

- **Media Report 15 Jan 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.

**Active COVID-19 cases: 76,617 | Recovered: 593,398 | Deceased: 17,538 | Total: 688,891**

**COVID -19 Tracker**

<https://www.msn.com/en-ca/news/coronavirus>

**This online calculator estimates when you'll receive your COVID-19 vaccine**

<https://www.msn.com/en-ca/news/canada/this-online-calculator-estimates-when-youll-receive-your-covid-19-vaccine/ar-BB1cCRgL?li=AAGgFp5>

**CONGRATULATIONS !!!!!!!!!!!!!**

**TO one of OUR NATIONAL BOARD MEMBERS of NATO VETERANS ORGANIZATION of CANADA Mr JOHN STUART**

I am pleased to inform you all that John Stuart of NATO VETERANS of Canada organization has been awarded the [Sovereign's Medal for Volunteers](#) in recognition of his contributions to his community. Administered by the Office of the Governor General, this medal is part of the Canadian Honours System and celebrates exceptional volunteer achievements in a wide range of fields.

A short paragraph, that we call a citation, reflects the reasons for his medal.

Here is Mr John Stuart's citation:

Here is his citation:

*Over the last decade, John Stuart has advocated for the well-being of veterans through his involvement with the NATO Veterans Organization of Canada. He has helped veterans to access services through his activities with the Royal Canadian Legion and spent many years involved in youth development as a Scout leader on various Canadian military bases.*

- Since retirement John served many years of volunteering with the following organization.
- A member of the Gulf War Cohort Study Advisory Board as the Gulf War Veterans Association (GWVA) representative and after that also served as the GWVA representative in Ottawa on various veterans' meetings and for ceremonial occasions
- Since 2003, he has been a member of the Ministers of Veterans Affairs Advisory Board for the Seventh Book of Remembrance. As alternate Board Chair and committee of one,

John found 600 plus names that had been omitted from the list of casualties to be included in the Seventh Book of Remembrance and submitted these names to VAC Canada Remembers for confirmation. That work continues

- 20 year member of the Royal Canadian Legion (RCL).
- 18 year member of the Canadian Association of Veterans in UN Peacekeeping (CAVUNP). From 2002 John has edited the 32 page Thin Blue Line which is the newsletter of CAVUNP in which he informs CAVUNP members and other veterans of matters that relate to veterans.
- Recently, he used his in depth knowledge of the Seventh Book of Remembrance to prepare a briefing that was presented at an RCL sponsored annual veteran's forum to solicit support to change the National War Memorial to include mention of all Canadian service members who lost their lives in the service of Canada from 1947 onward

**WELL DONE JOHN!**

## **VANCE: Retiring top soldier highlights anti-extremist policy, but took 3 years to shape it**

<https://ottawasun.com/news/national/defence-watch/gen-vance-defends-taking-three-years-to-develop-policy-to-deal-with-military-extremists/wcm/72e7187d-bfa2-48b6-af0d-b6c649ac0df6>

**MULTIFAITH HOUSING FOR VETERANS**

### **VETERANS' HOUSE – MULTIFAITH HOUSING INITIATIVE**

<https://www.multifaithhousing.ca/veterans-house.html>

**WWII veteran celebrates 100th birthday amid a pandemic**

[CTV News | News Video – Top National News Headlines – News Videos](#)

This is a short note to wish you all a great weekend and to bring you and your respective Branch Service Officers up to date on Multi-Faith Housing.

Interviews are now being taken with homeless veterans to ensure they are qualified to be received into one of the 40 units reserved for homeless veterans. There are currently 5 that have been accepted and we are in need of 35 veterans who may qualify for consideration and accommodation. It is hoped that we can have the full complement of 40 veterans, male and female, accommodated by the 1st of February or shortly thereafter. If there are more than 40 interested a waiting list will be created for future reference and usage.

To help us meet this goal I am asking that you pass this information to your respective Branch Service Officers in order that they may be able to identify veterans who may be in need of

accommodation at this time. They will be subject to an interview with the housing authority to ensure they understand their responsibilities and that they meet all the requirements that have been or are being put in place.

I will be sending out the latest numbers this weekend and you will notice that it is a little more detailed than previous reports. This will enable the BSOs to possibly identify some veterans in their areas who may qualify for acceptance into this wonderful building and units.

They are out there, it is now our task to find them and get them off the streets.

Have a great weekend, stay safe, stay healthy.

## Four Indigenous finalists among nominees for new \$5 bill

[Four Indigenous finalists among nominees for new \\$5 bill | CTV News](#)

## Urinary, Sexual and Reproductive Impairment

This chapter provides criteria for assessing permanent impairment from entitled urinary, sexual and reproductive conditions.

The chapter is divided into two sections. The first section provides criteria to rate impairment of upper and lower urinary tract conditions. The second section provides criteria to rate impairment of sexual and reproductive conditions.

Impairment from rectovaginal fistula(e) is rated within [Chapter 14](#), Gastrointestinal Impairment.

Impairment from loss of a kidney due to tuberculosis is rated within [Chapter 24](#), Tuberculosis Impairment.

Impairment from malignant urinary, sexual and reproductive conditions is rated within [Chapter 18](#), Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

### Rating Tables

This chapter contains four “Loss of Function” tables and two “Other Impairment” tables which may be used to rate entitled urinary, sexual and reproductive conditions.

The tables within this chapter are:

Rating Tables		
TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
<a href="#">Table 16.1</a>	Loss of Function – Upper Urinary Tract	This table is used to rate impairment in the upper urinary tract.

<a href="#">Table 16.2</a>	Loss of Function – Lower Urinary Tract	This table is used to rate impairment in the lower urinary tract.
<a href="#">Table 16.3</a>	Loss of Function – Sexual and Reproductive – Male	This table is used to rate impairment in female sexual and reproductive function.
<a href="#">Table 16.4</a>	Loss of Function – Sexual and Reproductive – Female	This table is used to rate impairment in female sexual and reproductive function.
<a href="#">Table 16.5</a>	Other Impairment – Breasts – Male	This table is used to rate impairment of the male breast.
<a href="#">Table 16.6</a>	Other Impairment – Breasts – Female	This table is used to rate impairment of the female breast.

## Section 1 – Determining Impairment Assessment of Urinary Tract Function

The tables that may be used to rate impairment from urinary tract conditions are:

Section 1 – Determining Impairment Assessment of Urinary Tract Function		
<b>TABLE</b>	<b>LOSS OF FUNCTION</b>	<b>OTHER IMPAIRMENT</b>
<a href="#">Table 16.1</a>	Loss of Function – Upper Urinary Tract	This table is used to rate impairment in the upper urinary tract.
<a href="#">Table 16.2</a>	Loss of Function – Lower Urinary Tract	This table is used to rate impairment in the lower urinary tract.

### Loss of Function – Upper Urinary Tract

[Table 16.1](#) is used to rate impairment from conditions of the upper urinary tract (kidney and ureter). 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.

Ratings in the upper urinary tract table take into account the presence of signs and symptoms and laboratory findings which may accompany the urinary tract impairment. Signs and symptoms include hypertension, chronic anemia, edema, headache, dyspnea, fatigue, fever, chills, back pain, dizziness, hematuria, anuria and recurrent urinary infections.

The creatinine clearance test is used in routine practice to estimate the glomerular filtration rate (GFR). The GFR is the single best indicator of overall renal function.

Creatinine clearance may be estimated either by analysis of a 24 hour urine collection or from the serum creatinine level by applying the following modified Cockcroft-Gault formula:

#### Males

Creatinine clearance (mL/min)<sup>b</sup> = 1.2 (140 – patient's age, years) (TBW, kg) / (serum creatinine, μmol/L)

#### Females

Multiply equation above by 0.85.

<sup>b</sup>To convert from mL/min to SI (mL/s) divide the mL/min value by 60.

Abbreviation: TBW = Total Body Weight

When entitled upper urinary tract 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 – Lower Urinary Tract**

[Table 16.2](#) is used to rate impairment from conditions of the lower urinary tract (bladder and urethra), prostate and epididymis. 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 lower urinary tract 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.

### **Table 16.1 – Loss of Function – Upper Urinary Tract**

Only one rating may be given for each entitled condition from Table 16.1. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.1, follow the “ands” and “ors”.

<b>RATING</b>	<b>Table 16.1 – Loss of Function – Upper Urinary Tract CRITERIA</b>
Nil	<ul style="list-style-type: none"> <li>• Normal or mildly impaired renal function; and</li> <li>• No clinical signs of renal disease.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• Pyelonephritis: up to 2 attacks per year; or</li> <li>• Kidney stones: occasional attacks of renal colic.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by creatinine clearance less than 63 mL/min (&lt; than 90 L / 24hrs). Signs and symptoms and abnormal laboratory findings may be present; or</li> <li>• Pyelonephritis: 3 – 4 attacks per year; or</li> <li>• Kidney stones: yearly attacks of renal colic; or</li> <li>• Chronic unilateral hydronephrosis with infection.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• Pyelonephritis: more than 4 attacks per year; or</li> <li>• Nephrectomy; or</li> </ul>

	<ul style="list-style-type: none"> <li>• Chronic bilateral hydronephrosis with infection.</li> </ul>
Twenty-one	<ul style="list-style-type: none"> <li>• Successful renal transplant (minimum value).</li> </ul>
Twenty-six	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by creatinine clearance of less than 53 mL/ min (&lt; than 75 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present;or</li> <li>• Permanent urinary diversion with ostomy of the skin (i.e. nephrostomy, ureterointestinal, ileal conduit, cutaneous ureterostomy).</li> </ul>
Forty-three	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by creatinine clearance of less than 43 mL/ min (&lt; than 60 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present.</li> </ul>
Fifty-seven	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by creatinine clearance of less than 33 mL/ min (&lt; than 48 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present.</li> </ul>
Eighty-one	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by creatinine clearance of less than 28 mL/ min (&lt; than 40 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present;or</li> <li>• Requiring constant peritoneal or hemodialysis.</li> </ul>

### Steps to Determine Urinary Tract Assessment (Upper Tract)

- Step 1:Determine the rating from [Table 16.1](#)(Loss of Function – Upper Urinary Tract).
- Step 2:Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- 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 the rating above.

This is the Disability Assessment

### Table 16.2 – Loss of Function – Lower Urinary Tract

Only one rating may be given for each entitled condition from Table 16.2. 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 16.2, only one criterion must be met at a level of impairment for that rating to be selected.

RATING	CRITERIA
Nil	<ul style="list-style-type: none"> <li>• Voiding dysfunction:occasional symptoms of dysuria, urgency or frequency;or</li> <li>• Prostatectomy.</li> </ul>
One	<ul style="list-style-type: none"> <li>• Obstructed voiding;with hesitancy or diminished stream;or</li> </ul>

	<ul style="list-style-type: none"> <li>• Lower urinary tract infection:occurring 1-2 times per year.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• Voiding dysfunction:symptoms of dysuria, urgency and/or frequency; daytime voiding every 3 hoursandawakening once through the night;or</li> <li>• 1 – 2 incontinent pads required daily;or</li> <li>• Chronic epididymitiswithout urinary tract symptoms but with ongoing pain.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Obstructed voiding:requiring 2 – 4 dilatations per year;or</li> <li>• Lower tract infection:occurring at least 4 times per year despite long term prophylactic antibiotic drug therapy.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• Voiding dysfunction:symptoms of dysuria, urgencyandfrequency; daytime voiding every 2 hours and nocturia 2 – 3 times per night;or</li> <li>• More than 2 incontinent pads required daily.</li> </ul>
Eighteen	<ul style="list-style-type: none"> <li>• Voiding dysfunction:symptoms of dysuria, urgencyandfrequency; daytime voiding every 1 hour and nocturia 4 – 5 times per night;or</li> <li>• Permanent use of condom catheter;or</li> <li>• Obstructed voiding:with anyoneof the following: <ul style="list-style-type: none"> <li>• post-void residuals greater than 150 cc;</li> <li>• uroflometry – markedly diminished peak flow rate (less than 10 cc/sec);</li> <li>• stricture disease requiring more than 4 dilatations per year</li> </ul> </li> </ul>
Twenty-six	<ul style="list-style-type: none"> <li>• Voiding dysfunction:symptoms of dysuria, urgency and frequency, with less than 30 minutes between voidingsandvoiding more than 5 times per night;or</li> <li>• Obstructed voiding:with urinary retention requiring intermittent daily catheterization.</li> </ul>
Thirty-four	<ul style="list-style-type: none"> <li>• Voiding dysfunction:no voluntary control of bladder;or</li> <li>• Permanent indwelling catheter.</li> </ul>
Forty-three	<ul style="list-style-type: none"> <li>• Voiding dysfunction:with painful urinary frequency and voids every 15 minutes day and night;or</li> <li>• Permanent suprapubic catheter.</li> </ul>

### **Steps to Determine Urinary Tract Assessment (Lower Tract)**

- Step 1:Determine the rating from [Table 16.2](#)(Loss of Function – Lower Urinary Tract).
- Step 2:Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- 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 the Step 4 rating.

This is the Disability Assessment

## Section 2 – Determining Impairment Assessment of Sexual and Reproductive Function

### Selection of Tables

The tables that may be used to rate impairment from sexual and reproductive conditions are:

#### Section 2 – Determining Impairment Assessment of Sexual and Reproductive Function

<b>TABLE</b>	<b>LOSS OF FUNCTION</b>	<b>OTHER IMPAIRMENT</b>
<a href="#">Table 16.3</a>	Loss of Function – Sexual and Reproductive – Male	This table is used to rate impairment in male sexual and reproductive function.
<a href="#">Table 16.4</a>	Loss of Function – Sexual and Reproductive – Female	This table is used to rate impairment in female sexual and reproductive function.
<a href="#">Table 16.5</a>	Other Impairment – Breasts – Male	This table is used to rate impairment of the male breast.
<a href="#">Table 16.6</a>	Other Impairment – Breasts – Female	This table is used to rate impairment of the female breast.

### Loss of Function – Sexual and Reproductive – Male

[Table 16.3](#) is used to rate impairment from male sexual and reproductive conditions. 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.

For Veterans Affairs Canada (VAC) purposes “Sterility” is defined as the complete inability to produce offspring despite medical intervention.

When entitled male sexual and reproductive 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 – Sexual and Reproductive – Female

[Table 16.4](#) is used to rate impairment from female sexual and reproductive conditions.

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.

For Veterans Affairs Canada (VAC) purposes “Sterility” is defined as the complete inability to produce offspring despite medical intervention.

When entitled female sexual and reproductive 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 – Breasts – Male**

[Table 16.5](#) is used to rate impairment from male breast conditions. 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 male breast 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 – Breasts – Female**

[Table 16.6](#) is used to rate impairment from female breast conditions. 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 female breast 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.

### **Table 16.3 – Loss of Function – Sexual and Reproductive – Male**

Only one rating may be given for each entitled condition from Table 16.3. 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 16.3, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.3 – Loss of Function – Sexual and Reproductive – Male

<b>RATING</b>	<b>CRITERIA</b>
Nil	<ul style="list-style-type: none"><li>• Circumcision; or</li><li>• Varicocele, hydrocele or spermatocele asymptomatic; or</li><li>• Vasectomy*.</li></ul>
One	<ul style="list-style-type: none"><li>• Unilateral atrophy of the testicle.</li></ul>
Four	<ul style="list-style-type: none"><li>• Loss of one testicle; or</li><li>• Peyronie's disease; still capable of intercourse; or</li><li>• Varicocele, hydrocele or spermatocele symptomatic; or</li></ul>

	<ul style="list-style-type: none"> <li>• Erectile dysfunction responsive to treatment;or</li> <li>• Bilateral atrophy of the testicles*.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Permanent sterility.</li> </ul>
	<ul style="list-style-type: none"> <li>• Severe post-ejaculatory pain sufficient to cause total avoidance of intercourse*;or</li> </ul>
Eighteen	<ul style="list-style-type: none"> <li>• Peyronie's disease; incapable of intercourse*;or</li> <li>• Erectile dysfunction unresponsive to treatment*;or</li> <li>• Loss of up to one-half of the penis*.</li> </ul>
	<ul style="list-style-type: none"> <li>• Loss of more than one-half of the penis*;or</li> </ul>
Twenty-six	<ul style="list-style-type: none"> <li>• Bilateral loss of testicles*.</li> </ul>

\* A separate rating for permanent sterility is not given for these conditions.

### Steps to Determine Sexual and Reproductive Assessment (Male)

- Step 1:Determine the rating from [Table 16.3](#)(Loss of Function – Sexual and Reproductive – Male).
- Step 2:Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- 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 the Step 4 rating.

This is the Disability Assessment

### Table 16.4 Loss of Function – Sexual and Reproductive – Female

Only one rating may be given for each entitled condition from Table 16.4. 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 16.4, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.4 – Loss of Function – Sexual and Reproductive – Female

RATING	CRITERIA
Nil	<ul style="list-style-type: none"> <li>• Tubal ligation*; elective;or</li> <li>• Permanent sterility; onset at or after natural menopause;or</li> <li>• Hysterectomy*; elective, postmenopausal.</li> </ul>
One	<ul style="list-style-type: none"> <li>• Dysmenorrhea.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• Unilateral oophrectomy; premenopausal.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Chronic, pelvic painand/orheavy irregular bleeding requiring continuous treatment to control;or</li> <li>• Permanent sterility; premenopausal;or</li> <li>• Bilateral loss of tubal patency*; premenopausal;or</li> </ul>

- Bilateral salpingectomy\* (not carried out for contraceptive purposes); premenopausal;or
  - Hysterectomy\*; premenopausal.
- Thirteen
- Chronic pelvic pain not controlled by treatment.
- Eighteen
- Dyspareunia, with persistent inability to participate in vaginal intercourse.
- Vulvectomy;or
  - Clitoridectomy;or
- Twenty-six
- Bilateral oophrectomy\*; premenopausal;or
  - Severe vaginal stenosis.

\* A separate rating for permanent sterility is not given for these conditions.

### **Steps to Determine Sexual and Reproductive Assessment (Female)**

- Step 1:Determine the rating from [Table 16.4](#)(Loss of Function – Sexual and Reproductive – Female)
- Step 2:Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- 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 the Step 4 rating.

This is the Disability Assessment

### **Table 16.5 – Other Impairment – Breasts – Male**

Only one rating may be given for each entitled condition from Table 16.5. 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 16.5, only one criterion must be met at a level of impairment for that rating to be selected.

<b>RATING</b>	<b>CRITERIA</b>
Nil	<ul style="list-style-type: none"> <li>• Lumpectomy with no sequella;or</li> <li>• Gynaecomastia, operated, no sequella.</li> </ul>
One	<ul style="list-style-type: none"> <li>• Gynaecomastia;or</li> <li>• Unilateral mastectomy.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• Bilateral mastectomy;or</li> <li>• Persistent mammary discharge.</li> </ul>

## Steps to Determine Assessment (Male Breast)

- Step 1:Determine the rating from [Table 16.5](#)(Other Impairment – Breasts – Male).
- Step 2:Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- 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 the Step 4 rating.

This is the Disability Assessment

## Table 16.6 – Other Impairment – Breasts – Female

Only one rating may be given for each entitled condition from Table 16.6. 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 16.6, only one criterion must be met at a level of impairment for that rating to be selected.

RATING	CRITERIA
Nil	<ul style="list-style-type: none"><li>• Lumpectomy with no sequella.</li></ul>
Four	<ul style="list-style-type: none"><li>• Partial unilateral mastectomy or segmental resection; or</li><li>• Unilateral mastectomy with reconstructive surgery; or</li><li>• Persistent mammary discharge.</li></ul>
Nine	<ul style="list-style-type: none"><li>• Unilateral mastectomy without reconstructive surgery; or</li><li>• Bilateral mastectomy with reconstructive surgery.</li></ul>
Thirteen	<ul style="list-style-type: none"><li>• Radical unilateral mastectomy; or</li><li>• Simple bilateral mastectomy without reconstructive surgery.</li></ul>
Twenty-six	<ul style="list-style-type: none"><li>• Radical bilateral mastectomy without reconstruction.</li></ul>

## Steps to Determine Assessment (Female Breast)

- Step 1:Determine the rating from [Table 16.6](#)(Other Impairment – Breasts -Female).
- Step 2:Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- 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 the Step 4 rating.

This is the Disability Assessment

## IN THE NEWS

[Call for Nominations: Capt Nichola Goddard Award](#)

[Veterans Disability pension indexing error class action](#)

### [Soon to be appointed 34 CER Honorary Lieutenant-Colonel receives Order of Canada](#)

Mrs. Gina Cody, who will be the future Honorary Lieutenant-Colonel of 34 CER beginning in Fall 2021, was recently inducted into the Order of Canada. 34 CER is very proud to have such a pre-eminent member of Canadian Society join our Regimental Family. Chimo!

### [Retired Engineer LGen Paul Wynnyk to head up Alberta's vaccine program](#)

Premier Jason Kenney has appointed Deputy Minister of Municipal Affairs and former Commander of the Canadian Army, General Paul Wynnyk (Ret'd), to lead Alberta's COVID-19 Vaccine Task Force to direct the distribution of COVID-19 vaccines across the province. From his time serving in the Canadian Forces, General Wynnyk brings a wealth of experience that will be invaluable in addressing the challenges of this project.

### [Dealing with illness](#)

Lauren Sankey is a co-producer of *Sickboy*, a health-related comedy CBC Podcast about living with illness and has told us that they have just released an episode with Captain Deane Gorsline, who has ALS. (See CMEA News Item [Captain Deane Gorsline's Virtual Walk to End ALS](#))

### [Vintage film shows parade at Vernon Army Camp from 1959](#)

The Vernon Army Camp has played a role in Okanagan history for decades. And Vernon historian and videographer Francois Arseneault has unearthed a gem dating back to the 1950s. The grainy, black and white footage shows the Vernon Army Cadet Camp's Searchlight Tattoo, also known as the Army Cadet Show, which was first held in 1955. In 1959, it was held in the training area south of what is now the Alan Brooks Nature Centre and north of the rifle range, in a natural amphitheatre just above Highway 97.

### [Battle diary: A Canadian soldier looks back on a year commanding NATO troops in Iraq](#)

Almost a month ago, Canadian Maj.-Gen. Jennie Carignan bid farewell via video to the NATO troops she had commanded, saying her time in Iraq had come to end after "an eventful year." "Eventful" is one very understated way to describe 2020 in a country still riven by sectarian and political violence — where the United States and Iran stepped perilously close to war in the middle of a worsening global pandemic. Other adjectives might better describe the tumultuous year she spent in charge of the mission to help train and rebuild the Iraqi Army from the rubble and bloodletting of the war against the Islamic State. Words like "precarious" or "chaotic." Maybe even "rewarding."

### [Parfois détruire, souvent construire...](#)

Il faut dire que l'ancien édifice avait été érigé en 1971. Tout comme les temps changent, les besoins du génie militaire ont évolué, tant et si bien que l'espace semblait s'être rétréci pour les occupants. De 200 au départ, les effectifs ont plus que doublé au fil des ans! Pour leur patience, les membres du 5e Régiment du génie de combat (5 RGC) ont été récompensés. Ils se sont vus décerner l'«Argent». Mais probablement pas celui que vous croyez...*(Article trouvé à page 3.)*

### [COVID-19 kiboshes Silver City polar bear plunge](#)

Locals will have to find another way to brrrr-ing in 2021 other than a dip in the Columbia River. Yes, it's true. COVID-19 has cancelled the Polar Bear Swim, a touted cure-all for too many evening-before-libations that has taken place on Jan. 1 at Gyro Park beach in East Trail for more than 30 years.

### [Quesnel-born combat engineer spending holidays in Romania](#)

Cpl. Brett David has to pause while speaking to allow a passing fighter jet to take off. David is part of Canada's air task force in Operation Reassurance in Romania. The Royal Canadian Air Force is working in a NATO operation to help police and control the skies in the eastern European nation. In September, two Canadian CF-18 Hornets based in Romania were sent into the air to intercept a Russian fighter jet (an SU-27 Flanker) flying in the Black Sea near Romanian air space.

### [COVID-19 : des militaires passent Noël dans des communautés autochtones](#)

Munis d'équipements de protection individuelle, des membres des Forces armées canadiennes vont passer Noël déployés dans au moins six communautés isolées et éloignées du nord de l'Ontario, du Manitoba, de la Saskatchewan et de l'Alberta. « Si vous m'aviez demandé il y a quelques années, je n'aurais pas imaginé, dans mes rêves les plus fous, que c'était la situation dans laquelle nous nous trouverions », a déclaré à *CBC News* le général de brigade William Fletcher qui est responsable de cette action militaire pour combattre la pandémie.