

Media Report 03 January 2020

This weeks media reports will cover and answer great questions veterans are still asking such as assessing permanent impairment from entitled hypertension and non-cardiac vascular conditions. direction to Support you need, when you need it. Rehabilitation services and local Media Articles.

HAPPY NEW YEAR TO ALL.

From: Engagement (VAC/ACC) < vac.engagement.acc@canada.ca >
Date: Fri, Jan 3, 2020 at 9:20 AM
Subject: Online Consultation – National Monument to Canada’s Mission in Afghanistan / Consultation en ligne – Monument commémoratif national de la mission du Canada en Afghanistan
To: Engagement (VAC/ACC) < vac.engagement.acc@canada.ca >

Dear Stakeholders and Advisory Group members;

As you may be aware, the creation of a National Monument to Canada’s Mission in Afghanistan is currently underway. The Monument will recognize the commitment and sacrifice of Canadians who served in Afghanistan as well as the support provided to them at home. The Monument will be located in [Ottawa](#), Ontario near the Canadian War Museum.

Many Canadians died as a result of their service in Afghanistan, including Canadian Armed Forces members, a diplomat, foreign aid workers, a government contractor and a journalist. Thousands of Canadians were also injured—physically and psychologically—during the mission.

At this time, we are consulting on design considerations for the monument via PubliVate Inc., an independent company who will host the online consultation on our behalf. The consultation will include questions on the Monument’s objectives, its form and character, and the type of visitor experience sought. The questionnaire can be accessed [here](#) and will be available from 2-20 January, 2020.

Your opinion is important. We encourage you to participate in the consultation and to promote and share within your organization and/or networks. Feedback received will help inform the Monument design guidelines, which will ultimately guide design teams in developing their concepts.

Later this year, you will have another opportunity to provide input through public consultations on the finalist teams' design concepts, prior to the selection and announcement of the winning Monument design. For more information about the National Monument to Canada's Mission in Afghanistan, we invite you to [click here](#).

Thank you.

The Honourable Lawrence MacAulay

Minister of Veterans Affairs and Associate Minister of National Defence

Chers intervenants et membres des groupes consultatifs,

Comme vous le savez probablement, la création d'un monument commémoratif national de la mission du Canada en Afghanistan est en cours. Le monument reconnaîtra le dévouement et les sacrifices des Canadiens qui ont servi en Afghanistan, ainsi que le soutien qu'ils ont reçu ici au pays. Le monument sera situé à [Ottawa](#), Ontario, près du Musée canadien de la guerre.

De nombreux Canadiens sont morts alors qu'ils étaient en service en Afghanistan, notamment des membres des Forces armées canadiennes, un diplomate, des travailleurs humanitaires étrangers, un entrepreneur gouvernemental et un journaliste. Des milliers de Canadiens ont également été blessés – physiquement et psychologiquement – au cours de la mission.

Nous avons entrepris des travaux en vue de déterminer les facteurs à prendre en considération dans la conception du monument. À cet effet, PubliVate Inc., une entreprise indépendante, a reçu le mandat de mener une consultation en ligne en notre nom. Celle-ci comprendra des questions sur les objectifs du monument, sa structure et son caractère, ainsi que le type d'expérience du visiteur recherchée. Vous pourrez accéder à ce questionnaire du 2 au 20 janvier 2020 en cliquant [ici](#).

Votre opinion compte. Nous vous invitons à participer à cette consultation et à encourager les membres de votre organisation et du réseau d'intervenants à faire de même. Votre rétroaction aidera à orienter l'élaboration des lignes directrices pour le monument, lesquelles serviront à guider les équipes de conception dans l'élaboration de leurs concepts.

Plus tard cette année, vous aurez de nouveau l'occasion de fournir une rétroaction par le biais de consultations publiques sur les concepts élaborés par les équipes finalistes avant la sélection et l'annonce de la conception retenue pour le monument. Pour en savoir davantage sur le Monument commémoratif national de la mission du Canada en Afghanistan, veuillez cliquer [ici](#).

Merci.

L'honorable Lawrence MacAulay

Chapter 13 – Hypertension and Vascular Impairment

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Introduction

This chapter provides criteria for assessing permanent impairment from entitled hypertension and non-cardiac vascular conditions.

Non-cardiac vascular conditions include peripheral vascular arterial disease, varicose veins, deep vein thrombosis, aneurysm and intra-vascular conditions,

Raynaud's disease/phenomenon, and conditions associated with cold exposure such as frostbite.

Thoracic outlet syndrome causing vascular impairment only is rated on individual merits.

No additional rating will be given from [Chapter 22](#), Skin impairment as a result of skin manifestations due to conditions rated within this chapter.

Rating Tables

This chapter contains six "Other Impairment" tables which may be used to rate entitled hypertension and/or non-cardiac vascular conditions.

The tables within this chapter are:

Rating Tables

Table	Loss of Function	Other Impairment
Table 13.1	Other Impairment – Hypertension	This table is used to rate impairment from hypertension.
Table 13.2	Other Impairment – Peripheral Vascular Arterial Disease	This table is used to rate impairment from peripheral vascular arterial disease.
Table 13.3	Other Impairment – Varicose Veins	This table is used to rate impairment from varicose veins.
Table 13.4	Other Impairment – Deep Vein Thrombosis	This table is used to rate impairment from deep vein thrombosis.
Table 13.5	Other Impairment – Aneurysm and Intra-Vascular Conditions	This table is used to rate impairment from aneurysms and intra-vascular conditions of the larger arteries.
Table 13.6	Other Impairment – Raynaud's Disease/Phenomenon	This table is used to rate impairment from Raynaud's disease/phenomenon.
Table 13.7	Other Impairment – Frostbite, Immersion Foot, and Other Cold Injuries	This table is used to rate impairment from conditions associated with cold exposure.

Other Impairment – Hypertension

[Table 13.1](#) is used to rate impairment from hypertension. Only one rating may be selected. If more than one rating is applicable, the ratings are compared and the highest selected.

Sustained, uncontrolled elevation of blood pressure over a period of time may result in impairment of other organ systems. The rating for hypertension does not include impairment due to end/target organ damage with the exception of hypertrophy of the left ventricle.

When entitled hypertension 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 – Peripheral Vascular Arterial Disease

[Table 13.2](#) is used to rate impairment from entitled peripheral vascular arterial disease. Only one rating may be selected for the lower limbs as one functional unit.

When entitled peripheral vascular arterial disease 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).

Impairment resulting from amputation is rated using the Amputation Table in [Chapter 17](#), Musculoskeletal Impairment. This rating is given in addition to the [Table 13.2](#) rating.

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 – Varicose Veins

[Table 13.3](#) is used to rate impairment from entitled varicose vein conditions of the lower limbs. Only one rating may be selected for each entitled lower limb.

When entitled varicose vein 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).

Impairment resulting from amputation is rated using the Amputation Table in [Chapter 17](#), Musculoskeletal Impairment. The ratings are compared and the highest selected.

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 – Deep Vein Thrombosis

[Table 13.4](#) is used to rate impairment from entitled deep vein thrombosis. Only one rating may be selected for each entitled limb. If more than one rating is applicable, the ratings are compared and the highest selected.

When entitled deep vein thrombosis 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 – Aneurysms and Intra-vascular Conditions

[Table 13.5](#) is used to rate impairment from specific conditions that affect larger blood vessels. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

When entitled aneurysms and intra-vascular 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 – Raynaud's Disease/phenomenon

[Table 13.6](#) is used to rate impairment from Raynaud's disease/phenomenon. Only one rating may be selected. If more than one rating is applicable, the ratings are compared and the highest selected.

For the purposes of [Table 13.6](#), characteristic attacks of Raynaud's disease/phenomenon consist of sequential colour changes of the digits. One or more of the extremities may be involved. The attacks may be precipitated by exposure to cold or emotional upset and may last minutes to hours, sometimes with pain and parasthesias.

When entitled Raynaud's Disease/phenomenon results 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 – Frostbite, Immersion Foot, and Other Cold Injuries

[Table 13.7](#) is used to rate impairment from frostbite, immersion foot, and other cold injuries. Only one rating may be selected for each affected area. If more than one rating is applicable for an affected area, the ratings are compared and the highest selected.

When entitled frostbite, immersion foot and other cold injuries 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).

Impairment resulting from amputation is rated using the Amputation Table in [Chapter 17](#), Musculoskeletal Impairment. The ratings are compared and the highest selected.

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.

Table 13.1 – Other Impairment – Hypertension

Only one rating may be given from Table 13.1. If more than one rating is applicable, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.1, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.1 - Other Impairment – Hypertension

Rating	Criteria
Four	<ul style="list-style-type: none">• Hypertension requiring regular medication with diastolic pressure 99 mmHg or less; or
Nine	<ul style="list-style-type: none">• Hypertension requiring regular medication with systolic pressure 159 mmHg or less.• Hypertension with a diastolic pressure consistently at 100 mmHg or higher, but less than 110 mmHg, despite regular medication; or
Thirteen	<ul style="list-style-type: none">• Hypertension with a systolic pressure consistently at 160 mmHg or higher, but less than 180 mmHg, despite regular medication.• Hypertension with a diastolic pressure consistently at 110 mmHg or higher despite regular medication; or• Hypertension with a systolic pressure consistently at 180 mmHg or higher despite regular medication.

Steps to Determine the Hypertension Impairment Assessment

- Step 1: Determine the rating from [Table 13.1](#) (Other Impairment – Hypertension).

- Step 2: Does the Partially Contributing Table apply? If yes, apply to Step 1 rating.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

Table 13.2 – Other Impairment – Peripheral Vascular Arterial Disease

Only one rating may be given from Table 13.2. If more than one rating is applicable, the ratings are compared and the highest selected. The lower limbs are considered as one functional unit for the purposes of this table.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.2, all criteria designated at that rating level must be met.

Table 13.2 – Other Impairment – Peripheral Vascular Arterial Disease

Rating	Criteria
Nil	<ul style="list-style-type: none"> • No intermittent claudication or rest pain or nocturnal pain.
Ten	<ul style="list-style-type: none"> • Intermittent claudication after walking more than 200 meters at normal pace.
Twenty	<ul style="list-style-type: none"> • Intermittent claudication after walking less than 200 meters but greater than 25 meters at normal pace.
Thirty	<ul style="list-style-type: none"> • Intermittent claudication after walking less than 25 meters at normal pace or pain at rest or nocturnal pain.
Thirty-five	<ul style="list-style-type: none"> • Ulceration secondary to peripheral vascular arterial disease involving one lower limb.
Forty-five	<ul style="list-style-type: none"> • Ulceration secondary to peripheral vascular arterial disease involving both lower limbs.

Peripheral vascular arterial disease of the upper extremities is rare and will be rated on individual merits.

Table 13.3 – Other Impairment – Varicose Veins

Only one rating may be given from Table 13.3 for each entitled lower limb. If more than one rating is applicable for an entitled lower limb, the ratings are compared and the highest selected.

If ratings are possible from Table 13.3 and [Table 13.4](#), the ratings are compared and the highest rating is selected for each entitled lower limb.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.3, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.3 – Other Impairment – Varicose Veins

Rating	Criteria
Two	<ul style="list-style-type: none"> • Varicose veins that are disfiguring but without edema or skin

	changes*; or
	• Daily discomfort.
Six	• Varicose veins with edema or skin changes* without ulceration.
Nine	• Varicose veins with edema and skin changes* with healed ulceration or ulcer of less than 6 months duration.
Thirteen	• Varicose veins with edema and skin changes* with active ulceration of greater than 6 months duration.

* Skin changes may include dryness, scaling, bronzing or atrophy.

Table 13.4 – Other Impairment – Deep Venous Thrombosis (D.V.T.)

Only one rating may be given from Table 13.4 for each entitled lower limb. If more than one rating is applicable for an entitled lower limb, the ratings are compared and the highest selected.

If ratings are possible from [Table 13.3](#) and Table 13.4, the ratings are compared and the highest selected for each entitled lower limb.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.4, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.4 – Other Impairment – Deep Venous Thrombosis (D.V.T.)

Rating	Criteria
Nil	• One episode of D.V.T. with no sequelae.
Nine	• D.V.T. requiring greater than 1 year thromboprophylaxis; or • Post-thrombotic leg syndrome with edema and pain.
Thirteen	• Post-thrombotic leg syndrome with edema, pain and ulceration; or • Recurrent D.V.T. or pulmonary embolus secondary to D.V.T. while on thromboprophylaxis.

Deep vein thrombosis of the upper extremities is rare and will be assessed on individual merits.

Table 13.5 – Other Impairment – Aneurysms and Intra-Vascular Conditions

Only one rating may be given for each entitled condition from Table 13.5. 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 13.5, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.5 – Other Impairment – Aneurysms and Intra-Vascular Conditions

Rating	Criteria
Nil	• Embolus successfully treated with no sequelae.

Two	<ul style="list-style-type: none"> • Cerebral aneurysm, asymptomatic; or • Aortic aneurysm of diameter less than 6 cm; or • Aortic aneurysm surgically corrected; or
Nine	<ul style="list-style-type: none"> • Iliac or femoral or carotid aneurysms. • Embolus requiring continuous thromboprophylaxis medication; or • Iliac or femoral or carotid conditions requiring continuous thromboprophylaxis medication.
Thirteen	<ul style="list-style-type: none"> • Aortic aneurysm of 6 cm or more which is inoperable*.

* Inoperable refers to the situation where surgery cannot be performed due to general poor health.

Table 13.6 – Other Impairment – Raynaud's Disease/Phenomenon

Only one rating may be given from Table 13.6. If more than one rating is applicable, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.6, all criteria designated at that rating level must be met.

Table 13.6 – Other Impairment – Raynaud's Disease/Phenomenon

Rating	Criteria
One	<ul style="list-style-type: none"> • Characteristic* attacks occurring less than once per week.
Four	<ul style="list-style-type: none"> • Characteristic* attacks occurring one to three times per week.
Nine	<ul style="list-style-type: none"> • Characteristic* attacks occurring four to six times per week.
Thirteen	<ul style="list-style-type: none"> • Characteristic* attacks occurring at least daily.
Twenty-one	<ul style="list-style-type: none"> • Characteristic* attacks and the presence of digital ulcers with or without fat pad necrosis and erosions.

* Characteristic attacks, for the purpose of this table, consist of sequential colour changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upset.

Table 13.7 – Other Impairment – Frostbite, Immersion Foot, and Other Cold Injuries

Only one rating may be given from Table 13.7 for an affected area. A separate rating may be given for the head and each limb. If more than one rating is applicable for an affected area, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.7, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.7 – Other Impairment – Frostbite, Immersion Foot, and Other Cold Injuries

Rating	Criteria
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Two	<ul style="list-style-type: none"> Mild hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.
Four	<ul style="list-style-type: none"> Moderate hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.
Nine	<ul style="list-style-type: none"> Moderate hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation with permanent skin or nail changes; or Severe hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.

Frostbite of areas, other than the head and extremities, is rare and will be assessed on individual merits.

Steps to Determine the Vascular Impairment Assessment

- Step 1: Determine the rating from [Table 13.2](#) (Other Impairment – Peripheral Vascular Arterial Disease).

Note: The lower limbs are considered as one functional unit for rating purposes within [Table 13.2](#).

- Step 2: If an amputation results from peripheral vascular arterial disease an additional rating is taken from the amputation table within the Musculoskeletal Impairment chapter. Ratings from [Table 13.2](#) and the amputation rating are added.
- Step 3: Does the Partially Contributing Table apply? If yes, then apply to the rating at Step 2.
- Step 4: Determine the Quality of Life rating.
- Step 5: Add the ratings at Step 3 and Step 4.
- Step 6: If partial entitlement exists, apply to the Step 5 rating.

This is the Disability Assessment for peripheral vascular arterial disease.

- Step 7: Determine the rating(s) from [Table 13.3](#) (Other Impairment – Varicose Veins).
- Step 8: Does the Partially Contributing Table apply, If yes, then apply to the rating(s) at Step 7.
- Step 9: Determine the Quality of Life rating for each lower limb (if applicable).
- Step 10: Add rating(s) at Step 8 and Step 9 for each leg.
- Step 11: If partial entitlement exists, apply to Step 10 rating(s).

Note: If amputation as a result of varicose veins right leg and varicose veins left leg is to be assessed, a rating is taken from the amputation table within [Chapter 17](#), Musculoskeletal Impairment. Ratings from the amputation table and the Step 11 rating are compared and the highest selected.

This is the Disability Assessment for varicose veins.

- Step 12: Determine rating(s) from [Table 13.4](#) (Other Impairment – Deep Vein Thrombosis).
- Step 13: Does the Partially Contributing Table apply? If yes, then apply to the rating(s) at Step 12.
- Step 14: Determine the Quality of Life rating for each lower limb (if applicable).
- Step 15: Add ratings at Step 13 and Step 14.
- Step 16: If partial entitlement exists, apply to the Step 15 rating(s).

This is the Disability Assessment for deep vein thrombosis right leg and deep vein thrombosis left leg.

- Step 17: If ratings are applicable from both [Table 13.3](#) and [13.4](#), ratings from Step 11 and Step 16 are compared and the highest rating selected with one rating for each entitled lower limb.

This is the Disability Assessment varicose veins and deep vein thrombosis

- Step 18: Determine the rating from [Table 13.5](#) (Other Impairment – Aneurysms and Intra – Vascular Conditions).
- Step 19: Does the Partially Contributing Table apply? If yes, then apply to the rating(s) at Step 18.
- Step 20: Determine the Quality of Life rating.
- Step 21: Add ratings at Step 19 and Step 20.
- Step 22: If partial entitlement exists, apply to the Step 21 rating.

This is the Disability Assessment for Aneurysms and intra- vascular conditions.

- Step 23: Determine the rating from [Table 13.6](#) (Other Impairment – Raynaud's Disease/Phenomenon).
- Step 24: Does the Partially Contributing Table (PCT) apply? If yes, apply to Step 23 rating(s).
- Step 25: Determine the Quality of Life rating.
- Step 26: Add the ratings at Step 24 and Step 25.
- Step 27: If partial entitlement exists, apply to the Step 26 rating.

This is the Disability Assessment for Raynaud's Disease/Phenomenon conditions.

- Step 28: Determine rating(s) from [Table 13.7](#) (Other Impairment – Frostbite, Immersion Foot, and Other Cold Injuries).

Note: One rating may be given for each entitled, affected area.

Note: If amputation results from frostbite, immersion foot or other cold injuries, a rating is also selected from the applicable amputation table within Chapter 17, Musculoskeletal Impairment. The applicable rating from the amputation table and the rating at Step 28 are compared and the highest selected.

- Step 29: Does the Partially Contributing Table apply? If yes, apply to each applicable rating in Step 28 above.

- Step 30: Determine the Quality of Life rating for each applicable entitled area.
- Step 31: Add applicable ratings at Step 29 and Step 30.
- Step 32: If partial entitlement exists, apply to each applicable rating at Step 31 above.

This is the Disability Assessment for frostbite, immersion foot or other cold injuries.

[Brazilian Army modernizes its bridging capability](#)

Jane's

The Brazilian Army's 5th Armoured Combat Engineer Battalion at Porto União in the state of Santa Catarina, part of the 5th Armoured Cavalry Brigade, officially received a General Dynamics European Land Systems Improved Ribbon Bridge (IRB) modular, foldable bridge system in November 2019. The IRB was purchased by the Brazilian Army Commission in Washington on behalf of the service's Logistics Command for EUR4.7 million in May 2018 to replace the legacy EWK Faltschwimmbrücke (FSB) system. [READ MORE](#)

[Un Thérésien à la tête de 13 000 troupes](#)

Nord Info

À titre de commandant de la 2e Division du Canada et de la Force opérationnelle interarmées (secteur Est), le brigadier-général Gervais Carpentier dirige plus de 13 000 soldats au Québec. Plus haut gradé de la province au sein de l'armée canadienne, il est originaire de Sainte-Thérèse. C'est d'abord pour suivre les traces de son frère aîné que Gervais Carpentier a choisi de joindre les Forces armées canadiennes à la fin des années 80. Enrôlé comme étudiant au Collège militaire royal de Saint-Jean, il y obtiendra, en 1992, son baccalauréat en administration des affaires. [LIRE PLUS](#)

[Canadian Army reservists build bridges over the holidays in Chilliwack](#)

Chilliwack Progress

Army engineer reservists from across Canada swarmed Chilliwack on Boxing Day to build bridges together as part of an annual bridging and rafting exercise. More than 250 reserve soldiers converged at the Pacific Regional Training Centre for training event Exercise Paladin Response from Dec. 26 to Dec. 31. Troops were in town to learn how to assemble various types of bridges over water and land gaps. [READ MORE](#)

[Les Op LENTUS 2019: quand les risques naturels nous menacent plus souvent que Russes ou Chinois](#)

45e Nord

Avec les bouleversements écologiques, les ouragans, les inondations et les feux de forêts sont de plus en plus courants et, au Canada, quand les autorités provinciales et territoriales ont de plus en plus souvent besoin de l'aide des Forces armées canadiennes lorsque la crise frappe. Les autorités provinciales et territoriales sont certes les premières à répondre à une grande catastrophe naturelle au Canada, mais si elles sont dépassées par les événements, elles peuvent heureusement demander l'aide des Forces armées canadiennes. [LIRE PLUS](#)

[D-Day veteran Harry Billinge dedicates MBE to his 'marvelous' comrades who never came home](#)

The Sun

D-Day veteran Harry Billinge has dedicated his MBE to the “marvelous” fallen comrades who never came home. The 94-year-old refused the New Year Honour for himself, but took it for the 22,442 service personnel killed on D-Day and during the battle for Normandy. "I'm no brave man and I'm just an ordinary sapper, Royal Engineer Commando. "I did my job and I didn't want any glory. There's no glory in war." [READ MORE](#)