

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.

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
Table 18.1	Loss of Function – Malignant Conditions	This table is used to rate impairment from loss of function due to malignant conditions.
Table	Other Impairment – Life	This table is used to rate impairment with

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	• Predicted five-year survival less than 25%.
Sixty-three	• Predicted one-year survival less than 50%.
Eighty-one	• 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

Logistics Staff Support – PPE and COVID Vaccine Logistics/Soutien au personnel logistique – Logistique des vaccins EPI et COVID

Sent on behalf of John B. Page, CD, PLog, President, Canadian Forces Logistics Association/ Envoyé pour le compte de - John B. Page, CD, PLog, président de l'Association des services logistiques des Forces canadiennes.

We have been asked to publicize a requirement for seasoned Logistics professionals to help the Public Health Authority of Canada in their pandemic response, including vaccine reception, storage and distribution.

Work is being done from home, but may need some visits to HQ on Collonade Road.

Responses for any of the positions detailed in the e-mail included below, please go direct by email to Bob Spencer, contact info below.

On nous a demandé de faire connaître le besoin de professionnels de la logistique chevronnés pour aider l'Autorité de la santé publique du Canada dans sa réponse à une pandémie, y compris la réception, l'entreposage et la distribution des vaccins.

Le travail est effectué à domicile, mais peut nécessiter des visites au siège sur Collonade Road.

Les réponses pour l'un des postes détaillés dans l'e-mail ci-dessous, veuillez vous adresser directement par e-mail à Bob Spencer, coordonnées ci-dessous.

John B. Page, CD, PLog

President| le Président

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Royal Canadian Logistics Service/Service de la Logistique Royal Canadienne

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www.cfla-alfc.org

Good morning John, it was good to connect once again. Further to our discussion, the COVID crisis caught PHAC somewhat flat-footed in terms of logistics capability, and the CAF provided a superb team of professional uniformed logisticians to cover off some key areas of need – led by Col Simon Poudrier. The agency has since expanded its organization to establish a logistics capability focused on warehousing and logistics, including the National Emergency Strategic Stockpile (NESS) and a separate 'current ops' system of warehouses for PPE and medical equipment. The work therefore is ideally suited to retired logisticians with experience in transportation, warehousing and inventory management, supply chain management and the business side of logistics who might be looking for determinate or indeterminate work related to the ongoing fight against COVID. All work is currently from home, and I can't say when there will be any requirement for staff to work out of the office at 100 Colonnade Rd.

My most pressing need is for a Chief of Staff / Senior Advisor; to serve in a 2i/c capacity in liaising with other government departments – including the CAF/RCAF for airlift support, overseeing smaller projects, and giving me time and space to focus on the strategic imperatives.

Equally pressing is a Vaccine Logistics OPI, someone who can assist me in managing the logistics strategy and supply chain for vaccine once the vaccine arrives in Canada. This will include elements of transportation, managing

vaccines in the cold chain and ultra cold chain throughout the journey, procurement, data logging, track & trace technologies, and liaising with government, industry and provincial/territorial stakeholders in delivering strategies.

Also seeking a Supply Chain Manager for PPE Logistics to work closely with PWGSC, PHAC and industry on the supply chain and inventory management for all PPE, including masks, gowns, gloves, hand sanitizer, etc Lots of challenges here related to sources of supply, quality testing and asset visibility.

Finally, there is need for an Issues Manager / Logistics Ops Lead, working very closely with the COS in developing plans, leading smaller projects and producing briefs and reports.

John, I appreciate your help in socializing these staffing needs across your Canadian Forces Logistics Association membership. Simon has also offered to reach out to retired logisticians who may not yet joined the CFLA. I would be happy to field questions from those who express an interest.

Thanks again, and very best regards;

Rob

Robert Spencer

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Covid-19 Pandemic – Veteran and Spouse Well-Being Survey

Good evening Comrade Executive Directors,

Please excuse this interruption if you have already shared this information with your Branches and membership.

As some of you are aware, I am a representative on the Minister of Veterans Affairs Advisory Group on Mental Health and serve as a volunteer on the

MacDonald Franklin OSI Research Centre (Western Ontario) advisory board. The Centre is currently conducting a longitudinal survey examining the impact of the pandemic on Veteran mental health. We are also assessing suicidal ideation. This survey relies on the online participation of Veterans and/or their spouses. This is a professionally developed and conducted survey that ensures the anonymity of participants. The survey is presently available only in English however, the French version will be released shortly. VAC will be reviewing the results of the survey to determine what program changes are warranted due to the impact of the pandemic on Veterans and their families. It would be greatly appreciated if you would share this widely throughout your respective membership.

Call for Participants – Veteran and Spouse Well-being During COVID-19

A new study on Veteran and Spouse Well-being During COVID-19 is currently in need of participants. Help move the research world forward by participating.

Survey link: <https://participaid.co/studies/e3174b>

Please do not hesitate to contact me if there are any questions.

Glynne Hines (MGen retired)

Past President, OSI Special Section

[Please give it widest distribution to your branches as there are as many as 800 extra wreaths available due to the restrictions created by this pandemic.](#)

Good day

Just wanted to reach out to let you all know that for the National Ceremony we'll be doing a promotion where to encourage the public to order a wreath and have pre-positioned on the War memorial. Given space at the monument will be limited to 100 people we thought it would be a very good visual. We're offering a total of 800 extra wreaths for this purpose (first come first served).

We will also encourage folks who would like to place a wreath at their local ceremony to reach out to their local branch to order as per usual.

That said, there is nothing stopping the branches from doing something similar and making extra wreaths available to purchase and pre placement at their ceremonies – they'll all have reduced attendance and this is a way for them to raise extra funds. We will be placing the names of the 800 people who order on our website. Branches could do something similar as well or at the very least place the names of those ordering on their Facebook pages with a thank you.

If you think this is something branches in your command would be interested in doing please pass on the idea to them.

For consideration

Dion

Dion Edmonds

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IN THE NEWS

Daring WWII Canadian stormboat rescue saves 2,500 airborne troops but costs 7 sapper lives

D-Day Veteran Sgt Bill Ludlow (Ret'd) celebrates 100th birthday

Le Sgt Bill Ludlow (à la retraite), vétéran du jour J, célèbre son 100e anniversaire

RCAF Firefighter celebrates 102nd birthday

Canadian Ambassador lays a wreath at monument Driel

Staying safe on winter roads tips

Conseils pour rester en sécurité sur les routes en hiver

Right-wing extremists must be driven out of the army

L'Initiative d'emploi pour les conjoints de militaires

Canada's special forces seek outside intelligence advice

Vers un service de renseignement militaire plus indépendant

CDCO creates full-time position to help veterans become carpenters

Project to buy new pistols for Canadian Forces is once again underway