

## Media Report 14 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. 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

[Technical briefing on the Mental Health Benefits \(Notice of Pre-publication\) / Réunion d'information technique sur les prestations de santé mentale \(Avis de pré-publication\)](#)

On 1 January 2022, the Canada Gazette published a [Notice of Pre-publication](#) to amend the Veterans Health Care Regulations. These regulatory amendments relate to the “Improving Mental Health Care for Veterans” initiative, and support the statutory changes currently being made to the [Department of Veterans Affairs Act](#).

A virtual technical briefing is scheduled for Thursday, January 13, 2021 from 1 – 2 pm EST. The coordinates are as follows:

Zoom Link

<https://us02web.zoom.us/j/82542810034?pwd=aGZ1ZGdlRFZBay9tZzZheTdoTjI2UT09>

Please respond to this email with your availability to attend by end of day Monday, January 10, 2022.

Simultaneous translation in French and English will be available for this session.

If you anticipate any accessibility barriers, please let us know by email in [gengagement@veterans.gc.ca](mailto:gengagement@veterans.gc.ca) and we will work with you to enable your participation.

Thank you for your ongoing engagement and participation.

Sincerely,

Stakeholder Engagement and Outreach Team  
Veterans Affairs Canada  
[vac.engagement.acc@veterans.gc.ca](mailto:vac.engagement.acc@veterans.gc.ca)

À tous les intervenants,

Le 1er janvier 2022, la Gazette du Canada a publié [un avis de prépublication](#) en

vue de modifier le Règlement sur les soins de santé pour anciens combattants. Ces modifications réglementaires sont liées à l'initiative « Améliorer les soins de santé mentale pour les vétérans », et elles appuient les modifications législatives actuellement apportées à la [Loi sur le ministère des Anciens Combattants](#).

Une réunion virtuelle d'information technique est prévue pour le jeudi 13 janvier 2021 de 13 h à 14 h HNE. Les coordonnées sont les suivantes :

Lien Zoom

<https://us02web.zoom.us/j/82542810034?pwd=aGZlZGdlRFZBay9tZzZheTdoTjI2UT09>

Veuillez répondre à ce courriel en indiquant votre disponibilité avant la fin de la journée du lundi 10 janvier 2022.

Une traduction simultanée en français et en anglais sera disponible pour cette session.

Si vous prévoyez des obstacles en matière d'accessibilité, veuillez nous en faire part à l'[adresseengagement@veterans.gc.ca](mailto:adresseengagement@veterans.gc.ca) et nous travaillerons ensemble pour rendre votre participation possible.

Merci pour votre engagement et votre participation continue.

L'équipe de la mobilisation et de la sensibilisation des intervenants

Anciens Combattants Canada

[vac.engagement.acc@veterans.gc.ca](mailto:vac.engagement.acc@veterans.gc.ca)

[Controversial equipment projects await new deputy minister at DND](#)

- <https://ottawacitizen.com/news/national/defence-watch/controversial-equipment-projects-await-new-deputy-minister-at-dnd>

### **Determining Impairment Assessments of Musculoskeletal Lower Limb Conditions**

#### Selection of Tables

The tables that may be used to rate impairment from musculoskeletal lower limb conditions are:

<b>Table</b>	<b>Loss of Function</b>	<b>Other Impairment</b>
<a href="#">Table 17.9</a>	Loss of Function - Lower Limbs	This table is used to rate impairment from musculoskeletal conditions which impact on the function of the lower limbs as a whole.
<a href="#">Table 17.10</a>	Loss of Function - Lower Limb - Hip	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion of the hip.
<a href="#">Table</a>	Loss of Function - Lower	This table is used to rate impairment from

<a href="#">17.11</a>	Limb - Knee	musculoskeletal conditions affecting the active range of motion of the knee.
<a href="#">Table 17.12</a>	Loss of Function - Lower Limb - Ankle	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion of the ankle.
<a href="#">Table 17.13</a>	Loss of Function - Lower Limb - Feet and Toes	This table is used to rate impairment from musculoskeletal conditions of the feet and toes.
<a href="#">Table 17.14</a>	Other Impairment - Fractures of Lower Limbs	This table is used to rate impairment from fractures of the lower limbs.
<a href="#">Table 17.15</a>	Other Impairment - Lower Limb - Amputations	This table is used to rate impairment from lower limb amputations.
<a href="#">Table 17.16</a>	Other Impairment - Osteomyelitis - Lower Limbs	This table is used to rate impairment from osteomyelitis of the lower limbs.
<a href="#">Chart 3</a>	Optimal Position of Joint Ankylosis - Lower Limbs	This chart provides values for the optimal position of an ankylosed joint of the lower limb.
<a href="#">Chart 4</a>	Average Range of Joint Motion - Lower Limb	This chart provides values for the average range of motion of specific joints of the lower limb.

### Loss of Function - Lower Limb

[Table 17.9](#) provides criteria for evaluating the ability to use the lower limbs as a functional unit for performing every day activities such as walking and standing. Only one rating may be selected for the lower limbs as a unit. If more than one rating is applicable, the ratings are compared and the highest selected.

This table is used to rate specific conditions which include the following:

- brain injury or disease which affects the function of one or both lower limb(s)
- spinal cord injury or disease which affects the function of one or both lower limb(s)
- complex regional pain syndromes Type 1 and Type 2 of the lower limb(s)
- compartment syndrome of the lower limb(s)
- peripheral neurological conditions affecting the lower limb(s) which are not rated from [Table 20.5](#) contained within [Chapter 20](#), Neurological Impairment.

In cases of spinal cord injury or disease, refer to the instructions provided in the introduction of this chapter.

If more than one condition of the lower limb(s) is to be rated from [Table 17.9](#), the conditions are bracketed for assessment purposes.

When entitled lower limb 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 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 Limb - Hip

[Table 17.10](#) is used to rate impairment from musculoskeletal conditions of the hip. Only one rating may be selected for each hip. If more than one rating is applicable, the ratings are compared and the highest selected.

If more than one hip condition of the same limb is to be rated from [Table 17.10](#), the conditions are bracketed for assessment purposes.

When entitled lower limb hip 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 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 Limb - Knee

[Table 17.11](#) is used to rate impairment from musculoskeletal conditions of the knee. Only one rating may be selected for each knee. If more than one rating is applicable, the ratings are compared and the highest selected.

If more than one knee condition of the same limb is to be rated from [Table 17.11](#), the conditions are bracketed for assessment purposes.

When entitled lower limb knee 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 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 Limb - Ankle

[Table 17.12](#) is used to rate impairment from musculoskeletal conditions of the ankle. Only one rating may be selected for each ankle. If more than one rating is applicable, the ratings are compared and the highest selected.

If more than one ankle condition of the same limb is to be rated from [Table 17.12](#), the conditions are bracketed for assessment purposes.

When entitled lower limb ankle 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 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 Limb - Feet and Toes

[Table 17.13](#) is used to rate impairment from musculoskeletal conditions of the feet and toes. Only one rating may be selected for each foot from [Table 17.13](#). If more than one rating is applicable, the ratings are compared and the highest selected.

If more than one foot and/or toe condition of the same limb is to be rated from [Table 17.13](#), the conditions are bracketed for assessment purposes.

When entitled lower limb feet and toe 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 PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## Other Impairment - Fractures of Lower Limbs

[Table 17.14](#) is used to rate impairment from fractures of the lower limbs. 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.

If a fracture is intra-articular, the applicable joint table is also used to rate the impairment.

When entitled fractures of the lower limbs 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 PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## Other Impairment - Lower Limb - Amputations

[Table 17.15](#) is used to rate impairment from lower limb amputations. All lower limb amputations regardless of the cause (e.g. vascular, trauma, or infection), are rated from this table. Only one rating may be selected for each lower limb from [Table 17.15](#). If more than one rating is applicable, the ratings are compared and the highest selected.

When previously entitled conditions are later removed by a newly entitled amputation, the new rating is based on [Table 17.15](#) - Other Impairment - Lower Limb - Amputations. However, in rare cases, if there is more than one entitled condition of a lower limb, the sum of the ratings could be higher than the amputation rating. In these cases, the ratings for the previously entitled conditions that applied immediately prior to the amputation are to be maintained.

When entitled lower limb amputations 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).

When a non-entitled amputation removes a previously entitled condition(s), the rating for the entitled condition(s) that applied immediately prior to the amputation is to be maintained.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then

the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

#### Other Impairment - Osteomyelitis - Lower Limbs

Table 17.16 is used to rate impairment from osteomyelitis of the lower limbs. One rating may be selected for each area of osteomyelitis. If more than one rating is applicable for an area, the ratings are compared and the highest selected.

When entitled osteomyelitis of the lower limbs 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 PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

#### **NATO NEWS AND THOUGHTS [From SHELLDRAKE] 14 JANUARY 2022**

Mental Health Benefits (Notice of Pre-publication). A technical briefing was held via ZOOM on 13 January. My Observations follow:

Starting on 1 April 2022, Veterans living in Canada who apply for a disability benefit for a mental health condition – as well as those who have already applied – will automatically qualify for Mental Health Benefits coverage. Veterans will have up to two years of treatment for conditions such as anxiety and depressive disorders, or trauma-and-stressor-related disorders. This immediate access to mental health support is part of initiatives for the Veteran community announced in Budget 2021.

With Mental Health Benefits, VAC will fund Veterans' mental health services while their disability benefits application is processed. Early intervention and faster access to mental health services will lead to improved health outcomes for Veterans. Mental Health Benefits will provide coverage for prescription drugs, as well as examinations by psychologists, addictions counsellors, social workers, or other approved mental health professionals.

**Russia's Putin to NATO: Commit Suicide or Face All-Out War  
by Soeren Kern**

**January 6, 2022 Gatestone Institute International Policy Council**

Russia's draft "Treaty between the United States of America and the Russian Federation on Security Guarantees" listed more than a dozen demands, including:

- NATO membership must be denied to all states of the former Union of Soviet Socialist Republics (USSR), including the Baltic states of Estonia, Latvia and Lithuania, which have been members of the alliance since 2004.
- NATO is prohibited from expanding further eastward, including to countries such as Sweden and Finland.
- The United States is prohibited from flying bombers or deploying warships, including within the framework of NATO, in areas outside of its national airspace and national territorial waters, respectively.
- The United States is prohibited from deploying its armed forces or armaments, including within the framework of NATO, in any area where such deployment could be perceived by Russia as a threat to its national security.
- The United States must remove all its nuclear weapons from Europe.
- The United States is prohibited from deploying ground-launched intermediate-range and shorter-range missiles outside of its territory.

Russia's draft "Agreement on Measures to Ensure the Security of the Russian Federation and Member States of the North Atlantic Treaty Organization" put

forward additional demands: NATO member states are prohibited from deploying military forces to any country that became a member of the alliance after May 27, 1997, when NATO and Russia signed the Founding Act on Mutual Relations. This includes 14 countries that have become NATO members during the past 25

years: Albania, Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, Montenegro, North Macedonia, Poland, Romania, Slovakia and Slovenia.

- NATO is prohibited from deploying land-based intermediate- and shortrange missiles to anywhere where such missiles can reach Russia.
- NATO is prohibited from any further enlargement, including the accession of Ukraine as well as any other state.
- NATO is prohibited from military cooperation with Ukraine as well as other states in Eastern Europe, the South Caucasus and in Central Asia.



On December 26, Russia warned Finland and Sweden against joining NATO. "It is quite obvious that the accession of Finland and Sweden to NATO would have serious military and political consequences that would require an adequate response from Russia," said Russian foreign ministry spokeswoman Maria Zakharova.

- Rebekah Koffler, a Russian-born U.S. intelligence expert, argued that the evidence is overwhelming that Russia is about to invade Ukraine, and that Putin was taking advantage of the weakness of the United States under President Joe Biden: "The Russian leader... believes he has a window of opportunity to act.

He is worried that the risk of Kiev joining NATO will increase if a stronger U.S. leader... comes to power. He also knows that the Pentagon is only beginning its transition from counter-terrorism operations onto a new footing focused on major states such as China and Russia. "Russian troops are primed to fight in the cold, as they always have been, and Putin likely believes the West won't wade into the snow to help Ukraine. Emboldened by his ability to blindside the West, such as by previously invading Georgia and taking Crimea, and by extorting concessions from Joe Biden, Putin is positioning to outmaneuver Washington.

Françoise Thom, the French historian, urged the West to wake up: "Reading the Western press, one is under the impression that nothing is happening. Westerners do not seem to understand what is at stake. They think that only the fate of Ukraine is being decided, which is of less concern to them than that of Armenia.... They resemble those who in 1939 believed that Hitler's demands would be limited to Danzig. However, one only has to look at the texts proposed by Moscow to understand that the stakes are quite different....

"In a word, Russia is demanding that NATO commit suicide, and that the United States be reduced to the role of a regional power.... As a result, Russia will have the upper hand in Europe. The countries of Western Europe are already taken for granted, with Moscow counting on the pool of collaborators that it has cultivated for years within the European ruling elites: it has just sent them a strong signal by appointing François Fillon [former prime minister of France] as director of the petrochemical giant Sibur. Deprived of American support, the 'Russophobic' countries that crystallize the resistance to Moscow's hegemony will only have to bow to the inevitable.

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