Living in remote and isolated regions affects Canadian Rangers' access to specialized health care, both in terms of care provided through local health programs and entitlements through the Canadian Armed Forces. Open and constructive dialogue between the Canadian Armed Forces and the Canadian Rangers to identify a mutually satisfactory solution on access to Canadian Armed Forces health care will be beneficial.

As an integral component of the Canadian Armed Forces, it is important that Canadian Rangers be fully aware of their Canadian Armed Forces entitlements as Reservists. Their lack of awareness of their health care entitlements and related benefits is an impediment to accessing these entitlements. We encourage the Department of National Defence and Canadian Armed Forces to make all information and communication products geared towards Canadian Rangers available in their various languages.

The investigation further identified a gap in the tracking and reporting of Canadian Ranger illnesses and injuries which affects the determination of a service relationship for health care entitlements and related benefits. This Office found that while the process for the reporting of injuries is adequate, it is not adhered to consistently for Canadian Ranger injuries.

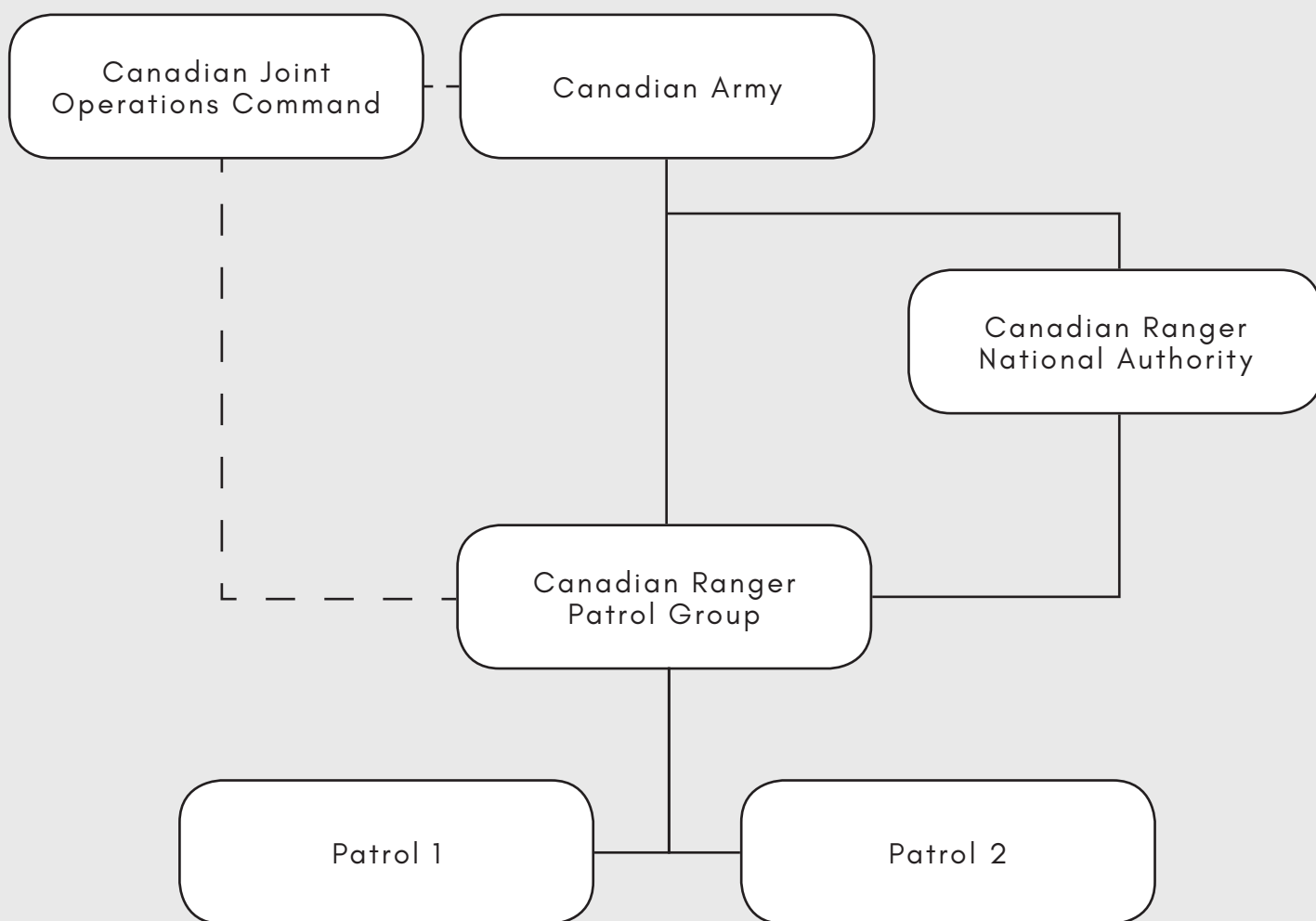
This investigation also identified several concerns with inconsistency in language within the Canadian Armed Forces policies that confer health care entitlements to Reservists. The clarification of language in these policies will eliminate ambiguity and will help ensure that the Canadian Rangers are provided with the services and benefits to which they are entitled.

There is room for improvement on the part of the Department of National Defence and the Canadian Armed Forces to ensure that Canadian Rangers have better access to their health care entitlements. This Office's recommendations are intended to address these gaps to improve the overall wellbeing of the Canadian Rangers.

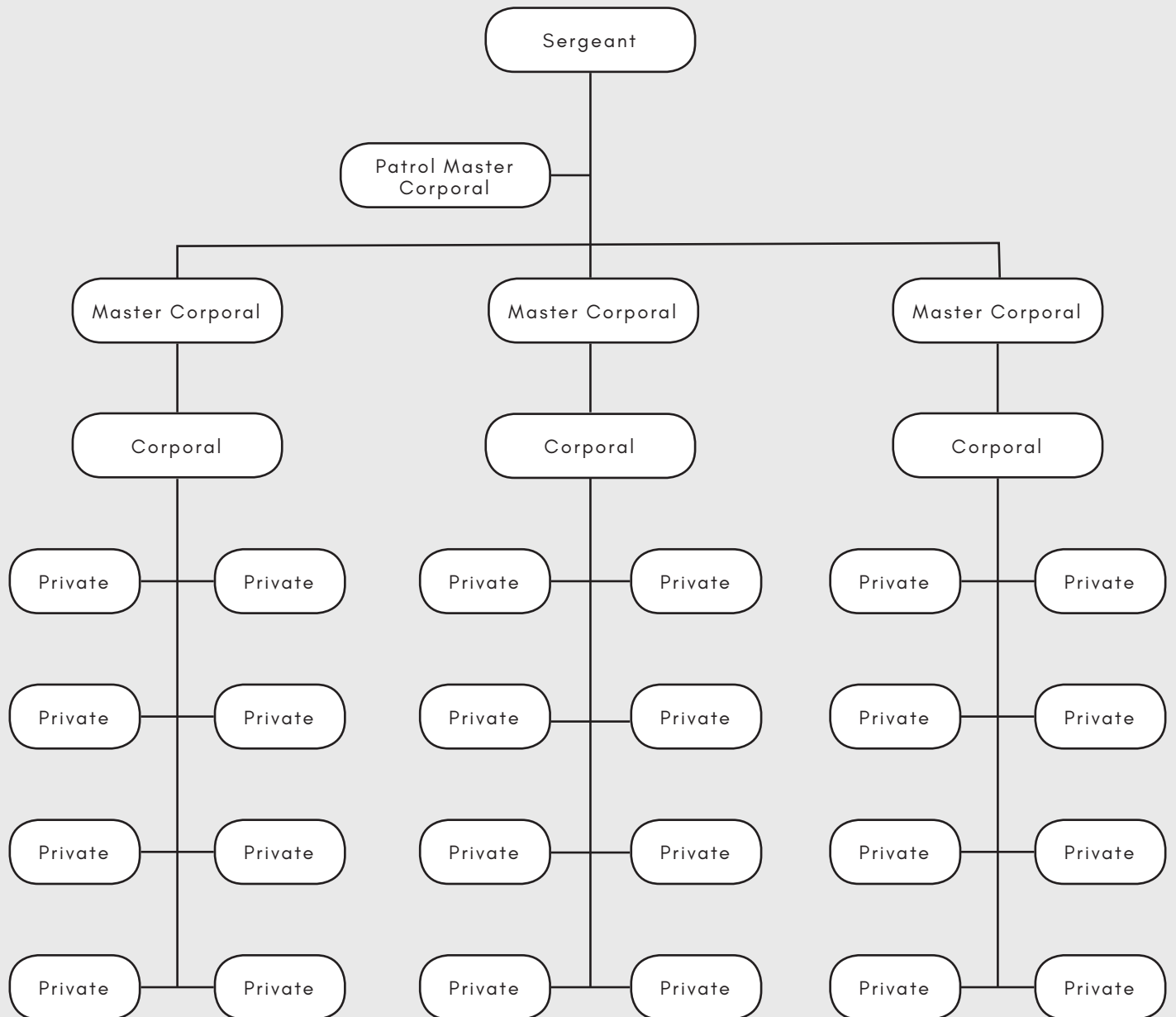
Some of these findings are symptomatic of a larger problem within the Canadian Ranger organization, namely the under-resourcing of the Canadian Ranger Instructor cadre. The extensive administrative tasks required of the Canadian Ranger Instructors, coupled with low Instructor-to-Canadian Ranger ratios are fundamentally detrimental to their ability to fully educate and support the Canadian Rangers in their patrols. This Office is pleased to see that, as part of their review of the Canadian Ranger organization, the Department is looking to make changes to alleviate the overall workload of Canadian Ranger Instructors. While encouraged by this progress, work remains to be done in this regard.

APPENDIX A—ORGANIZATIONAL STRUCTURE OF THE CANADIAN RANGERS

1. Organizational structure of the Canadian Ranger organization



2. Organizational structure of Canadian Ranger patrols



3. Canadian Ranger Patrol Groups

Unit*	Number of Patrols	Total Rangers**	Total Full-time Staff	Staff to Ranger** Ratio
1 CRPG	60	3350	63	1:53
2 CRPG	25	1567	42	1:37
3 CRPG	20	1290	39	1:33
4 CRPG	42	1907	69	1:28
5 CRPG	32	1248	50	1:25

- *Canadian Ranger Patrol Group

- **Including Junior Canadian Rangers

This information is accurate as of April 2016, as provided in 1 Canadian Ranger Patrol Group's Unit Briefing presentation to the Ombudsman, on April 12, 2016.

APPENDIX B—MEMBERS OF THE CANADIAN RANGER ORGANIZATION

Canadian Ranger National Authority: The Commander of the Canadian Army is the Canadian Ranger National Authority. This authority is delegated to the Chief of Staff Army Reserve.¹ The Canadian Ranger National Authority is responsible for developing Canadian Ranger policies and carrying out all Canadian Ranger personnel management (including administration, finance, equipment and supply management, and training).²

Canadian Joint Operations Command: Conducts Canadian Armed Forces operations at home, across North America, and around the world. Canadian Joint Operations Command directs missions from planning to closing, and ensures national strategic goals are met. They provide rapid responses in their operations by:

- planning for contingencies; and
- establishing structures and processes for command-and- control, intelligence and support that can be activated or expanded at short notice.³

Director Casualty Support Management: Provides support and services to ill and injured military personnel—both serving and retired—their families and the families of the deceased, through the Joint Personnel Support Unit.⁴

Canadian Ranger Patrol Group: There are approximately 5,000 Canadian Rangers divided into five Canadian Ranger Patrol Groups, each covering a distinct geographic area. Each Patrol Group is made up of Canadian Ranger patrols most of which are located in remote areas, north of the 60th parallel of latitude.⁵ Each Canadian Ranger Patrol Group has a Regular Force or Reserve member who is responsible for performing periodic reviews, visits and inspections of the patrols.⁶

Commanding Officer: Each one of the five Canadian Ranger Patrol Groups is led by a Commanding Officer at the rank of Lieutenant Colonel. They are responsible for all matters pertaining to the administration and operation of their Canadian Ranger Patrol Groups.

Canadian Ranger Instructor: Primarily responsible for the supervision and training of Canadian Ranger patrols. Canadian Ranger Instructors are normally Sergeants or Warrant Officers drawn from the ranks of the Regular Force or the Primary Reserves, and report through the chain of command. As such, they are subject to the requirements for Universality of Service, unlike the Canadian Rangers whom they supervise. Canadian Ranger Instructors oversee the training of Canadian Rangers.

Canadian Ranger Patrol: Every Canadian Ranger Patrol Group is made up of numerous Canadian Ranger patrols that collectively cover their Area of Responsibility. A Canadian Ranger patrol consists of patrol leaders, as well as Canadian Rangers, who are trained and supervised by a Canadian Ranger Instructor.

Patrol Leaders: Patrol leadership is almost exclusively made up of community members who have previous Ranger experience. Patrol leadership consists of one Sergeant in command, a Master Corporal and a Corporal for each section. Patrol leaders are approved by the Commanding Officer of the Canadian Ranger Patrol Group, based on a recommendation from the leading members of the patrol's community.

Canadian Rangers: The Canadian Rangers are a sub-component of the Reserve Force within the Canadian Armed Forces (CAF). They provide "...a CAF presence in those sparsely settled northern, coastal and isolated areas of Canada which cannot conveniently or economically be covered by other elements of the CAF."⁷ They play an important role in assisting Canadian Armed Forces members by providing local expertise, guidance and advice, conducting Northern Warning System patrols, and providing local assistance to search and rescue activities.⁸

1 <http://www.army-armee.forces.gc.ca/en/canadian-rangers/organization-patrols.page>

2 <http://intranet.mil.ca/en/defence-admin-orders-directives/2000/2020-2.page>

3 <http://www.forces.gc.ca/en/about-org-structure/canadian-joint-operations-command.page>

4 <http://www.forces.gc.ca/en/caf-community-support-services-casualty-support/index.page>

5 <http://www.army-armee.forces.gc.ca/en/canadian-rangers/faq.page>

6 <http://www.army-armee.forces.gc.ca/en/canadian-rangers/organization-patrols.page>

7 Defence Administration Orders and Directive 2020-2, Canadian Rangers.

8 <http://www.army-armee.forces.gc.ca/en/canadian-rangers/faq.page>

APPENDIX C—INVESTIGATIVE METHODOLOGY

Investigators collected data from January to April 2017 through reviews of literature and interviews.

Interviews were conducted with subject matter experts from the following organizations:

- Canadian Rangers (125) from all five Canadian Ranger Patrol Groups
- Canadian Ranger Instructors (20) from all five Canadian Ranger Patrol Groups
- Chaplains/Padre (7) from all five Canadian Ranger Patrol Groups
- Commanding Officers (5) from all five Canadian Ranger Patrol Groups
- Canadian Ranger National Authority
- Canadian Joint Operations Command
- Canadian Forces Health Services
- Director, Casualty Support Management
- Director, Human Resources Information Management
- Administrative Investigation Support Centre
- Director, Medical Policy
- Director, Military Careers Administration
- Director, General Safety
- Health Canada
- Veterans Affairs Canada

The following documentation was reviewed:

- Canadian Armed Forces regulations, policies, directives
- National Defence and Canadian Armed Forces Ombudsman reports and files
- Commander of the Canadian Army's Master Implementation Directive
- Human Resources Management System
- Media articles
- Websites including DND intranet

APPENDIX D—THE DELIVERY OF HEALTH SERVICES IN CANADA

Under the Canadian Constitution, the provinces and territories are responsible for the administration and delivery of health services in their geographic area.¹ The Government of Canada is responsible for delivering health services to groups that fall under its jurisdiction, such as Indigenous Peoples, members of the Canadian Armed Forces, veterans, and inmates in federal penitentiaries.²

Most Canadians, including those in the communities where the Canadian Rangers operate, get their health care from the province or territory in which they live. Health Canada provided the following guidance on accessibility to health services in remote communities:

“Under the accessibility criteria of the Canada Health Act, provincial and territorial plans are expected to provide for reasonable access to insured services, where and as available. While this does not compel the provinces or territories to bring services to remote locations, it does mean that when these services are made available that those in remote areas be entitled to receive them under the same conditions as other residents. Any processes followed to provide Canadians with access to health care in isolated communities is under the purview of provincial/territorial health insurance plans as it is their responsibility to manage and administer their own health insurance plans.”³

These challenges are not unique to the Canadian Rangers, but are a reality for many Canadians who reside in isolated and remote communities.⁴ Health Canada’s Non-Insured Health Benefits program supplements provincial or territorial health services for eligible registered First Nations and recognized Inuit. The program provides a limited range of medically necessary health-related services not provided through private insurance plans, provincial/territorial health or social programs, or other publicly funded programs.⁵ Its purpose is to assist clients to access medically required health services that cannot be obtained on the reserve or in the community of residence, including medical transportation. Some Canadian Rangers reported having used this program to access specialized health care services,⁶ however, a doctor referral is required in order to qualify, and there are often significant delays in seeing a doctor for a referral.

Full-time members of the Canadian Armed Forces⁷ get their health care from the military, and are therefore not entitled to health care from the province or territory in which they live. Canadian Armed Forces members who are not full-time and who are not provided health care by the military are insured under provincial / territorial plans.

1 Email interview with the First Nations and Inuit Health Branch, Health Canada. Source: Canada Health Act, 2016: Role of Governments in Health Care in Canada Parliament of Canada.

2 Email interview with the First Nations and Inuit Health Branch, Health Canada. Source: Canada Health Act, 2016: Role of Governments in Health Care in Canada Parliament of Canada.

3 Email interview with the First Nations and Inuit Health Branch, Health Canada.

4 “Issues Affecting Access to Health Services in Northern, Rural and Remote Regions in Canada”, Annette Browne, Northern Article Series, University of Northern British Columbia.

5 Health Canada’s Medical Transportation Policy Framework.

6 Interviews with Canadian Rangers and patrol leadership.

7 Regular Force members, Class C Reservists, and Class B reservists serving more than 180 days.

APPENDIX E—RANGER-RELATED POLICIES AND DIRECTIVES

Some of these directives are only available on the internal Defence Information Network. Should you be unable to obtain further information through other sources, please contact the Office for assistance.

Queen's Regulations and Orders (QR&O):

- QR&O Volume 1, Chapter 2.034 (d)
- QR&O Volume 1, Chapter 9—Reserve Service
- QR&O Volume 1, Chapter 34, Medical Services

Defence Administrative Orders and Directives (DAOD):

- DAOD 2020-2, Canadian Rangers
- DAOD 5002-1, Enrolment: Component and Sub-Component Selection
- DAOD 5023-1, Minimum Operational Standards Related to Universality of Service
- DAOD 5018-0, Injured Members and Military Casualties
- DAOD 5018-2, Report of Injuries and Exposure to Toxic Substances

Miscellaneous Guidance:

- Canadian Forces Health Services Instruction 4090-02, "Interim Guidance for the Delivery of Health Care to Reserve Force Personnel"
- Vice Chief of Defence Staff letter, Access to Medical Care—Reserve Force Personnel, 2 November 2011

APPENDIX F—RESPONSE FROM THE MINISTER

31 October 2017

Mr. Gary Walbourne
National Defence and Canadian Armed Forces Ombudsman
100 Metcalfe Street, 12th floor
Ottawa, ON K1P 5M1

Dear Mr. Walbourne:

Thank you for your letter of September 21, 2017 and for your advice and recommendations in the 2017 report, *Canadian Rangers: A Systemic Investigation of the Factors that Impact Healthcare Entitlements and Related Benefits of the Rangers*. I concur with the importance of the issues raised in the report and support the recommendations.

The health and well-being of the Canadian Rangers is of paramount importance; no obstacles must prevent our provision of care to the members of this organization. Consequently, the Canadian Armed Forces (CAF) will clarify its policies concerning Ranger entitlement to healthcare and subsequently, the Canadian Army will ensure these policy clarifications are well understood by all Canadian Rangers. This effort will be supported by effective instruction on illness and injury identification and reporting which will be integrated in all levels of Ranger training.

The CAF will continue to improve the instructional and reporting processes related to illness and injuries to ensure that all Rangers are acquainted with all pertinent procedures, while fully understanding their healthcare options. The CAF will also systemically review the cultural, geographical, economic, and social aspects of Canadian Rangers in order to minimize barriers to receiving healthcare.

Finally, I would like to emphasize that the CAF strives for excellence and will address the issues you have identified in an efficient, responsive, and timely fashion.

Again, thank you for sharing this report. I look forward to our future discussions.

Yours sincerely,

The Hon. Harjit S. Sajjan, PC, OMM, MSM, CD, MP

