#### Media Report 26 May 2023

This weeks media report 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.

## NVOC Presidents Message 26 May - Our Patron General Paul Manson.

Fellow Veterans – this news is distressing and gives us all pause to reflect on our own health. General Paul Manson has been the Patron of NVOC for over a decade. When Gord Jenkins passed the task of President to me five years ago – he arranged a visit with the General at the War Museum and I considered Paul to be our "In case of Emergency – Break Glass" go to man for help if needed. He has been an active supporter of our efforts in advocacy for veterans.

General Paul had a bad fall 12 May. Apparently he hit his head at an awkward angle as he fell and he broke his neck. He underwent emergency surgery and is now recovering in ICU, intubated. He is paralyzed from the waist down. His wife [ Margaret ] and family are able to give needed care and close support. We have offered help if we can and if needed. General Manson OC CMM CD started a career with the Royal Canadian Air Force - his years of operational flying on the CF-100 Canuck, the F-86 Sabre, the CF-101 Voodoo, and the CF-104 Starfighter. He rose through the ranks as a pilot and commanding officer with increasing responsibility in the Canadian Armed Forces. Completing a 38-year career, he served as Canada's Chief of the Defence Staff ( 1986 until his retirement in 1989 ) and was instrumental in establishing the Canadian War Museum.

Randy Randy Stowell, CD National President NATO

# • Steps to Determine the Dental and Oral Impairment Assessment

#### Introduction

This chapter provides criteria for assessing permanent impairment from entitled gingiva conditions, loss of teeth, temporomandibular joint dysfunction and loss of function of the mandible and/or maxilla.

Veterans Affairs Canada does not consider **loss of teeth** to be an assessable disability as the wearing of dentures or a prosthesis will restore an individual's ability to masticate. A **nil** assessment will be awarded for all entitled loss of teeth conditions regardless of the cause. **Bruxism** is also assessed at **nil**.

In complex cases where both a temporomandibular joint condition and a condition of the mandible and/or maxilla are entitled, a rating will be determined on individual merits.

No additional rating is taken from <u>Chapter 14</u>, Gastrointestinal Impairment, for entitled temporomandibular joint conditions or mandible and/or maxilla conditions.

No additional rating is taken from <u>Chapter 22</u>, Skin Impairment for disfigurement due to an entitled condition of the mandible and/or maxilla.

Impairment from malignant dental and oral conditions is rated within <u>Chapter 18</u>, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

#### **Rating Tables**

This chapter contains four "Loss of Function" tables and one "Other Impairment" table which may be used to rate entitled dental and oral conditions.

The tables within this chapter are:

### Rating Tables

Table	Loss of Function	Other Impairment
<u>Table</u> <u>11.1</u>	Loss of Function - Gingiva and Loss of Teeth	This table is used to establish a rating of <b>nil</b> for impairment from <b>all</b> gingiva conditions, bruxism and loss of teeth.
<u>Table</u> 11.2	Loss of Function - Temporomandibular Joint	This table is used to rate impairment from temporomandibular joint function.
<u>Table</u> 11.3	Other Impairment - Temporomandibular Resting Joint Pain	This table is used to rate impairment from resting pain in the temporomandibular joint.
<u>Table</u> 11.4	Loss of Function - Mandible and Maxilla	This table is used to rate impairment from mandible and/or maxilla function.

Table 11.5 Loss of Function - Disfigurement of the Mandible and Maxilla

This table is used to rate impairment from disfigurement of the mandible and/or maxilla.

#### **Loss of Function - Gingiva and Loss of Teeth**

<u>Table 11.1</u> is used to rate impairment of gingiva conditions, bruxism and loss of teeth. These conditions are assessed at **nil**.

When entitled gingiva conditions, bruxism and loss of teeth result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

#### **Loss of Function - Temporomandibular Joint**

<u>Table 11.2</u> is used to rate impairment of temporomandibular joint conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled temporomandibular joint conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

#### Other Impairment - Temporomandibular Resting Joint Pain

<u>Table 11.3</u> is used to rate impairment from joint pain that is persistent and unrelenting in the temporomandibular joint(s) when at rest. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected. Any applicable rating from this table must be added to the loss of function rating from <u>Table 11.2</u>.

#### Loss of Function - Mandible and Maxilla

<u>Table 11.4</u> is used to rate impairment from entitled conditions of the mandible and/or maxilla. Two ratings may be initially selected from <u>Table</u> 11.4, one rating applicable to the loss of function of the mandible and one

rating applicable to the loss of function of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

When entitled mandible and/or maxilla conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

#### Loss of Function - Disfigurement of the Mandible and Maxilla

<u>Table 11.5</u> is used to rate impairment from disfigurement of the mandible and/or maxilla. Two ratings may be initially selected from <u>Table 11.5</u>, one rating applicable to the disfigurement of the mandible and one rating applicable to the disfigurement of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

Any applicable rating from this table must be added to the loss of function rating from Table 11.4.

### Table 11.1 - Loss of Function - Gingiva and Loss of Teeth

A **nil** assessment will be given from Table 11.1 for all gingiva conditions, bruxism and loss of teeth regardless of whether the teeth can be replaced by prosthetics or not.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 11.1, only one criterion must be met at a level of impairment for that rating to be selected.

Table 11.1 - Loss of Function - Gingiva and Loss of Teeth

Rating	Criteria		
	<ul> <li>Loss of teeth or dental surfaces which can or cannot be replaced by prosthetics; or</li> </ul>		
Nil	<ul> <li>Chronic periodontitis; or</li> <li>Trench mouth (Vincent's angina) or chronic gingivitis; or</li> <li>Bruxism.</li> </ul>		

## Table 11.2 - Loss of Function - Temporomandibular Joint

Only one rating may be given from Table 11.2 for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 11.2, follow the "ands" and "ors".

Table 11.2 - Loss of Function - Temporomandibular Joint Criteria Rating Occasional clicking in one or both temporomandibular joints with yawning, talking and chewing; and Nil • Inter-incisal range unrestricted. • Frequent to constant pain and discomfort in one or both temporomandibular joints on jaw opening relieved with analgesia, heat and cold applications or other therapeutic Four measures; or Permanent avoidance of some solid foods such as apples or corn may be necessary due to symptoms. • Permanent soft diet may be required due to temporomandibular conditions; or Nine • Inter-incisal range is reduced to 27 mm or less.

## Table 11.3 - Other Impairment - Temporomandibular Resting Joint Pain

Requires permanent purée or liquid diet; or
Inter-incisal range is reduced to 20 mm or less.

Thirteen

Only one rating may be given from Table 11.3 regardless of whether the entitled condition involves one or both joints.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 11.3, all criteria designated at that rating level must be met.

Table 11.3 - Other Impairment - Temporomandibular Resting Joint Pain

Rating

Criteria

Nil

 Pain in the temporomandibular joint(s) that is not present at rest.

Two

 Persistent, unrelenting resting pain in the temporomandibular joint(s) that is present during the night, every night but does not prevent sleep.

Four

 Persistent, unrelenting resting pain in the temporomandibular joint(s) that is present during the night, every night, and disturbs sleep several times every night, but which improves with and responds to medication or other therapeutic measures.

Nine

 Severe, persistent, unrelenting resting pain in the temporomandibular joint(s) that is present during the night, every night, and disturbs sleep several times during the night, does not respond adequately to medication or other therapeutic measures. May have sought advice from, or attended, a pain management clinic.

Thirteen

 Severe, persistent, unrelenting resting pain in the temporomandibular joint(s) that is present during the night, every night, causes more wakeful periods than rest, and which does not respond adequately to medication or other therapeutic measures. Has attended a pain management clinic and is on extensive pain management regime. Pain, however, remains poorly controlled despite all interventions.

#### Table 11.4 - Loss of Function - Mandible and Maxilla

Two ratings may be initially given from Table 11.4, one rating applicable to the loss of function of the mandible and one rating applicable to the loss of function of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for either the mandible or the maxilla area for Table 11.4, only one criterion must be met at a level of impairment for that rating to be selected.

Table 11.4 - Loss of Function - Mandible and Maxilla

**Rating** Criteria Maxillaire • No difficulty with chewing and inter-incisal range unrestricted. Nil **Mandibule** • No difficulty with chewing and inter-incisal range unrestricted. **Maxillaire**  Frequent to constant pain relieved by analgesics or other therapeutic measures; or Permanent avoidance of some solid foods such as apples or corn due to symptoms may be necessary. Four Mandibule Frequent to constant pain relieved by analgesics or other therapeutic measures; or Permanent avoidance of some solid foods such as apples or corn due to symptoms may be necessary. Maxillaire Permanent soft diet required; or • Inter-incisal range reduced to 27 mm or less. Nine Mandibule Permanent soft diet required; or • Inter-incisal range reduced to 27 mm or less. Maxillaire • Permanent purée or liquid diet; or • Inter-incisal range reduced to 20 mm or less. Thirteen Mandibule • Permanent purée or liquid diet; or • Inter-incisal range reduced to 20 mm or less.

## Table 11.5 - Loss of Function - Disfigurement of the Mandible and Maxilla

Two ratings may be initially given from Table 11.5, one rating applicable to the loss of function of the mandible and one rating applicable to disfigurement of the mandible and one rating applicable to disfigurement of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for either the mandible or the maxilla area for Table 11.5, all criteria designated at that rating level must be met.

Table 11.5 - Loss of Function - Disfigurement of the Mandible and Maxilla

## Rating Criteria Maxilla No disfigurement. Nil Mandible No disfigurement. Maxilla • Mild disfigurement. Four Mandible Mild disfigurement. Maxilla Severe disfigurement.

#### Mandible

Nine

Severe disfigurement.

#### Steps to Determine the Dental and Oral Impairment Assessment

• Step 1: Determine the rating from Table 11.1 (Loss of Function -Gingiva Conditions, Bruxism and Loss of Teeth).

The Medical impairment rating for entitled gingiva conditions, bruxism and loss of teeth is always NIL.

This is the Disability Assessment for for gingiva conditions, bruxism and loss of teeth.

- Step 2: Determine the rating from <u>Table 11.2</u> (Loss of Function Temporomandibular Joint). Only one rating is applicable from <u>Table 11.2</u> regardless if the condition is unilateral or bilateral.
- Step 3: Does the Partially Contributing Table apply? If **yes**, apply to rating at Step 2.
- Step 4: Determine the rating from <u>Table 11.3</u> (Other Impairment Temporomandibular Joint Resting Joint Pain). Only one rating is applicable from <u>Table 11.3</u> regardless if the condition is unilateral or bilateral.
- Step 5: Add the ratings at Step 3 and Step 4.
- Step 6: Determine the Quality of Life rating.
- Step 7: Add the ratings at Step 5 and Step 6.
- Step 8: If partial entitlement exists, then apply to the rating at Step 7.

This is the Disability Assessment for temporomandibular joint conditions.

- Step 9: Determine the rating from <u>Table 11.4</u> (Loss of Function Mandible and Maxilla). Only one rating is applicable from <u>Table 11.4</u> regardless if the condition is unilateral or bilateral. If more than one rating is applicable, the ratings are compared and the highest selected.
- Step 10: Determine the rating from <u>Table 11.5</u> (Loss of Function Disfigurement of Mandible and Maxilla). Only one rating is applicable from <u>Table 11.4</u> regardless if the condition is unilateral or bilateral. If more than one rating is applicable, the ratings are compared and the highest selected.
- Step 11: Add the ratings at Step 9 and Step 10 if applicable.
- Step 12: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 11.
- Step 13: Determine the Quality of Life rating.
- Step 14: Add the ratings at Step 12 and Step 13.
- Step 15: If partial entitlement exists, apply to rating at Step 14.

This is the Disability Assessment for mandible and maxilla conditions.

#### **Disability benefits**

Do you have an illness or injury from your service? Disability Benefits are financial recognition for the impact this service-related injury or disease can have on your life.

A disability benefit is a tax-free, financial payment to support your well-being.

The amount you receive depends on the degree to which your condition is related to your service (entitlement) and the severity of your condition, including its impact on your quality of life (assessment).

To qualify for a disability benefit you must be one of the following:

- Canadian Armed Forces member or Veteran,
- a current or former member of the Royal Canadian Mounted Police (RCMP),
- Second World War or Korean War Veteran (includes Merchant Navy), or
- certain civilians who served in the Second World War.

You should apply for a disability benefit if you:

- 1. have a diagnosed medical condition or disability; and
- 2. are able to show that the condition is related to your service.

If you qualify for a disability benefit, you will receive either a:

- Pain and suffering compensation a life-time monthly benefit or lump sum benefit – the choice is yours.
  - View the <u>pain and suffering compensation rates</u>.
  - <u>View all</u> Pain and Suffering Compensation FAQs.

or

 Disability pension \* - a life-time monthly benefit. If you have any dependents (e.g. spouse, common-law partner and/or children), your monthly amount will be increased. View the disability pension rates.

<sup>\*</sup> A disability pension is provided if you served with the Canadian Armed Forces (CAF) in the Second World War or Korean War. For other CAF service, a disability pension is provided in relation to any application prior to April 1, 2006.

#### **Apply online**

Apply online through My VAC Account. Applying is easier with a guided form. Sign in or register for My VAC Account. My VAC Account

#### Mail or in person

Download the application form. Then, drop it off at any <u>VAC office</u>, <u>CAF</u>
<u>Transition Centre</u> or <u>Service Canada office</u>. You can also mail your completed form directly to the address listed on the form.

#### Get help with your application

The staff at any <u>VAC office</u>, <u>CAF Transition Centre</u> or <u>Service Canada</u> <u>office</u> can assist you or call us at 1-866-522-2122. Service Officers with <u>The Royal Canadian Legion</u> or <u>The War Amps of Canada</u> can also assist you with your application, including helping you get all of the information you need to support your application. Their assistance is free of charge.

If you received a benefit from VAC between 2003 and 2010 and it was under the Pension Act, you may receive a corrective payment because of a discrepancy in our calculations. Most payments are automatic, however, Please contact us at 1-866-522-2122 if:

- You no longer receive a benefit from VAC, or
- You represent the estate of a deceased recipient.

If you are legally entitled to inherit assets from the estate of a deceased recipient, you may <u>apply to receive a corrective payment</u> if you are eligible.

<u>The application package</u> – learn more about all of the components that make up an application for a disability benefit.

<u>How we review a claim for a disability benefit</u> – learn more about how your disability claim is reviewed by the department and particularly, by the adjudicator – a trained decision-maker for disability claims.

<u>Disability Pension Corrective Payment</u> - If you are legally entitled to inherit the assets of a deceased benefit recipient, you may apply to receive the corrective payment.

#### Monthly payment dates - 2023

- January 30
- February 27
- March 30
- April 27
- May 30
- June 29
- July 28
- August 30
- September 28
- October 30
- November 29
- December 21

## **Reviews and appeals**

If you do not agree with the decision made regarding your application for disability benefits, you may request a Departmental review. Learn more about reviews and appeals.

#### Reassessment

If the disability for which you are receiving VAC benefits worsens and medical evidence can show this change in your condition, you can request a reassessment. If the reassessment confirms that your condition has worsened, your disability benefit, will be adjusted accordingly – unless you are already receiving the maximum amount of the benefit. To request a reassessment, your first step should be to <u>call us or visit your local VAC office</u>.

#### **Tools for Adjudication**

<u>Eligibility Entitlement Guidelines</u> – These guidelines are current medical and scientific descriptions of known injuries and diseases related to service.

<u>Table of Disabilities</u> – This table helps the adjudicator assess the level of impairment and the impact that impairment has on your quality of life.

#### **Related programs**

<u>Critical injury benefit</u> - A one-time payment that recognizes the immediate impact of the most severe and traumatic service-related injuries or diseases.

<u>Rehabilitation services</u> - Services to improve your health and adjust to life after service.

<u>Clothing allowance</u> - Monthly payments if you need new or special clothing due to your health issues.

<u>Treatment Benefits</u> – Coverage for medical and health related services.

<u>Benefits for survivors</u> – Financial support or compensation for the survivors of a disability pensioner or of a member or Veteran who died in service or as a result of a service-related illness or injury.

<u>Financial advice</u> - If you receive a lump-sum payment more than 5% of the current maximum, we can pay up to \$500 for professional advice to help you manage your money effectively.

<u>Additional pain and suffering compensation</u> - Monthly payments in recognition of any severe and permanent disability, related to your military service, which creates a barrier to life after service.

#### Programs related to a disability pension:

<u>Attendance allowance</u> - Monthly payments for a disability pensioner whose health needs require daily personal care support.

<u>Exceptional incapacity allowance</u> - Monthly payments if your illness or injury impacts your quality of life.

### If I apply for the benefit and get declined, can I appeal?

Yes. If you are not satisfied with a decision you may apply in writing for a review. Learn more about your review and appeal options.

#### How is my request for Disability Benefits decided?

Learn more about how we review a disability benefit claim.

#### Are there policies for this program?

Yes. Read more about the <u>Disability Benefits</u> policies.

Read more FAQs about the disability benefits program.

Branch Newsletter May June 2023.pdf
3.9 MB
1 Attachment
Attached is the May - June 2023 Branch Newsletter in Word and PDF Format.

Also please visit our branch website to also view the branch newsletter.

Also keep out the branch new interactive events calendar on our branch website for updates to branch activities.

· www.legion593.com

Shawn Taillon

Branch Newsletter Editor

#### **IN THE MEDIA**

<u>Trudeau visits Alberta to meet with Canadian Armed Forces helping</u> <u>fight wildfires</u>

<u>Justin Trudeau a fait escale en Alberta pour un compte rendu des</u> feux de forêt

<u>Military considering limiting access to alcohol to curb sexual</u> misconduct

<u>Canadian military commits to training Ukrainian soldiers in Latvia as war drags on</u>

Un laboratoire mobile créé pour l'armée canadienne

New surveillance aircraft for Canadian special forces to start arriving later this year

<u>As threat of nuclear war grows, Canada's military support for South</u> Korea 'very clear,' says force commander

<u>Operation HUSKY 2023 — Remembering the Sappers who fell in Sicily</u>

Korean government sponsors 2023 Youth Peace Camp for veterans' families

#### Base/Wing — Newspaper

14 Wing Greenwood — <u>The Aurora</u>22 Wing North Bay — <u>The Shield</u>

4 Wing Cold Lake — The Courier

CFB Esquimalt — The Lookout

CFSU Ottawa — The Guard

CFB Shilo — The Shilo Stag

19 Wing Comox — <u>The Totem Times</u>

8 Wing Trenton — The Contact

CFB Petawawa — The Petawawa Post

17 Wing Winnipeg — <u>The Voxair</u>

CFB Halifax — The Trident

CFB Edmonton — <u>The Western</u>

<u>Sentinel</u>

CFB Valcartier — The Adsum

CFB Kingston — Garrison News

CFB St Jean — The Servir

3 Wing Bagotville — The Vortex

CFB Borden — The Citizen

Base Gagetown — <u>Gagetown</u>

<u>Gazette</u>