

Media Report 17 JUNE 2022

This 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 healthy.

Membership dues

For those who have not renewed their membership for the year, please do so via the website or snail mail. Membership dues are used to cover the operating costs for NVOC.

Thanks Ted for adding this note.

NVOC PRESIDENTS REPORT ON A VAC DM'S "COFFEE CLUB" MEETING

JUNE 9 2022

A meeting of Veteran advocates and the VAC DM (Paul Ledwell) and senior staff was held "virtually" [Microsoft "Teams"] on Thursday 9 June 2022 from 1230 to 1430hrs.

My "Observations" follow:

- Disability Claim Processing Times. VAC continues to shrink the backlog of disability claims – they now have over 350 new trained, staff working to adjudicate claims [with funding for these positions for two years]. VAC is well aware of the "wait time" concerns for Veterans. They continue to receive about 1500 telephone calls per day. Senior VAC staff did comment that the wait times are not being reported accurately and efforts to improve data collection are ongoing. The "average" wait times are now about 38 weeks.
- Auditor General Slams VAC for Totally Unacceptable Backlog and Wait Times for Veterans' Disability Claims. June 8, 2022 – The Auditor General of Canada, Karen Hogan, tabled a report in Parliament on May 31, 2022, concluding that Canada's disabled veterans continue to face intolerably long wait times and an unacceptable backlog in earning entitlement for deserved financial assistance and benefits from Veterans Affairs Canada (VAC). Hogan stated in her press conference in Ottawa that she was unimpressed with the efforts made by the department over the last number of years and called for the prioritization of a "realistic plan" to finally ensure that disabled veterans are not forced to wait months or even years for the financial support and compensation they require.
- Mental Health Benefits. Since 1 April there have been over 2300 applications for immediate mental health treatment within the veteran community. VAC is working to appreciate that the health concerns of women veterans are different than that of male veterans.
- Case Management. There has been an increase in case management form about 10,000 to 15,000 in the past five years. There are about 650,000 veterans. There are

about 140,000 veterans who are VAC clients (of these about 110,000 have an annuity/pension)

- **Commemoration.** The Minister has met with Ministers of the French Government regarding a proposed Condo development at the Juno Beach site and discussions are ongoing. Prince Harry, the Duke of Sussex, announced in April that Vancouver and Whistler won the bid to host the eight-day international sports competition for wounded and ill military veterans in February 2025. Over 500 athletes from more than 20 nations are expected to compete in 2025. Federal, B.C. governments pledge \$15M each for 2025 Invictus Games. Trudeau said that as the first Invictus Games to feature adaptive winter sports, the event will be "uniquely Canadian." An additional \$1 million in federal funds will be provided to the Soldier On program to support the participation of Canadian veterans in the games.
- **Public Engagement.** Ministers Advisory Groups have not met these past two years and an announcement of who the new members will be is anticipated "soon" (we have been told this for the past year). The use of "Diversity", "Equity", and "Inclusion" are now part of all discussions.
- **Miscellaneous:** The new President CANADIAN ASSOCIATION OF VETERANS IN UNITED NATIONS PEACEKEEPING will be Wayne MacCulloch [a retired Combat Engineer]. There was discussion about veterans and marriage after 60 [the need to eliminate the "Gold Digger" policy] There does not seem to be much interest amongst various Government Department on this issue. The Royal Canadian Legion (RCL) has experienced a trend upwards in membership – over 20,000 new members last year (no indication of how many are veterans). The RCL is seeking a change to the veteran definition now in place. They want to add RCMP members. COMMENT: The NVOC Board of Directors has concerns about this proposed change and we are doing some further research about the possible impact on military veterans with the addition of civilian police.

News for NVOC Members. The Board of Directors will call for our "Annual General Meeting" – not held due to COVID since 2019 – for Monday 31 October 2022. The supporting documentation will be emailed and letter mailed to members early September. Members will be asked to approve the Board of Directors and to vote on several issues related to finances and our future plans and intentions.

Varicose Veins and Superficial Thrombophlebitis

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1. Varicose Veins

Definition

Varicose Veins of the lower extremities are a dilatation, lengthening and tortuosity of a subcutaneous superficial vein or veins of the lower extremity such as the saphenous veins and perforating veins.

A diagnosis of varicose veins is sometimes made in error when the veins are prominent but neither varicose or abnormal.

This guideline excludes Deep Vein Thrombosis, and telangiectasis.

Diagnostic Standard

Diagnosis by a qualified medical practitioner is required.

Anatomy and Physiology

The venous system of the lower extremities consists of:

- The deep system of veins.
- The superficial veins' system.
- The communicating (or perforating) veins which connect the first two systems.

There are primary and secondary causes of varicose veins. Primary causes are congenital and/or may develop from inherited conditions. Secondary causes generally result from factors other than congenital factors.

Clinical Features

Clinical onset usually takes place when varicosities in the affected leg or legs appear.

Varicosities typically present as a bluish discolouration and may have a raised appearance. The affected limb may also demonstrate the following:

- Aching
- Discolouration
- Inflammation
- Swelling

- Heaviness
- Cramps

Varicose Veins may be large and apparent or quite small and barely discernible.

Aggravation for the purposes of Varicose Veins may be represented by the veins permanently becoming larger or more extensive, or a need for operative intervention, or the development of Superficial Thrombophlebitis.

Pension Considerations

On this page

- [A. Causes And / Or Aggravation](#)
- [B. Medical Conditions Which Are To Be Included In Entitlement / Assessment](#)
- [C. Common Medical Conditions Which May Result In Whole Or In Part From varicose veins And / Or Its Treatment](#)

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.

Primary causes include:

1. Congenital and/or Developmental

Congenital factors include incomplete or absence of valves, and incompetent fibrous or elastic tissues in the vein wall. Incompetent fibrous or elastic tissues in the vein wall are congenital and developmental.

Secondary (Non-Developmental and Non-Congenital) include:

2. Thrombosis of a deep vein (DVT) draining the affected lower extremity prior to clinical onset or aggravation

3. Complete or partial obstruction of a vein draining the affected lower extremity at the time of clinical onset or aggravation

The obstruction of the vein may occur from trauma, or Superficial Thrombophlebitis, or localized injury to the thigh or leg, or with a neoplasm.

4. Pregnancy at the time of clinical onset or aggravation

Varicose veins must be in existence for a period of at least 6 months immediately following the pregnancy.

5. Having an acquired arteriovenous fistula involving the blood vessels supplying the affected lower extremity at the time of clinical onset or aggravation

An acquired arteriovenous fistula can be caused by injury or surgery.

6.Periods of prolonged standing or sitting: aggravation only

For periods of prolonged standing or sitting to aggravate Varicose Veins, the following criteria should be met:

- Increased signs/symptoms of Varicose Veins should begin during the period of prolonged standing or prolonged sitting; and
- Increased signs/symptoms of Varicose Veins should persist, on a continuous or recurrent basis, for a period of at least 6 months.

Periods of prolonged standing or sitting means long periods of standing or sitting; there is no specific timeframe defined in the literature.

7.Constrictive clothing: aggravation only

Constrictive clothing may impair venous return. Such clothing about a limb may aggravate the affected veins distal (furthest from the head) to the stricture, i.e. the affected veins would be removed from and below the stricture. The veins proximal to the stricture would not be affected. For example, any tightening of boot laces would normally be imparted down into the foot and not impact on venous return unless the lacing of the foot part remains loose. In that case, veins in the foot could be affected by the stricture above. By way of further example, a proximal stricture midcalf may result in varicosities distal to the stricture in the region of the lower leg but not proximal to the stricture.

8.Inability to obtain appropriate clinical management

2.Medical Conditions Which Are To Be Included In Entitlement / Assessment

- 1.Superficial thrombophlebitis
- 2.Stasis dermatitis
- 3.Venous ulcers

3.Common Medical Conditions Which May Result In Whole Or In Part From Varicose Veins And / Or Its Treatment

2. Superficial Thrombophlebitis

MPC 00730

ICD-9 451

[PDF Version 0.06 MB](#)

Definition

Superficial Thrombophlebitis is an inflammation of a vein associated with thrombus (clot) formation.

Superficial Thrombophlebitis is a common complication of Varicose Veins and is accepted as part of the disability without a separate ruling.

This guideline excludes Deep Vein Thrombosis.

Diagnostic Standard

Diagnosis by a qualified medical practitioner is required.

Anatomy and Physiology

The superficial veins' system runs in the fatty layer between the skin and the fibrous layers surrounding the muscles (fascia). The veins are not supported by a resistant structure and so can dilate and elongate and become varicose.

Clinical Features

Clinical onset usually means the appearance of Superficial Thrombophlebitis in the affected leg or legs. The affected limb may demonstrate the following:

- Pain
- Aching
- Cramps
- Swelling
- Inflammation
- Erythema

Pension Considerations

On this page

- [A. Causes And / Or Aggravation](#)
- [B. Medical Conditions Which Are To Be Included In Entitlement / Assessment](#)
- [C. Common Medical Conditions Which May Result In Whole Or In Part From Superficial Thrombophlebitis And / Or Its Treatment](#)

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

1. Causes And / Or Aggravation

1. Venous stasis at the time of clinical onset or aggravation

Venous stasis should occur at the time of the thrombophlebitis. Venous stasis can result from such factors as limb immobilization and venous obstruction.

2. Inflammation of veins at the time of clinical onset or aggravation

Inflammation of veins should occur at the time of the thrombophlebitis. Inflammation can result from such factors as infection and toxins.

3. Hypercoagulability prior to clinical onset or aggravation

Hypercoagulability can be permanent or temporary.

Permanent hypercoagulability:

Permanent hypercoagulability can result from various factors, including cancers. For permanent hypercoagulability to cause or aggravate superficial thrombophlebitis, signs/symptoms of superficial thrombophlebitis should develop during the period of hypercoagulability.

Temporary hypercoagulability:

Temporary hypercoagulability can result from medications. For temporary hypercoagulability from medication to cause or aggravate superficial thrombophlebitis, the following criteria should be evident:

- The individual should be on the medication for approximately 1 week; and
- Signs/symptoms of superficial thrombophlebitis should develop while on the medication or within 2 to 3 days of discontinuation of the medication.

4. Inability to obtain appropriate clinical management

2. Medical Conditions Which Are To Be Included In Entitlement / Assessment

1. Superficial thrombophlebitis
2. Stasis dermatitis
3. Venous ulcers

3. Common Medical Conditions Which May Result In Whole Or In Part From Superficial Thrombophlebitis And / Or Its Treatment.

References for Varicose Veins and Superficial Thrombophlebitis

1. Australia. Department of Veterans Affairs: medical research in relation to the Statement of Principles concerning Varicose Veins of the Lower Limb, which cites the following as references:

1. MJ Callam (1994) in British Journal of Surgery Feb 81(2) Epidemiology of Varicose Veins pp167-173.
2. Tierney, LM. (1993) in Current Medical Diagnosis and Treatment. Tierney, LM, McPhee, SJ, Papadakis, MA, and Schroeder, SA Eds. Appleton & Lange. Norwalk, Connecticut, p. 385-386.
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 1. Principles of Surgery. Schwartz. McGraw-Hill, 1969.
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