Media Report 11 March 2022

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NATO NEWS AND THOUGHTS [From SHELLDRAKE] 11 March 2022

Ukraine and the Global Economy by Antonia Colibasanu - March 7, 2022
Extracted from GeoPoliticalFutures https://geopoliticalfutures.com/welcome/
U.S. Secretary of State Antony Blinken recently met with EU foreign ministers to discuss the possibility of imposing additional sanctions on Russia for its invasion of Ukraine. But though most countries around the world condemn Russian actions, some disagree on the timing of new sanctions until they can assess the damage they may cause their own economies. After all, because economies are so interconnected, and because the current sanctions are so severe, it’s difficult to understand the full scope of their consequences. First, there are trade sanctions that curb internal Russian development. The ban on exports of specific technology and equipment for the Russian energy sector, for example, effectively disables Russia’s ability to upgrade its oil refineries. It also limits Russian access to cutting-edge technology. An immediate ban was put on all sales of aircraft, aircraft parts and equipment for Russian airlines. Then there are financial sanctions. The structure of the SWIFT ban was specifically designed to avoid interrupting payment for Russian hydrocarbon exports to Europe. The ban currently targets about 70 percent of the Russian banking market and, along with the restrictions imposed on Russian international reserves, is meant to increase Russia’s borrowing costs and thus accelerate inflation. And since Canada, Japan, Australia, Taiwan and Singapore have since joined the U.S. and the EU on these sanctions, nearly the entire global financial system is abiding by them. In practice, this means the majority of banks around the world will drop clients if there is even a hint of ties to Russia. Of course, global banks have invested billions of dollars in sanctions compliance programs over the years – but never before have the sanctions been so complex: Their targets are multiple wealthy Russian elites, some major Russian banks and state entities and their

subsidiaries. As a result, banks – even those in countries that have not imposed sanctions but work with banks in countries that have imposed sanctions – are practicing extreme caution. This could slow down all banking processes in general and thus aggravate existing global trade disruptions. In fact, the sanctions have added an operational uncertainty to the already high fears attached to the war in Ukraine, as evidenced in global financial markets.

Energy

Energy, of course, is at the forefront of nearly everyone's minds. Just after Russia invaded, Germany announced that the Nord Stream 2 natural gas pipeline had been terminated. But the SWIFT restrictions exempted payments for energy supplies. Natural gas kept flowing at normal volumes through Nord Stream 1 and other pipelines. Then on March 3, the Gascade pipeline operator announced that natural gas flows stopped from Russia to Germany via the Yamal pipeline. Europe has some options for offsetting the loss of Russian energy. Germany, the biggest consumer of Russian energy, could turn to Norway, the Netherlands and the U.K. Southern Europe can receive gas from Azerbaijan via the Trans Adriatic Pipeline to Italy and the Trans-Anatolian Natural Gas Pipeline through Turkey. American and Qatari liquified natural gas can be supplied through the Baltic and the Mediterranean terminals. Even so, fully replacing 150 billion-190 billion cubic meters a year of Russian gas to the EU is not achievable in the short term. (It should be said that a third of Russian gas could be replaced by other sources if the EU was serious about it.) Though these measures are clearly meant to hurt Russia, they could backfire if Moscow retaliates by cutting supplies altogether. But this is unlikely to happen. Russia simply can't afford to give up its biggest source of money right now. And for all the talk of Russia turning to Asia, supplying that market is easier said than done. Moscow would have to build new infrastructure and alter the current extraction facilities to meet Asian/Chinese energy standards. All of which would translate into years of work and investment in a geography that isn't particularly well suited to such projects. Russia will, however, continue to supply China with its coal, the price of which, like oil, has reached record highs. While the sanctions have also excluded coal exports, buyers from Europe, Japan, South Korea and China are nonetheless worried about Russia's ability to deliver and their exposure and difficulty in working around the sanctions. This is why China, which gets 15 percent of all its coal from Russia, is reportedly scaling back orders. Russia and China will no doubt find a way to make it work eventually, but that doesn't help the short-term pressure on energy markets.
Shipping Relatedly, energy shipping has also taken a hit. Russia's major state-controlled shipping company the SCF Group, along with other "owned and controlled" shipping companies, was put under Western sanctions as well. Three SCF tankers had to return home after the U.K. and Canada refused to give them entry to their ports. The SCF has a live fleet of 133 vessels, including 108 tankers and 14 gas carriers, that are self-owned, the majority serving the energy business. It also has more than 30 ships still under construction, the majority of which are LNG carriers serving Arctic projects. (Diesel is also shipped by sea.)

The shipping industry is scrambling to re-calibrate. While ships are diverted and tankers are delayed, there are also fewer loadings. And some are unclear how much shipping is under sanctions. The SCF tankers that were rejected by the U.K. and Canada, for example, had been ordered prior to the imposition of sanctions. Issues like these have forced ports and shipping operators to do their own due diligence on the matter. Many ship owners and shipping operators are revisiting their contracts with Russian companies and are investigating the ownership structure of their partners to make sure they are complying with sanctions. Things are a little better for container shipping, where Russia accounts for only less than 3 percent of the industry globally. Self-sanctioning is particularly affecting this sector. Leading container shipping and logistics firm Maersk has suspended almost all cargo shipping to and from Russia and Belarus with the exception of food, medicines and humanitarian supplies. The company also warned of delays due to extensive screening in ports and customs. Self-sanctioning and operational delays will continue until there is more clarity on the specifics of sanctions. The waters south of Ukraine are no longer operational, and the Bosporus is particularly crowded, making the Black Sea a risky place to be. This will cause insurance companies to add war risk premiums for all shipments in the area, increasing the transportation price for goods coming into and out of the region.

Agriculture

Agricultural trade is already affected by the problems in the shipping industry. Ukraine and Russia are both major exporters of grains. According to industry reports, the war has already cut into corn exports, with less than 20 million-25 million tons having been shipped to markets this year already. If the conflict continues, it may also affect barley exports, which begin in June-July. Notably, estimates from various industry reports on grain trade fail to take into account the medium- to long-term effects of war in Ukraine. They refer only to the foodstuffs in storage and the foodstuffs ready to be shipped. No one can give an estimate on Ukraine's production levels this year. As things stand now, it all depends on the number of days that the conflict continues. Even more problematic is that even before the war, 2022 hasn't been a good year for agriculture production in general. Droughts in both hemispheres have negatively affected grain crops already. High energy prices will probably lead to higher fertilizer prices. All this will drive an increase in food prices at a time when global inflation is already high.

Metals

Finally, the global industry is also influenced by the price and availability of other commodities produced and sold by Russia on the world market: aluminum, cobalt, copper, nickel, palladium, platinum and steel, to name just a few. Sanctions imposed so far haven't directly targeted these metals, but that could change if Moscow retaliates against the sanctions or escalates the war. The uncertainty surrounding it, though, has caused commodity buyers to pull back from trading with Russian producers, according to reports citing trade flow monitoring services. More important, the SWIFT sanctions make it hard for financial institutions to support their clients who do business with Russia. In Europe, Societe Generale and Credit Suisse Group reportedly stopped financing

commodities trading from Russia, while China's largest state-owned lenders are restricting financing for purchases of Russian commodities. Though these reports are unconfirmed, the market has responded as though they are true. Increased commodities prices have made basically everything more expensive. This is particularly true with regard to aluminum and copper. Aluminum is used for all industrial energy infrastructure and all machinery, from kitchen appliances to automobiles, and its price is very sensitive to energy prices because its production is energy intensive. Copper is used in electrical cables and engines. So even if you have lots of aluminum but you don't have the very small piece of copper ensuring electrical transmission, you can't use the machinery you need to produce certain products. More broadly, the war in Ukraine and the sanctions it triggered could have two lasting macroeconomic effects. The first is that it may accelerate Europe's efforts to find alternative sources of energy. The second is that it may hasten, or even aggravate, a global recession and the restructuring of the global economy. This is all subject to change, of course, since war creates economic uncertainty. But it's safe to say things may get worse before they get better.

Thank you Randy

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:

Frailis 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".

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   2.Civilian pensioners whose total disability assessments under thePension Actand theVeterans Well-being Actare less than 48% (see policy entitledEligibility for Health Care Programs – Civilian Pensioners);
   3.Special duty service pensioners (see policy entitledEligibility for Health Care Programs – Special Duty Service Pensioner);
   4.Military service pensioners (see policy entitledEligibility 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).

3. 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.
4. 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

1. 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 enititled condition; or
    2. the Veteran needs the required services because he/she is “ frail ”.
2. Where possible, every effort should be made to establish that the need for the service is linked to the disability benefits enittled 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 diasability benefits entitled condition, the Veteran will not be required to pay the Accommodation and Meals Contribution.

Treatment Benefits Eligibility

1. 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).
2. 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

1. 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.
2. 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 theTable 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.
3. 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 theNew 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.Congnitive 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

1.If the decision maker is able to create a body of evidence that enables them to make a frail 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.

2.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 theChronic Pain Centre of Excellence websiteshortly 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.

IN THE MEDIA

Persevering when the mercury drops: Canadian Army units conduct cold-environment survival, warfare training near Makinsons in Newfoundland and Labrador

Experts: As fears of war with Russia mount, Canadian military's limits to be tested

Canadian troops set for Latvia unlikely to be deployed from CFB Petawawa

Guerre en Ukraine: Bagotville pourrait surveiller davantage le Grand Nord

From the pitch to the front lines: Winnipeg goalkeeper enlists with Ukrainian armed forces

UN agency says it's too early to start resettling Ukrainian refugees

Opération Nanook-Nunalivut : échange international de compétences dans l'Arctique

Satellite images unveil Russian spearhead of Ukraine invasion

Inuit company wins Arctic radar contract

Une centaine de militaires en exercice dans la région de Havre-Saint-Pierre

Atata Island clean-up progresses

STAY IN TOUCH WITH THESE CF NEWSPAPERS

Base/Wing — Newspaper

14 Wing Greenwood — The Aurora

22 Wing North Bay — The Shield

4 Wing Cold Lake — The Courier

CFB Esquimalt — The Lookout

CFSU Ottawa — The Guard

CFB Shilo — The Shilo Stag

17 Wing Winnipeg — The Voxair

CFB Halifax — The Trident

CFB Edmonton — The Western Sentinel

CFB Valcartier — The Adsum

CFB Kingston — Garrison News

CFB St Jean — The Servir

19 Wing Comox — The Totem Times

3 Wing Bagotville — The Vortex

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CFB Petawawa — The Petawawa Post

tledEligibility for Health Care Programs – Veteran Pensioner)

2.Civilian pensioners whose total disability assessments under the Pension Act and the Veterans Well-being Actare 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 entitledEligibility 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 entitledEligibility for Health Care Programs – Entitled to a Disability Award or Pain and Suffering Compensation for Special Duty Service).

3.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.

4.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 entitledEligibility for Health Care Programs – Royal Canadian Mounted Policefor information regarding benefit eligibility for RCMP pensioners.

Veterans Independence Program Entitlement

1. 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 enititled condition; or
    2. the Veteran needs the required services because he/she is " frail ".
2. Where possible, every effort should be made to establish that the need for the service is linked to the disability benefits enittled 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 diasability benefits entitled condition, the Veteran will not be required to pay the Accommodation and Meals Contribution.

Treatment Benefits Eligibility

1. 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).
2. 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

1. 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.
2. 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.

3.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.Congnitive 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

1.If the decision maker is able to create a body of evidence that enables them to make a frail 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.
2.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 theChronic Pain Centre of Excellence websiteshortly 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.

IN THE MEDIA

Persevering when the mercury drops: Canadian Army units conduct cold-environment survival, warfare training near Makinsons in Newfoundland and Labrador

Experts: As fears of war with Russia mount, Canadian military's limits to be tested

Canadian troops set for Latvia unlikely to be deployed from CFB Petawawa

Guerre en Ukraine: Bagotville pourrait surveiller davantage le Grand Nord

From the pitch to the front lines: Winnipeg goalkeeper enlists with Ukrainian armed forces

UN agency says it's too early to start resettling Ukrainian refugees

Opération Nanook-Nunalivut : échange international de compétences dans l'Arctique

Satellite images unveil Russian spearhead of Ukraine invasion

Inuit company wins Arctic radar contract

Une centaine de militaires en exercice dans la région de Havre-Saint-Pierre

Atata Island clean-up progresses

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CFSU Ottawa — The Guard	CFB Kingston — Garrison News
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19 Wing Comox — The Totem Times	3 Wing Bagotville — The Vortex
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