

Media Report 03 Dec 2021

This weeks media reports will cover and answer great questions veterans are still asking such as **Frequently asked questions regarding COVID-19 in Ottawa**. Due to ongoing and evolving COVID-19 pandemic callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. 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 healthy. Have you made an application for disability benefits from Veterans Affairs Canada and received a decision? If you disagree with that decision, you have the right to review or appel

We need your feedback to improve accessibility / Nous avons besoin de vos commentaires afin d'améliorer l'accessibilité

Veterans Affairs Canada and the Veterans Review and Appeal Board launched an accessibility consultation on 17 November with Veterans, their family members and other Canadians. We need your feedback to learn about any accessibility barriers you or others may experience.

Canada has a [vision](#) of its public service being the most accessible and inclusive in the world. This includes working with persons with disabilities to help identify, prevent and remove accessibility barriers.

You'll find this consultation on our [Let's Talk Veterans platform](#) until 14 December. The final report will be published on the platform in 2022.

To learn more about our consultations and to stay connected on Veterans' issues, visit [Let's Talk Veterans](#).

Sincerely,

Stakeholder Engagement and Outreach Team

Veterans Affairs Canada

Bonjour,

Anciens Combattants Canada et Tribunal des anciens combattants (révision et appel) ont lancé une consultation sur l'accessibilité le 17 novembre auprès des vétérans, des membres de leur famille et d'autres Canadiens. Nous souhaitons obtenir vos commentaires pour en savoir plus au sujet des obstacles à l'accessibilité auxquels vous ou d'autres peuvent se heurter.

Le Canada a une [vision](#) de sa fonction publique comme étant la plus accessible et inclusive au monde. À cet égard, il faut notamment collaborer avec les personnes handicapées pour cerner, prévenir et éliminer les obstacles à l'accessibilité.

Vous trouverez cette consultation sur notre [plateforme Parlons vétérans](#) jusqu'au 14 décembre. Le

rapport final sera publié sur la plateforme en 2022.

Pour en savoir plus sur nos consultations et demeurer au fait des questions relatives aux vétérans, visitez le site [Parlons vétérans](#).

Cordialement,

L'équipe de Mobilisation et sensibilisation des intervenants

Anciens Combattants Canada

Thank you Gord J

NATO NEWS AND THOUGHTS [From SHELLDRAKE] 3 DECEMBER 2021

Happy Saint Barbara's Day 4 December – the Patron Saint of Gunners, miners, (died c. 200 ce; feast day December 4), legendary virgin martyr of the early church. Venerated as one of the 14 Auxiliary Saints (Holy Helpers), she is invoked in thunderstorms and is the **patron saint of artillerymen and miners**.and those who work with explosives!

'NATO's outlook towards 2030 and beyond' conference (hybrid)30 Nov. 2021

On Tuesday, 30 November 2021, the high-level public conference “*NATO's Outlook Towards 2030 and Beyond*” took place in the margins of the Meeting of NATO Ministers of Foreign Affairs. The event was organised by the Latvian Institute of International Affairs, in co-operation with the Ministry of Foreign Affairs of Latvia and NATO.

The Minister of Foreign Affairs of Latvia, Mr. Edgars Rinkēvičs opened the conference, and the NATO Secretary-General, Mr. Jens Stoltenberg delivered a keynote speech. A number of Allied Ministers of Foreign Affairs did take part, alongside with security experts. A video is available for free download from the NATO Multimedia Portal. <https://www.natomultimedia.tv/app/asset/659651>

01 Dec. 2021 **NATO Foreign Ministers discuss Black Sea security, Afghanistan, Western Balkans**

Opening remarks by NATO Secretary General Jens Stoltenberg at the meeting of the North Atlantic Council, Foreign Ministers' Session with Georgia and Ukraine

https://www.nato.int/cps/en/natohq/opinions_189343.htm

(01 Dec. 2021) At the Brussels Summit in June, Allied Heads of State and Government reiterated their strong support for Georgia's and Ukraine's territorial integrity and sovereignty. Georgia and Ukraine are among NATO's closest partners, contributing to NATO's operations and missions, and aspiring for membership in the Alliance. Allies stand by their decisions taken at the Bucharest Summit, and we remain committed to provide political and practical support to

Georgia and Ukraine.

A sovereign, independent and stable Ukraine, firmly committed to democracy and the rule of law, is key to Euro-Atlantic security. Relations between NATO and Ukraine date back to the early 1990s and have since developed into one of the most substantial of NATO's partnerships. Since 2014, in the wake of the Russia-Ukraine conflict, cooperation has been intensified in critical areas.

- In response to the Russia-Ukraine conflict, NATO has reinforced its support for capability development and capacity-building in Ukraine. The Allies condemn and will not recognise Russia's illegal and illegitimate annexation of Crimea, and its destabilising and aggressive activities in eastern Ukraine and the Black Sea region. NATO has increased its presence in the Black Sea and stepped up maritime cooperation with Ukraine and Georgia.
- Since the NATO Summit in Warsaw in July 2016, NATO's practical support for Ukraine is set out in the Comprehensive Assistance Package (CAP) for Ukraine.
- In June 2017, the Ukrainian Parliament adopted legislation reinstating membership in NATO as a strategic foreign and security policy objective. In 2019, a corresponding amendment to Ukraine's Constitution entered into force.
- In September 2020, President Volodymyr Zelenskyy approved Ukraine's new National Security Strategy, which provides for the development of the distinctive partnership with NATO with the aim of membership in NATO.

Thank you Randy S

Frail Disability Benefits Recipients

Purpose

This policy provides guidance on determining eligibility for the Veterans Independence Program (VIP) for certain disability pensioners, disability award or pain and suffering compensation recipients.

Definitions

1. For the purpose of administering this policy, the following definitions apply:

Frail is defined as the occurrence of a critical mass of physiological conditions that place an individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or no likelihood of improvement. The designation of "frail" is based on the premise that for individuals suffering from multiple health conditions, one of which is a

disability benefits entitled condition; this complex interplay of disabilities impairs their ability to remain self-sufficient at their principal residence.

Inordinate amount of time means significantly more time than it would take an individual of the same age to complete the activity in the absence of the impairment.

Prolonged impairment means the impairment(s) has lasted, or is expected to last, for a continuous period of at least 12 months (i.e. an ongoing health issue that has a significant impact on the lives of a person and/or their family, or other caregivers). Life expectancy is not a consideration when determining if an individual is suffering from a prolonged impairment, and a Veteran who has been diagnosed to be in the last stages of life (i.e. palliative) may be deemed "frail".

Policy

General

2. For the purpose of administering this policy, the term "Veteran" is interpreted to include all individuals eligible for the VIP. If applicable, it also includes a duly authorized representative of the Veteran.
3. This policy applies only to the following:
 1. Veteran pensioners whose total disability assessments under the *Pension Act* and the *Veterans Well-being Act* are less than 48% (see policy entitled [Eligibility for Health Care Programs – Veteran Pensioner](#))
 2. Civilian pensioners whose total disability assessments under the *Pension Act* and the *Veterans Well-being Act* are less than 48% (see policy entitled [Eligibility for Health Care Programs – Civilian Pensioners](#));
 3. Special duty service pensioners (see policy entitled [Eligibility for Health Care Programs – Special Duty Service Pensioner](#));
 4. Military service pensioners (see policy entitled [Eligibility for Health Care Programs – Military Service Pensioner](#));
 5. Former members or reserve force members entitled to a disability award or pain and suffering compensation (see policy entitled [Eligibility for Health Care Programs – Entitled to a Disability Award \(Regular and Reserve Force Services\)](#)); and
 6. Former members or reserve force members entitled to a disability award in respect of special duty service (see policy entitled [Eligibility for Health Care Programs – Entitled to a Disability Award or Pain and Suffering Compensation for Special Duty Service](#)).
4. Access to the VIP for Veteran Pensioners and Civilian Pensioners whose extent of disability is equal to or greater than 48% is based on need; there is no requirement that the need be in respect of a pensioned

condition.

5. Royal Canadian Mounted Police (RCMP) Pensioners are not eligible for VIP nor can their RCMP service be added to their service in World War II or Korea to qualify them as Medium Disabled or Seriously Disabled Veteran Pensioners. See policy entitled [Eligibility for Health Care Programs – Royal Canadian Mounted Police](#) for information regarding benefit eligibility for RCMP pensioners.

Veterans Independence Program Entitlement

6. Entitlement for the VIP is based on an assessment that indicates either:
 1. the Veteran's ability to remain self-sufficient in their principal residence is impaired by their disability benefits entitled condition; or
 2. the Veteran needs the required services because he/she is " [frail](#) ".
7. Where possible, every effort should be made to establish that the need for the service is linked to the disability benefits entitled condition, as it is more beneficial for the Veteran. For example, a Veteran who is admitted to VIP intermediate care because they are "frail" will be responsible for paying an Accommodation and Meals Contribution; however, if the admission is in respect of a disability benefits entitled condition, the Veteran will not be required to pay the Accommodation and Meals Contribution.

Treatment Benefits Eligibility

8. Veteran pensioners, civilian pensioners, special duty service pensioners and former members entitled to a disability award or pain and suffering compensation for special duty service who are receiving VIP services because they are "frail" are eligible to receive treatment benefits for disability benefits entitled conditions (i.e. eligible for B-line health coverage).
9. Military service pensioners and former members or reserve force members entitled to a disability award or pain and suffering compensation that is not for special duty service are eligible to receive treatment benefits only for their disability benefit entitled condition(s), even if they are in receipt of VIP services because they are "frail" (i.e. not eligible for B-line coverage).

Frail Criteria

10. In establishing whether a disability benefits recipient satisfies the criteria to be considered "frail", there must be evidence that the individual suffers from one of the prolonged impairments described in paragraph 11, or two or more of the prolonged impairments described in paragraph 12.
11. One of the following conditions is present all or most (85%) of the time:
 1. visual acuity in both eyes with corrective lenses is 20/200 (6/60)

- or less, or the greatest field of vision is less than 20 degrees (i.e. legally blind);
2. amputation or paraplegic in accordance with Table 3 of Chapter 5 of the [Table of Disabilities](#);
 3. unable to speak so as to be understood in a quiet setting, or takes an inordinate amount of time to do so, even with the aid of medication, therapy or a device (excludes stuttering);
 4. unable to hear (without lip-reading) a spoken conversation in a quiet setting, even with the aid of medication, therapy or a device;
 5. unable to personally manage bowel or bladder functions – requiring assistance with the use of incontinent supplies, ostomy care or catheter care;
 6. unable to walk 50 metres on level ground, or takes an inordinate amount of time to do so, even with the aid of medication, therapy or a device;
 7. unable to perceive, think or remember, even with the aid of medication, therapy or a device. As an example cannot initiate or manage personal care without constant supervision;
 8. unable to feed himself or herself, or takes an inordinate amount of time to do so, even with the aid of medication, therapy or a device;
 9. is totally dependent on another to dress or wash the entire body;
or
 10. requires life-sustaining therapy to support a vital function (e.g. oxygen therapy; clapping therapy to help in breathing; kidney dialysis to filter blood) at least 3 times per week for an average of at least 14 hours per week. NOTE: Life-sustaining therapy does not include implanted devices such as a pacemaker or special programs of diet, exercise, hygiene, or medication.
12. Two or more of the following conditions are present:
1. Vision impairment – e.g. enrolled for services with the Canadian National Institute for the Blind but not legally blind (e.g. macular degeneration, severe cataracts);
 2. Musculoskeletal/neurological disorders resulting in difficulty walking or severe functional disability in the upper limbs. For example:
 1. decreased strength in the knees (e.g. gunshot with significant nerve damage)
 2. balance and gait abnormalities (e.g. Parkinson's, stroke)
 3. lower extremity disability (e.g. severe arthritis)
 4. infrequent walking or exercise due to physical limitations (e.g. severe arthritis, stroke, amputation at ankle)
 5. loss or severe restriction of the functional use of arm/hand (e.g. amputation at wrist or above, severe intention tremors).
 3. Either (i), (ii) or both:

1. Cardiac – diagnosed as Class 4 of the [New York Heart Association Functional Classification System](#): unable to perform any physical activity without discomfort. Symptoms of inadequate cardiac output, pulmonary congestion, systemic congestion, or angina syndrome may be present at rest. If any physical activity is undertaken, discomfort is increased. (E.g. Ischemic Heart Disease, Cardiomyopathy, Valvular Heart Disease.)
2. Respiratory – results of Pulmonary Functions Testing indicate severe limitations. (E.g. COPD including emphysema, lung cancer, Pneumonectomy.)
4. Cognitive Impairment – significant cognitive or behavioural problems, psychosis or severe neurosis requiring ongoing supervision or assistance (e.g. dementia, depression). NOTE: Individuals entitled to a disability benefit for PTSD would not be expected to meet these criteria except in extreme cases where the individual cannot be left alone.
5. Multiple drug use that significantly impairs cognitive or behavioural ability requiring ongoing supervision or assistance (e.g. demonstrated evidence of cognitive or behaviour impairment objectively measured as a result of using benzodiazepines, narcotics, anti-depressants, major tranquillizers, anti-seizure or anti-Parkinsonian drugs).

Decision-making

13. If the decision maker is able to create a body of evidence that enables them to make a final determination using documentation that already exists (e.g. medical, nursing and/or other assessments/records completed by a provincial entity, DND, or some other source) it is unnecessary to also complete a VAC assessment. However, if no other assessments have been completed, an in-person assessment is necessary, to confirm the existence of the condition(s) set out in paragraphs 11 or 12 of this policy.
14. Once all information has been collected and reviewed, the delegated decision maker will draw from all the circumstances every reasonable inference in favour of the Veteran. Where a fact must be proven, the evidence provided by the Veteran should be accepted as proof in the absence of contradictory evidence. Where there is uncertainty regarding a Veteran's eligibility, the case should be resolved in favour of the Veteran.

References

[Veterans Health Care Regulations](#)

[Eligibility for Health Care Programs – Eligible Client Groups](#)

Veteran Chronic Pain

Chronic Pain: The Impact on Self and Families

Registration is now open for the fall 2021 edition of the Chronic Pain Centre of Excellence Veteran and Family Well-Being Series. These sessions are designed for Veterans, their families, case managers, and health care professionals and will be accessible in both English and French.

Veteran Chronic Pain: The Impact on Families

On November 24, the focus will be transgenerational chronic pain, which means the impact on children when one of their parents has chronic pain. Dr. Melanie Noel will examine the latest research in this area, and then Dr. Helena Hawryluk and Jerris Popik will discuss programs for children and youth accessible through Wounded Warriors Canada.

[Register for Veteran Chronic Pain: The Impact on Families](#)

Veteran Chronic Pain: Identity and Re-Integration

On December 1, panelists will discuss military culture and the identity of military members. The change in identity has an impact on individuals when they leave the military, especially as it relates to chronic pain. The conversation will then shift from identity to re-integration and a discussion on how Veterans can get back in touch with their families, hobbies, and lives.

[Register for Veteran Chronic Pain: Identity and Re-Integration](#)

The aim of the series is to provide education on the evolution of pain management and current best practices in evidence-based interdisciplinary care. Recordings of these sessions will be uploaded to the [Chronic Pain Centre of Excellence website](#) shortly afterwards.

The Chronic Pain Centre of Excellence for Canadian Veterans was established to

conduct research and help improve the well-being of Canadian Armed Forces (CAF) Veterans, and their families, suffering from chronic pain. Funded by Veterans Affairs Canada (VAC), the not-for-profit organization is working to improve the ability to treat pain with evidence-based recommendations. Ongoing research includes the effectiveness of cannabis in managing chronic pain, the impact of sex/gender on pain experience and the response to therapy, and the effectiveness of virtual care.

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