Media Report 05 May 2023

This media report will be posted on our website. Go to https://natoveterans.org/Current-News-and-Media-ReportsThis weeks media reports will cover and answer great questions veterans are still asking and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay health.

Canadian Coronation Medallion Approved by King Charles III

The medals, made of nickel silver, and featuring a portrait of Charles and the Queen Consort on one side and the royal cypher, a laurel wreath and the date of the coronation on the other, are expected to be given to more than 400,000 people.

https://www.ctvnews.ca/canada/new-medallions-released-to-mark-king-charles-coronation-1.6381832

https://www.newswire.ca/news-releases/canadian-coronation-medallion-approved-by-king-charles-iii-840115538.html

Issued for Canada with the approval of His Majesty King Charles III, the design of this large format bronze medallion features conjoined double effigies of Their Majesties King Charles III and the Queen Consort Camilla together with the date of the coronation. Since the coronation of King Henry II and Eleanor of Aquitaine in 1154, the wife of a King has also been crowned as Queen as part of the coronation ceremony. (CNW Group/Canadian Coin & Currency Corp.)

In honour of King Charles III's coronation, set to take place in London on Saturday 6 May, two new medallion designs have been approved exclusively for Canada.

Issued by the Canadian Heritage Mint, the medallions are offered through the Canadian Coin & Currency Corporation, a national coin dealer. According to a press release issued by the company on Tuesday, both designs were engraved by retired Royal Canadian Mint senior engraver Susan Taylor, and officially approved by the King. The King Charles III medallions have been struck by the Canadian Heritage Mint and are offered through Canada's largest coin dealer, Canadian Coin & Currency and through Today's Shopping Choice, a division of Rogers Communications. Canadian Coin & Currency

president Steven Bromberg says "for most Canadians, this will be the first time they will experience the coronation of a new monarch. These medallions are steeped in history and provide an excellent way to mark a moment in history."

"For most Canadians, this will be the first time they will experience the coronation of a new monarch," Canadian Coin & Currency president Steven Bromberg said in the press release. "These medallions are steeped in history and provide an excellent way to mark a moment in history."

This medallion has been issued in a one-ounce fine silver format with a limited mintage of 3,500 pieces, as well as a 37-millimetre bronze format with a mintage of 5,000 pieces.

Trudeau announces Canadian delegation for King Charles's coronation https://www.cbc.ca/news/politics/trudeau-charles-coronation-questlist-1.6831355

Trudeau also announced in a press release that the government will establish a coronation medals program to honour 30,000 Canadians who have made "significant contributions to the country, a province, territory, region or community" or have achieved something abroad that "brings credit to Canada."

The medal program comes after the Liberal government came in for criticism from some monarchists after it decided to forgo a Platinum Jubilee medal last year to mark the Queen's 70th year on the throne. It was the first such time a jubilee medal had not been awarded in Canada.

Frontline workers to receive Coronation medal

Published

2 hours ago

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Coronation of King Charles III

By Christy Cooney BBC News

More than 400,000 people are to receive a medal in recognition of their contribution to the King's Coronation.

The medal - made of nickel silver - will feature the royal cypher on one side and images of the King and Queen Consort on the other.



IMAGE SOURCE, PA MEDIA

Recipients will include all police officers, ambulance workers, choristers and military personnel working at the Coronation.

It will also be given to serving emergency workers, prison staff and members of the armed forces with more than five years of service as well as living recipients of the George Cross or Victoria Cross.



IMAGE SOURCE, PA MEDIA

The first coronation medal was awarded to mark the accession to the English throne of James I in 1603 and featured a bust of the king in the costume of a Roman emperor.

Soldiers and emergency service workers to get medal for supporting coronation

Ted Hennessey, PA Thu, May 4, 2023 at 7:01 p.m. EDT-2 min read More than 400,000 people – including members of the armed forces and emergency service workers – are to be given a medal for their efforts to support the King's coronation.

The medal is a gift from the nation to commemorate the coronation for the people who will make the service on May 6 happen, the Department for Culture, Media and Sport said.

Everyone actively contributing to and supporting the event will be awarded it, including police officers, choristers, military personnel and ambulance workers.

The medals, made of nickel silver, and featuring a portrait of Charles and the Queen Consort on one side and the royal cypher, a laurel wreath and the date of the coronation on the other, are expected to be given to more than 400,000 people.



Members of the armed forces and emergency service workers will get one (DCMS/PA)

Its ribbon is made up of red, blue and white vertical stripes.

Culture Secretary Lucy Frazer said: "The coronation medal will act as a reminder of the important part each person has played in this moment of history.

"From our armed forces who protect our country to the emergency services who care for us at home, alongside those volunteers who are giving up their time to make this event so special, I am delighted that we can mark their contribution to this special day, and for each and every day that they go above and beyond serving their country."

Deputy Prime Minister Oliver Dowden said: "The coronation would not be possible without the dedication and selfless service shown by our armed forces and other public servants.

"This medal is a fitting recognition of their efforts and a thank you from the nation. It will be worn with pride for years to come."



The medal features the royal cypher, a laurel wreath and the coronation date (DCMS/PA)

The medal will also be given to serving members of the police, fire, emergency services, prison services and armed forces who have completed five full years of service.

Living individual recipients of the George Cross or of the Victoria Cross will also receive one.

Home Secretary Suella Braverman said: "This medal is a symbol of the critical role our emergency services will play in this potentially once-in-a-lifetime opportunity to honour our new King.

"However, it rightly also goes further and recognises not just those who are helping at the coronation, but the heroes across our emergency services, such as the police, fire and rescue services, that go to work every day to protect and support us all."

The first coronation medal was awarded in 1603, under the reign of King James I.

Labour Disruption / Perturbation du travail

(Le français suit)

Dear stakeholders,

As we enter another week of labour disruption, we wanted to provide an update on service impacts. Our core focus remains on our Veterans and ensuring that critical programs and services remain in place and that any urgent needs from Veterans are being addressed. While VAC is doing its best to minimize service disruptions as much as possible, increased wait times exist for those calling our toll-free number. Depending on the day and the volume of calls, people are waiting anywhere from 15 to 40 minutes to have their call answered.

Thirty percent of our case managers have been deemed essential and are actively working. Outreach to Veterans is on-going and if you require an inperson visit at one of our larger Area Offices, appointments are still being scheduled. Our smaller offices and Transition Centres remain closed. The Government is making every effort to end the stress and strain from this labour disruption.

For the latest information on impacts to services, a <u>web page</u> will be maintained with links to departmental information on possible service disruptions. We will be updating this content on a regular basis. We encourage you to share this information with those in your community and if you know of a Veteran who requires critical attention and has been unable to reach us, please let us know.

Engagement and Events Team

engagement@veterans.gc.ca	Veterans Affairs Canada
	engagement@veterans.gc.ca

Bonjour tout le monde,

Alors que nous entamons une autre semaine marquée par des perturbations de travail, nous tenons à faire le point au sujet des répercussions sur les services. Notre principale priorité demeure nos vétérans, d'assurer le maintien des programmes et des services essentiels, et de répondre aux besoins urgents des vétérans. Bien qu'ACC fasse de son mieux pour minimiser les perturbations de service dans la mesure du possible, les temps d'attente sont plus longs pour les personnes qui téléphonent à notre numéro sans frais. Selon la journée et le volume d'appels, les gens attendent de 15 à 40 minutes avant que l'on réponde à leur appel.

Trente pour cent de nos gestionnaires de cas ont été jugés essentiels et travaillent activement. Les activités de liaison avec les vétérans se poursuivent et si vous avez besoin de vous rendre en personne dans l'un de nos plus grands bureaux de secteur, nous continuons à fixer des rendezvous. Nos plus petits bureaux et nos centres de transition demeurent fermés.

Le gouvernement ne ménage aucun effort pour mettre fin au stress et à la tension causés par ces perturbations de travail.

Pour obtenir l'information la plus récente sur les répercussions sur les services, une <u>page Web</u> sera mise à jour régulièrement et comportera des liens vers des renseignements ministériels concernant d'éventuelles interruptions de service.

Nous vous encourageons à partager ces renseignements avec les membres de votre collectivité. Si vous connaissez un vétéran qui a besoin d'une attention particulière et qui n'a pas réussi à nous joindre, n'hésitez pas à nous le faire savoir.

Sincèrement,

Équipe de mobilisation et des événements

Anciens Combattants Canada engagement@veterans.gc.ca

<u>Your Public Service Health Care Plan (PSHCP) is moving to Canada</u> Life.

Hello,

Your Public Service Health Care Plan (PSHCP) is moving to Canada Life. **This** is your reminder to complete your positive enrolment as soon as possible.

Positive enrolment must be completed and consent must be provided to have your claims processed by Canada Life.

All you need to do is add, review and update your positive enrolment information by May 13, 2023.

Complete your positive enrolment now

Your positive enrolment link expires on May 13, 2023.

Have this information ready to complete your positive enrolment (if applicable):

Information about you and your eligible dependants for coordination of benefits: Insurance provider, plan and certificate number

Your eligible dependants' information including their birthdates

Your bank account information to set up direct deposit

<u>Legion calls for immediate action on defence policy and spending | La Légion en appelle à une action immédiate sur la politique de la défense et les dépenses à lui être consacrées</u>

NVOC has not engaged in any issues related to the Canadian Forces [Force structures? procurement? operations?]. We remain focused on Veteran issues.

Please see links below to the latest statement from the Royal Canadian Legion.

Bilingual Facebook

post https://legion.ca/news/articles/2023/04/20/legion-calls-for-immediate-action-on-defence-policy-and-spending

https://legion.ca/fr/les-nouvelles/articles/2023/04/20/la-legion-en-appelle-a-une-action-immediate-sur-la-politique-de-la-defense-et-les-depenses-a-lui-etre-consacrees

English News Article: https://legion.ca/news/articles/2023/04/20/legion-calls-for-immediate-action-on-defence-policy-and-spending

French News Article: https://legion.ca/fr/les-

<u>nouvelles/articles/2023/04/20/la-legion-en-appelle-a-une-action-immediate-sur-la-politique-de-la-defense-et-les-depenses-a-lui-etre-consacrees</u>

Glaucoma

On this page

- Definition
- Diagnostic Standard
- Anatomy and Physiology
- Clinical Features
- Pension Considerations
- References

Definition

Glaucoma is a medical condition referring to a group of diseases that has certain common features. These include an intraocular pressure (IOP) too high for the continued health of the eye, cupping and atrophy of the optic nerve head, and loss of visual field.

Diagnostic Standard

A diagnosis by a qualified opthalmologist is required. Investigations should include visual acuity, visual field (perimetry), and intraocular pressure (tonometry). Reports must be submitted with the application.

Anatomy and Physiology

The eye has 3 chambers, the anterior chamber in front of the iris, the posterior chamber between the iris and the lens, and the vitreous chamber behind the lens.

Intraocular pressure is maintained by a balance between inflow and outflow of the aqueous humour, the fluid which nourishes the transparent structures of the eye. Aqueous humour is produced and secreted by the ciliary body, a gland behind the iris of the eye. Aqueous humour enters the anterior chamber of the eye through the pupil, and leaves by passing through the trabecular meshwork in the iridocorneal angle of the anterior chamber and back into venous circulation through the canal of Schlemm.

A number of classification schemes for the glaucomas have been proposed. They are based on the age of the person (infantile, juvenile, adult), the site of obstruction to aqueous outflow (pre-trabecular, trabecular, post-trabecular), the tissue principally involved (e.g. glaucoma caused by diseases of the lens), and etiology. Although each of these systems has value, the classification scheme that separates angle closure from open angle glaucoma has been used most widely, because it focuses on pathophysiology and points to proper clinical management. A classification outline for open angle, angle closure, combined-mechanism and childhood glaucoma follows:

- 1. Open angle glaucoma
 - 1. Primary open angle glaucoma
 - Optic nerve damage and visual field loss associated with increased intraocular pressure (IOP)
 - Trabecular obstruction, cause not known
 - 2. Glaucoma suspect
 - Normal optic disc and visual field associated with elevated IOP
 - Suspicious optic disc and/or visual field with normal IOP
 - 3. Normal-tension glaucoma
 - Optic nerve damage and visual field loss associated with normal IOP

- 4. Secondary open angle glaucoma
 - Increased resistance to trabecular meshwork outflow associated with another condition, e.g. pigmentary glaucoma, phacolytic glaucoma, steroid-induced glaucoma, ocular inflammation
 - Increased post-trabecular resistance secondary to elevated episcleral venous pressure, e.g. carotidcavernous sinus fistula
- 2. Angle closure glaucoma
 - 1. Primary angle closure glaucoma with relative pupillary block
 - aqueous humor from posterior chamber to anterior chamber restricted; peripheral iris in contact with trabecular meshwork
 - 2. Primary angle closure glaucoma without pupillary block, e.g. plateau iris
 - 3. Secondary angle closure glaucoma with pupillary block, e.g. swollen lens, secluded pupil
 - 4. Secondary angle closure glaucoma without pupillary block
 - 5. Posterior pushing mechanism: lens iris diaphragm pushed forward, e.g. posterior segment tumor, scleral buckling procedure, uveal effusion
 - 6. Anterior pulling mechanism: anterior segment process pulling iris forward to form peripheral anterior synechiae, e.g. iridocorneal endothelial syndrome, neovascular glaucoma, inflammation
- 3. Combined-mechanism glaucoma
 - 1. A combination of two or more forms of glaucoma, e.g. open angle glaucoma in a person who develops secondary angle closure following a scleral buckling procedure
- 4. Childhood glaucoma
 - 1. Primary congenital/infantile glaucoma
 - 2. Juvenile
 - 3. Glaucoma associated with congenital anomalies
 - associated with ocular disorders, e.g. anterior segment dysgenesis, aniridia
 - associated with systemic disorders, e.g. rubella, Lowe's syndrome
 - 4. Secondary glaucoma in infants and children, e.g. glaucoma secondary to retinoblastoma or trauma

Clinical Features

Glaucoma is a leading cause of blindness.

An intraocular pressure (IOP) of 21 mmHg or greater is associated with glaucoma. This increased pressure may damage the optic nerve, the head of which is known as the optic disc. The disc may develop cupping and pallor which results in "blind spots" or scotomata in the person's field of vision. These scotomata may enlarge, coalesce and eventually lead to blindness.

An IOP of 21 mmHg or more does not necessarily mean a diagnosis of glaucoma, as the person would also need to demonstrate a glaucomatous visual field defect or optic nerve damage. There are individuals with an IOP over 21 who never develop glaucoma, as well as people with sensitive eyes who develop glaucomatous visual field defects with pressures less than 21.

While the peripheral visual field gradually shrinks, fixation remains unaffected until the late stages of the disease.

Open angle glaucoma is the most common type of glaucoma, occurring in approximately two per cent of people over 40 years of age. It is asymptomatic in its early stages, but if left untreated blindness can eventually result. It does not usually cause pain or a red eye, and has only moderately elevated intraocular pressure. It is bilateral, insidious in onset, and slowly progressive. By the time the person notices visual loss, there is substantial irreversible damage to peripheral vision.

Angle closure glaucoma occurs when the iridocorneal angle is closed off and IOP rises to very high levels. It may cause pain and blurring of vision.

Congenital glaucoma is due to a congenital malformation of the iridocorneal angle. Most of these cases are diagnosed in the first three months of life.

Pension Considerations

On this page

- A. Causes And / Or Aggravation
- B. Medical Conditions Which Are To Be Included In Entitlement / Assessment
- <u>C. Common Medical Conditions Which May Result In Whole Or In Part</u> <u>From Glaucoma And / Or Its Treatment</u>
- 1. Causes And / Or Aggravation

The timelines cited below are not binding. Each case should be adjudicated on the evidence provided and its own merits.

Note: There are many causes of, and aggravation factors in, glaucoma. The following represent the most commonly seen by Veterans Affairs Canada:

1. Idiopathic

The cause may be unknown.

2. Uveitis

- Uveitis is an inflammation of the vascular middle coat of the eyeball, consisting of the iris, ciliary body and choroid.
- It would have occurred within a few months prior to clinical onset or aggravation of angle closure glaucoma or open angle glaucoma.
- 3. Significant trauma to the affected eye
 - Significant trauma would include a penetrating injury, blunt trauma, radiation injury, or acid burn injury to the affected eye which results in intraocular inflammation, bleeding, or other tissue injury.
 - It would have occurred within several months prior to clinical onset or aggravation of angle closure glaucoma or open angle glaucoma.
- 4. Keratoplasty or other intraocular surgery of the affected eye
 - Keratoplasty is an operative procedure in which the entire thickness of the cornea is removed and replaced by donor tissue.
 - It would have occurred at any time prior to clinical onset or aggravation of angle closure glaucoma or open angle glaucoma.

5. Pseudoexfoliation

- Pseudoexfoliation occurs when deposits of unknown origin and composition are seen on the lens surface, posterior iris surface, ciliary processes, and zonule, in the trabecular meshwork, and loose in the anterior chamber.
- It would have occurred at any time prior to clinical onset or aggravation of angle closure glaucoma or open angle glaucoma.
- 6. Iridocorneal endothelial (ICE) syndrome
 - Iridocorneal endothelial syndrome is a syndrome in which there is a character abnormality of the corneal endothelium.
 - It should be present at time of clinical onset or aggravation of angle closure glaucoma or open angle glaucoma.

- 7. For angle closure glaucoma only
 - cataract of the affected eye at time of clinical onset
 - anterior subluxation or dislocation of the lens of the affected eye at time of clinical onset
 - undergoing treatment with a drug that can cause mydriasis or miosis or a drug reported in medical literature to have caused acute angle closure glaucoma, where that treatment has occurred within the 24 hours before clinical onset. These drugs would include, but are not limited to:
 - atropine
 - sympathomimetics (e.g. salbutamal)
 - scopolomine
- 8. For open angle glaucoma only
 - for ghost cell glaucoma only Ghost cell glaucoma is an open angle glaucoma which results from obstruction to aqueous outflow by degenerated red blood cells devoid of hemoglobin (ghost cells) in the aqueous humor. A vitreal hemorrhage, hyphema or intraocular surgery involving the affected eye would have occurred prior to clinical onset.
 - for phacolytic glaucoma only Phacolytic glaucoma is a form of open angle glaucoma resulting from leakage of lens protein into the aqueous humor from a cataract. A cataract involving the affected eye would have occurred prior to clinical onset.
- 9. Neovascularization of the iridocorneal angle of the affected eye
 - A condition which may give rise to neovascularization of the iridocorneal angle would include, but is not limited to, one of the following conditions:
 - central retinal vein obstruction of the affected eye
 - diabetic retinopathy of the affected eye
 - ipsilateral carotid artery occlusive disease of the affected eve
 - retinal detachment of the affected eye

10. Familial

- There is usually a strong family predisposition to glaucoma.
- 11. Inability to obtain appropriate medical treatment

Exclusion: Despite research efforts to date, there is a lack of sufficient evidence at this time to establish for pension purposes a relationship between glaucoma and avitaminosis.

- 2. Medical Conditions Which Are To Be Included In Entitlement / Assessment
- 3. Common Medical Conditions Which May Result In Whole Or In Part From Glaucoma And / Or Its Treatment

IN THE MEDIA

Official: Canada's military needs a fix for persistent procurement delays

Reservist acquitted of sexual assault sues military for millions of dollars in damages

La guerre en Ukraine entraîne un accroissement marqué des dépenses militaires mondiales

<u>Princess Anne to visit New Brunswick in celebration of 175th</u> <u>military anniversary</u>

<u>Sudan crisis: Canadian special forces on the ground amid evacuation race</u>

Émeute de Québec de 1918 : il était une fois des Canadiens français qui ne voulaient pas mourir à la guerre

Base/Wing — **Newspaper**

14 Wing Greenwood — The Aurora
22 Wing North Bay — The Shield
4 Wing Cold Lake — The Courier
CFB Esquimalt — The Lookout
CFSU Ottawa — The Guard
CFB Shilo — The Shilo Stag
CFB Shilo — The Shilo Stag
17 Wing Winnipeg — The Voxair
CFB Halifax — The Trident
CFB Edmonton — The Western Sentinel
CFB Valcartier — The Adsum
CFB Kingston — Garrison News
CFB St Jean — The Servir
3 Wing Bagotville — The Vortex

8 Wing Trenton — <u>The Contact</u> CFB Borden — <u>The Citizen</u>
CFB Petawawa — <u>The Petawawa Post</u> Base Gagetown — <u>Gagetown Gazette</u>