

Media Report 16 1April 202

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 appeal i

Tracking every case of COVID-19 in Canada

<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>

[BREAKING NEWS: Active COVID-19 cases: 78,130 | Recovered: 976,877 | Deceased: 23,392 | Total: 1,078,562](#)

What can and can't you do after your first COVID-19 vaccine dose

- - When it comes to the Moderna and Pfizer-BioNTech vaccines, partial protection only kicks in about two weeks after the first dose is administered, Dr. Fish explained. By extending the time between doses beyond the three to four weeks recommended by vaccine companies, it's unknown how long that partial protection may last.
 - According to the National Advisory Committee on Immunization, the expert panel advising the federal government on vaccines, all Canadians, regardless of whether they've been vaccinated, should continue to practice the recommended public-health measures for preventing the spread of COVID-19.
 - In Canada, less than 2 per cent of the population has been fully vaccinated [as 13 April] .And as Canadians may wait up to four months before their second doses, which is among the longest gaps between doses in the world, many are caught in an in-between stage, neither fully protected nor fully unprotected against COVID-19.
 - <https://www.theglobeandmail.com/canada/article-what-can-and-cant-you-do-after-your-first-covid-19-vaccine-dose/>

It is with deep sadness that we mourn the passing of his Royal Highness, Prince Phillip, Duke of Edinburgh at Windsor Castle this morning.

[Prince Philip, Duke of Edinburgh – Wikipedia](#)

Veterans' House announcement

I would like to invite you to a virtual press conference tomorrow morning where the Honourable Mona Fortier, Minister of Middle Class Prosperity and Associate Minister of Finance, and the Honourable Lisa MacLeod, Minister of Heritage, Sport, Tourism and Culture Industries will be making an announcement regarding Veterans' House.

Suzanne Le, Multifaith Housing Initiative's Executive Director and Bill Beaton, a veteran and current tenant at Veterans' House will also be speaking.

I hope you are able to join us for this exciting announcement. Here are the details:

Date: Friday, April 16th

Time: 9 AM EST

Public livestream link: <https://vimeo.com/event/855593>

•NATO pledges to leave Afghanistan 'together' as 750 British soldiers set to exit with Americans on September 11
ByDanielle Sheridan,Political and Defence Correspondent
14 April 2021

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•<https://www.telegraph.co.uk/news/2021/04/14/nato-pledges-leave-afghanistan-together-750-british-soldiers/> US Secretary of State Antony Blinken made the comments over talks in Brussels, where he is joined by Defence Secretary Lloyd Austin, Mr Blinken said: "We in Nato will leave Afghanistan together.Mr Blinken added that Nato will now work on a "withdrawal, adaptation plan".

•Last night President Biden said that US forceswould leave by September 11,marking 20 years to the day that the attacks on America took place. The White House said that Mr Biden believed there was "not a military solution to Afghanistan, and that we have been there for far too long."

•"Together we went into Afghanistan, now it is time to bring our forces home."

•Nato members have pledged to leave Afghanistan "together" as 750 British soldiers are set to leave the country along with American troops on September 11.

•'It is time to bring our forces home,' says US Secretary of State Antony Blinken

Malignant Impairment

Introduction

This chapter provides criteria for assessing permanent impairment from entitled malignant conditions.

Ratings from tables within other applicable impairment chapters must be considered in determining the appropriate rating for a malignant condition. The applicable impairment chapter to be used is determined by the site of malignancy (for example, lung cancer is rated using tables within the Malignant Chapter, as well as tables within the Cardiorespiratory Chapter). Any applicable ratings are compared and the highest selected.

Rating Tables

This chapter contains one "Loss of Function" table and one "Other Impairment" table which may be used to rate impairment from entitled malignant conditions.

Table ratings from other impairment chapters also need to be considered as described in "Steps to Determine the Malignant Impairment Assessment" on the last page of this chapter. The applicable impairment chapter to be used is dependent upon the site of malignancy.

In this chapter, when a disability is rated from both [Table 18.1](#)- Loss of Function – Malignant Conditions and [Table 18.2](#)- Other Impairment – Life Expectancy – Malignant Conditions, the ratings are compared and the highest selected.

The tables within this chapter are:

Rating Tables

TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
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Table 18.1	Loss of Function – Malignant Conditions	This table is used to rate impairment from loss of function due to malignant conditions.
Table 18.2	Other Impairment – Life Expectancy – Malignant Conditions	This table is used to rate impairment with regard to predicted survival estimates.

Loss of Function – Malignant Conditions

[Table 18.1](#) is used to rate impairment from entitled malignant conditions. 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 the purposes of [Table 18.1](#), “symptoms” encompass the symptoms (including pain) of both the malignant condition itself and the symptoms of the effects of its treatment.

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 chapter.

Other Impairment – Life Expectancy – Malignant Conditions

[Table 18.2](#) is used to rate impairment from entitled malignant conditions with regard to life expectancy and prognosis. Only one rating may be selected for each entitled condition.

Whenever possible, the rating from [Table 18.2](#) is to be based on a survival estimate from an oncologist or other treating physician. If such an estimate is unavailable, supporting evidence from a recognized standard medical reference is to be applied to provide an estimate. Estimates are to be based on malignancies of the same type and degree of spread as that in the specific case being rated. The estimate or predicted life expectancy used in [Table 18.2](#) is projected from the time of diagnosis, or from the time of any major staging procedure or operation.

Once a [Table 18.2](#) rating has been established it is not to be changed unless subsequent findings indicate that an earlier prognosis was based on incorrect clinical information.

The rating is not to be modified posthumously to reflect the actual duration for which the Member/Veteran/Client survived after diagnosis or staging. The life expectancy estimate can be based only on predicted probability of survival, not actual survival time.

A [Table 18.2](#) rating is not to be updated to account for the natural progression of the condition. As the disease progresses, it is expected that ratings from [Table 18.1](#) will exceed ratings from [Table 18.2](#).

A rating from [Table 18.2](#) may not be reduced because of favourable response to treatment or because of better than anticipated survival.

If the condition is being rated for the first time more than five years after diagnosis and the condition is in remission or may be cured, the malignant impairment rating is nil.

Table 18.1 – Loss of Function – Malignant Conditions

Only one rating may be given for each entitled condition from [Table 18.1](#). 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 18.1](#), all criteria designated at that rating level must be met.

Table 18.1 – Loss of Function – Malignant Conditions

RATING	CRITERIA
Nil	<ul style="list-style-type: none">• Asymptomatic.
One	<ul style="list-style-type: none">• Asymptomatic but requiring ongoing monitoring and/or therapy.
Nine	<ul style="list-style-type: none">• Mild to moderate symptoms that are irritating or unpleasant but rarely prevent completion of any activity. Symptoms may cause loss of efficiency in a few activities.
Eighteen	<ul style="list-style-type: none">• More severe symptoms that are distressing and regularly prevent the completion of some everyday activities. Physically

strenuous activity (e.g. carrying laundry, shovelling walk, mowing the lawn) is prevented but the person remains ambulatory and able to carry out light tasks at home or office. Self-care is unaffected and independence is maintained.

Forty-three	<ul style="list-style-type: none"> • Symptoms are severe and prevent the completion of many everyday activities. Requires daily personal assistance with self-care.
Sixty-three	<ul style="list-style-type: none"> • Symptoms are severe and cause major restriction in most everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others. Confined to bed or chair at least part of waking hours.
Eighty-one	<ul style="list-style-type: none"> • Symptoms are severe with most to all everyday activities prevented. Dependent on others for all self-care. May require institutional care or may be maintained at home with frequent requirement for medical care. Totally confined to bed or chair.

Table 18.2 – Other Impairment – Life Expectancy – Malignant Conditions

Only one rating may be given for each entitled condition from Table 18.2.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 18.2, all criteria designated at that rating level must be met.

Table 18.2 – Other Impairment – Life Expectancy – Malignant Conditions

RATING	PREDICTED LIFE EXPECTANCY AT TIME OF DIAGNOSIS OR STAGING PROCEDURE
Nil	<ul style="list-style-type: none"> • Normal, or near-normal, five-year survival.
Four	<ul style="list-style-type: none"> • Predicted five-year survival less than 95%.
Nine	<ul style="list-style-type: none"> • Predicted five-year survival less than 75%.
Eighteen	<ul style="list-style-type: none"> • Predicted five-year survival less than 50%.
Forty-three	<ul style="list-style-type: none"> • Predicted five-year survival less than 25%.
Sixty-three	<ul style="list-style-type: none"> • Predicted one-year survival less than 50%.
Eighty-one	<ul style="list-style-type: none"> • Predicted one-year survival less than 25%.

Steps to Determine Malignant Assessment

- Step 1: Determine the rating from [Table 18.1](#) (Loss of Function – Malignant Conditions).

- Step 2: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 1.
- Step 3: Determine the rating from [Table 18.2](#) (Other Impairment – Life Expectancy – Malignant Conditions).
- Step 4: Compare the ratings at Step 2 and Step 3 and select the highest.
- Step 5: Determine the rating(s) from the relevant impairment table(s) using the appropriate Table of Disabilities chapter.
- Step 6: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 5.
- Step 7: Compare the ratings at Step 4 and Step 6 and select the highest.
- Step 8: Determine the Quality of Life rating.
- Step 9: Add the ratings at Step 7 and Step 8.
- Step 10: If partial entitlement exists, apply to the rating at Step 9.

This is the Disability Assessment

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