

Media Report 21 April 2023

This weeks media reports will cover and answer great questions veterans are still asking 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 health

Labour Disruption / Perturbation du travail

Dear stakeholders,

As you may be aware, the Public Service Alliance of Canada (PSAC) bargaining groups representing 159,000 public servants, including many Veterans Affairs Canada employees, are officially on strike today.

The Government is making every effort to ensure that any strike action is as short as possible. While the government will maintain all essential services for Canadians, there could be impacts on access and timeliness. It is difficult to assess what the impacts of a labour disruption might be.

Similar to other Government of Canada service Departments, Veterans Affairs Canada has plans in place to provide Veterans, their families and our key stakeholders with timely information on impacts to services, as well as an understanding of what essential services remain available during a strike.

For the latest information on impacts to services, a [web page](#) will be maintained with links to departmental information on possible service disruptions. We will be updating this content on a regular basis.

In addition, we will send out regular emails updating you on the status of the labour disruption and how Veterans' services and benefits may be impacted. We encourage you to share this information with those in your community.

Sincerely,

Engagement and Events Team

Veterans Affairs Canada

engagement@veterans.gc.ca

Bonjour tout le monde,

Comme vous le savez peut-être, les groupes de négociation de l'Alliance de la Fonction publique du Canada (AFPC) représentant 159 000 fonctionnaires, dont de nombreux employés d'Anciens Combattants Canada, sont officiellement en grève à partir d'aujourd'hui.

Le gouvernement met tout en œuvre pour que toute action de grève soit la plus courte possible. Bien que le gouvernement maintienne tous les services essentiels pour la population canadienne, il pourrait y avoir des répercussions sur l'accès et la rapidité. Il est difficile d'évaluer quelles pourraient être les incidences d'une interruption de travail.

Semblable à d'autres ministères chargés de la prestation de services du gouvernement du Canada, Anciens Combattants ont des plans en place pour fournir aux vétérans, à leur famille et à nos principaux intervenants des

renseignements opportuns sur les répercussions sur les services, ainsi qu'une compréhension des services essentiels qui restent disponibles pendant une grève. Pour obtenir l'information la plus à jour sur les répercussions sur les services, une [page Web](#) fournissant des liens vers des informations ministérielles sur de possibles interruptions de service sera tenue à jour régulièrement.

De plus, nous vous enverrons régulièrement des courriels vous informant de l'état de la perturbation de travail et de la façon dont les services et les avantages des vétérans pourraient être touchés. Nous vous encourageons à transmettre ces informations aux membres de votre communauté.

Sincèrement,

Équipe de mobilisation et des événements

Anciens Combattants Canada

engagement@veterans.gc.ca

An internal report by Veterans Affairs Canada is raising red flags over the country's military graves and cemeteries, warning that more permanent funding is needed to keep them from falling into disrepair.

<https://www.ctvnews.ca/canada/internal-audit-raises-red-flags-over-maintenance-of-graves-cemeteries-for-veterans-1.6358291>

“More than 60 of this country's former top security officials, military commanders and politicians — along with a former top Supreme Court justice — have signed an open letter imploring the Liberal government to take national security and defence more seriously.”

<https://cdainstitute.ca/a-call-for-action-canadas-national-security-and-defence-in-peril/>

Letter says 'business as usual' won't be enough to cope with a more dangerous world

More than 60 of this country's former top security officials, military commanders and politicians — along with a former top Supreme Court justice — have signed an open letter imploring the Liberal government to take national security and defence more seriously.

The letter was released Monday by the Conference of Defence Associations Institute (CDAI). It includes the signatures of five former Liberal and Conservative defence ministers, nine former chiefs of the defence staff, four former ambassadors, two former top national security and intelligence advisers, a former director of the Canadian Security and Intelligence Service (CSIS), business leaders and former chief justice of the Supreme Court Beverley McLachlin.

“There is no more important responsibility for the federal government than protecting Canadians against all threats — foreign and domestic,” says the letter, a copy of which was obtained by CBC News.

“Now is the time to fully discharge the commitments we have made to our allies and partners in sharing the burden of the collective security, commitments which are essential to safeguard our peace, prosperity and way of life.”

While the criticism is mostly aimed at the current Liberal government, the letter acknowledges that successive governments since the end of the Cold War have reduced Canada’s emphasis on defence and foreign policy.

“Among the most important responsibilities of the federal government is the need to protect the safety and security of its citizens, defend Canadian sovereignty and maintain our territorial integrity,” says the letter. “However, in recent decades, issues of national security and defence are rarely treated as a priority other than in times of great peril.”

Jens Stoltenberg, secretary general of NATO, recently signaled the military alliance’s upcoming leaders summit in Vilnius, Lithuania would reset allied expectations about defence spending in light of the Russian invasion of Ukraine and rising tensions with China.

Stoltenberg said members are quickly coming to regard the NATO benchmark for members’ defence spending — two per cent of the gross domestic product — as the “floor, not the ceiling.”

The open letter says “Canada cannot afford to conduct ‘business as usual’” and strongly encourages Prime Minister Justin Trudeau and his cabinet to “lead and act with a sense of urgency” and accelerate the timelines for the purchase of new equipment.

Last month, NATO published an annual report that shows Canada’s defence spending amounted to just 1.29 per cent of GDP in fiscal 2022-2023.

Critically, the letter said the federal government needs to invest in improving the ability of the Department of National Defence (DND) “to spend its budget in an expeditious and timely manner.”

For years, DND has been unable to spend its full appropriation, with tens of billions of dollars going unspent since the end of the Afghan war. Under the former Conservative government, that money used to lapse back to the federal treasury. The Liberals changed the rules to allow the department to keep more of the cash until it’s ready to spend it.

Letter pins blame on multiple governments

The Canadian Press recently uncovered an internal DND report that said roughly 30 per cent of the department’s military procurement positions — 4,200 jobs — were vacant at the end of May last year.

Separately, almost a decade ago, an independent study by the Conference of Defence Associations Institute (CDAI) and the MacDonald-Laurier Institute said

that cuts introduced by the Liberal government under Jean Chretien in the 1990s gutted the military's equipment-buying branch, while the Conservatives did nothing to fix the problem after winning power.

Retired lieutenant-general Guy Thibault, the chair of the CDAI, said the decision was made to draft the letter after the government decided recently to open up the defence policy review to public consultation, further pushing back its delivery for what might be a year.

Foreign Affairs Minister Mélanie Joly said recently that decisions on whether Canada would aspire to meet the NATO spending target would be made in the aftermath of the policy review, which is supposed to look at Canada's defence posture both overseas and at home.

Thibault said the policy update is being delayed during a time of great peril for global peace and security due to the threats posed by China and Russia.

He said authoritarian regimes are continuing their military expansion and are willing to use force to achieve their aims.

"The recent federal budget was largely a summary of previous announcements without any acknowledgement that the government must accelerate program spending," he said.

Thibault pointed to the non-partisan nature of the letter and its criticism.

Last fall, the recipient of CDAI's annual Vimy Award, retired lieutenant-general Michel Maisonneuve, delivered a blistering acceptance speech that many interpreted as a thinly veiled attack on the Liberal government. In it, he railed against divisive leaders, cancel culture and the sorry state of the Canadian military.

The CDAI, which bills itself as non-partisan, distanced itself from Maisonneuve's remarks, saying they did not reflect the institute's views.

Thibault said he hopes the Liberal government will consider seriously the letter's expression of deep concern for the future security of the country.

The people who signed the letter include:

- The Right Honourable Beverley McLachlin, former chief justice SCC
- The Honourable Peter MacKay, former minister of national defence
- The Honourable David Pratt, former minister of national defence
- General (Ret'd) Raymond Henault, former chair NATO MC, chief of the defence staff
- Ambassador Yves Brodeur, former ambassador to NATO
- Ambassador Deborah Lyons, former UN special rep UNAMA Afghanistan
- Blake Goldring, former honorary colonel Canadian Army, executive chairman AGF Management
- Dick Fadden, former national security adviser and deputy minister of national defence
- Chiko Nanji, CEO Metro Supply Chain Group

- The Honourable John Manley, former deputy prime minister and minister of foreign affairs
- The Honourable Anne McLellan, former deputy prime minister
- The Honourable Perrin Beatty, former minister of national defence
- The Honourable John McCallum, former minister of national defence
- The Honourable Jason Kenney, former minister of national defence
- The Honourable David Collenette, former minister of national defence
- The Honourable Andrew Leslie, former chief whip, commander Canadian Army
- The Honourable Senator Peter Harder, former deputy minister of foreign affairs
- The Honourable Colin Kenny, senator (Ret'd), founding chair of the standing Senate committee on national security and defence
- The Honourable Dan Lang, senator (Ret'd)
- The Honourable Joseph Day, senator (Ret'd)
- Mel Cappe, former clerk of the Privy Council and U.K. high commissioner
- General (Ret'd) Paul Manson
- General (Ret'd) John de Chastelain
- Admiral (Ret'd) John Anderson, former NATO ambassador
- General (Ret'd) Jean Boyle
- General (Ret'd) Maurice Baril
- General (Ret'd) Rick Hillier
- General (Ret'd) Walter Natynczyk
- General (Ret'd) Tom Lawson
- Ambassador (Ret'd) Robert Fowler, former foreign policy adviser, deputy minister of national defence
- Ward Elcock, former director of CSIS, deputy minister of national defence
- Margaret Purdy, former deputy secretary to the cabinet (security and intelligence) and associate deputy minister national defence
- Daniel Jean, former national security and intelligence adviser, deputy minister Global Affairs Canada
- John Forster, former chief of CSE, deputy minister of national defence
- Margaret Bloodworth, former deputy minister of national defence
- Roland Paris, former senior adviser (global affairs and defence) to the prime minister
- Vincent Rigby, former national security and intelligence adviser
- Jim Mitchell, Former Senior Public Servant
 - Ambassador (Ret'd) Chris Shapardanov, Former Ambassador to Finland
 - Ambassador (Ret) Lucie Edwards, Former High Commissioner of Canada for India and South Africa
 - Ambassador (Ret) Sabine Nölke, Former Ambassador the Netherlands and Permanent Representative to the Organization for the Prohibition of Chemical Weapons

- LGen (Ret'd) Christine Whitecross, Former Chief of Military Personnel
- The Honourable Darrell Dexter, Former Premier of Nova Scotia
- Jim Mitchell, Former Senior Public Servant

The CDA Institute board of directors and CDA executive:

- LGen (Ret'd) Guy Thibault, former vice chief of the defence staff
- Ambassador (Ret'd) Gord Venner, former senior associate deputy minister of national defence
- Ambassador (Ret'd) Kerry Buck, former NATO ambassador
- Mike Hamilton, senior vice president RBC Insurance
- Naresh Raghubeer, managing partner Sandstone Group
- Renée Filiatrault, former foreign service officer
- Dr. Stéfanie von Hlatky, Queen's University Centre for International and Defence Policy
- Honorary Colonel Jeff Westeinde, president Zibi Canada
- LGen (Ret'd) Marquis Hainse, former commander Canadian Army
- VAdm (Ret'd) Drew Robertson, former commander Royal Canadian Navy
- VAdm (Ret'd) Darren Hawco, former NATO military representative
- VAdm (Ret'd) Mark Norman, former commander Royal Canadian Navy
- VAdm (Ret'd) Bob Davidson, former NATO military representative
- VAdm (Ret'd) Denis Rouleau, former chair CDA, vice chief of the defence staff
- MGen (Ret'd) Steve Noonan, former commander of Canadian Operational Support Command
- MGen (Ret'd) Michel Lalumiere, former chief Fighter Capability
- Youri Cormier, adj. professor Royal Military College of Canada and CDA executive director

Impairment in Activities of Daily Living

Introduction

The Activities of Daily Living (ADLs) are a defined set of activities necessary for normal self-care: the activities of personal hygiene, dressing, eating, transfers/bed mobility, locomotion and bowel and bladder control.

For VAC disability assessment purposes, ADL include those activities necessary for self-care. These activities include:

- personal hygiene - includes bathing and grooming tasks. Bathing means washing of face, trunk, extremities and perineum. Grooming means brushing of hair and teeth, shaving and make-up application.

- dressing - means donning and doffing indoor and outdoor clothing.
- eating - means eating and drinking of prepared foods. Includes cutting, buttering bread, etc.
- transfers/bed mobility - means moving between sitting and standing, moving from one seat to another, or sitting in, rising from and moving around in bed.
- locomotion - means walking on level ground, on gentle slopes and on stairs.
- bowel and bladder control - means degree of continence.

This chapter is used when criteria does not exist in the system specific tables, or are inadequate, or for which the application of some tables may be inappropriate.

This chapter is used to rate permanent impairment from conditions that have multi-system effects or global body effects such as: endocrine, metabolic and hemopoietic conditions that do not respond to optimal treatment, inflammatory arthritis (e.g. rheumatoid arthritis, ankylosing spondylitis, Reiter's syndrome and psoriatic arthritis), generalized osteoarthritis, fibromyalgia syndrome, chronic fatigue syndrome, amyotrophic lateral sclerosis (ALS), Parkinson's disease, multiple sclerosis, polyneuropathy affecting the function of the upper and lower limbs, spinal cord injury or disease affecting the function of the upper and lower limbs, brain injury or disease affecting the function of the upper and lower limbs and other "syndromes" of undiagnosed physical symptoms.

Many of the conditions rated in this chapter have chronic pain symptoms. These symptoms are rated within [Table 19.7](#) - Other Impairment - Chronic Pain.

Impairment from psychiatric conditions is rated within [Chapter 21](#), Psychiatric Impairment. No additional rating is to be taken from this chapter.

Impairment from malignant conditions is rated within [Chapter 18](#), Malignant Impairment. No additional rating is to be taken from this chapter.

If more than one entitled condition is rated within this chapter, the conditions are bracketed for assessment purposes.

When entitled conditions that are rated within this chapter result in permanent impairment of specific organ systems or have an associated impairment of specific 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).

Rating Tables

This chapter contains six "Loss of Function" and one "Other Impairment" table which may be used to rate entitled conditions having multi-system or global body effects.

When a rating is applicable from more than one table, the ratings are added.

The tables within this chapter are:

Rating Tables

Table	Loss of Function	Other Impairment
Table 19.1	Loss of Function - Activities of Daily Living - Personal Hygiene	This table is used to rate impairment of an activity of daily living, specifically personal hygiene.
Table 19.2	Loss of Function - Activities of Daily Living - Dressing	This table is used to rate impairment of an activity of daily living, specifically dressing.
Table 19.3	Loss of Function - Activities of Daily Living - Eating	This table is used to rate impairment of an activity of daily living, specifically eating.
Table 19.4	Loss of Function - Activities of Daily Living - Transfers/Bed Mobility	This table is used to rate impairment of an activity of daily living, specifically transfers/bed mobility.
Table 19.5	Loss of Function - Activities of Daily Living - Locomotion	This table is used to rate impairment of an activity of daily living, specifically locomotion.
Table 19.6	Loss of Function - Activities of Daily Living - Bowel and Bladder Control	This table is used to rate impairment of an activity of daily living, specifically bowel and bladder control.
Table 19.7	Other Impairment - Chronic Pain	This table is used to rate chronic pain.

Loss of Function - ADL

[Table 19.1](#) to [Table 19.6](#) are used to rate entitled conditions that have multi-system or global body effects.

A rating may be applicable from each [Table 19.1](#) to [Table 19.6](#). If non-entitled conditions, or conditions rated within another chapter 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. If applicable, the PCT is applied at each table level.

Other Impairment - Chronic Pain

Only one rating may be selected from [Table 19.7](#). If more than one rating is applicable, the ratings are compared and the highest selected.

A rating from this table is not added to a rating from any other chapter for the same entitled disability.

Pain and chronic pain are defined in many ways.

The International Association for the Study of Pain defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage". The US Commission on the

Evaluation of Pain defines it as a "complex experience, embracing physical, mental, social, and behavioural processes, which compromises the quality of life of many individuals".

The American Medical Association defines chronic pain as "an evolving process in which injury may produce one pathogenic mechanism, which in turn produces others, so that the causes of pain change over time".

The perception of pain and its severity is complex and individually based. Pain is highly influenced by emotion, the individual's personality and values, cognitive awareness, experiences, education and ethnic and cultural background. Chronic pain may affect the social and emotional well-being of the individual, and effects are proportional to the duration the pain has been present and to its intensity.

As the perception of pain is highly subjective, and as the study of the evaluation of pain continues to evolve, the objective evaluation of chronic pain is extremely difficult. Therefore, the evaluation of pain behaviour and emotional status and attitude is important in the assessment of chronic pain.

The manner in which emotional distress presents is very individual. It may present as withdrawal, anger or unreasonableness, depressive features or bodily complaints.

For VAC purposes, chronic pain is pain that persists beyond the period of time normally required for complete physical healing or pain due to chronic physical disorders such as rheumatoid arthritis. Further, this pain must be in existence for at least 6 months before it is considered to be chronic. This pain is generally expected to persist despite medical attention, although it may wax and wane over the 6-month period and thereafter. Key elements considered in the assessment of emotional distress in relation to pain include overall mood, anxiety, depressive features, and irritability. Symptoms of headache, musculoskeletal pain, fatigue, gastrointestinal distress, memory difficulties and insomnia are common, and will be included in the rating of the condition within this table.

If non-entitled conditions or conditions rated within another chapter 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.

Table 19.1 - Loss of Function - Personal Hygiene

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.1, all criteria designated at that rating level must be met.

Table 19.1 - Loss of Function - Personal Hygiene

Rating	Criteria	Examples
Nil	<ul style="list-style-type: none">• Independent. Can perform bathing and grooming tasks independently.	<ul style="list-style-type: none">• Preparing for and completing the following activities: cleaning teeth or dentures; clipping nails;

One	<ul style="list-style-type: none"> Independent. Can perform bathing and grooming tasks without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity. 	<p>combing or brushing hair; shaving or applying make-up; washing, rinsing and drying the face and body either in the tub, shower or via sponge bath.</p> <ul style="list-style-type: none"> Pain with reaching to clip toe nails. Difficulty getting the arm overhead and reaching to brush hair. Takes more than a reasonable amount of time to bathe/groom self.
Four	<ul style="list-style-type: none"> Independent with aids, assistive devices or adaptation of task. Can perform bathing and grooming tasks independently with aids or assistive devices, or with adaptation of the task. 	<ul style="list-style-type: none"> Requires use of a long-handled wash sponge/brush. Needs to use an electric razor for safety.
Nine	<ul style="list-style-type: none"> The Member/Veteran/Client requires the assistance of another person for bathing and/or grooming tasks with respect to set-up or supervision, or the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform 50% or more of the tasks associated with bathing and grooming. 	<ul style="list-style-type: none"> Requires the personal assistance of another person to prepare shower equipment or set Member/Veteran/Client up for a sponge bath. Requires the personal assistance of another person to supervise shower for safety reasons. Member/Veteran/Client needs help with nail care only. Member/Veteran/Client able to bathe self except for his/her feet. Member/Veteran/Client not able to reach overhead to brush/comb hair.
Thirteen	<ul style="list-style-type: none"> The Member/Veteran/Client requires the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform less than 	<ul style="list-style-type: none"> Member/Veteran/Client needs help to bathe self below the knees and perineum/buttock areas and to perform nail care.

50% of bathing and grooming tasks, or the Member/Veteran/Client is dependent on another person for bathing and grooming.

- Member/Veteran/Client able to only minimally assist by helping to position limbs for bathing, etc.

Table 19.2 - Loss of Function - Dressing

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.2, all criteria designated at that rating level must be met.

Table 19.2 - Loss of Function - Dressing

Rating	Criteria	Examples
Nil	<ul style="list-style-type: none"> • Independent. Can dress and undress independently. 	<ul style="list-style-type: none"> • Obtaining clothes from their customary places such as drawers and closets; manages bra, pullover garment or front-opening garment; managing underpants, slacks, skirt, belt, stockings and shoes; manages zippers, buttons or snaps; and applies and removes prosthesis or orthosis when applicable.
One	<ul style="list-style-type: none"> • Independent. Can dress and undress independently, without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity. 	<ul style="list-style-type: none"> • Multiple attempts to reach feet before socks are removed. • Pain with pulling on garments overhead, etc. • Takes more than a reasonable amount of time to dress/undress.
Four	<ul style="list-style-type: none"> • Independent with aids, assistive devices or adaptation of task. Can dress and undress independently with aids or assistive devices, or with adaptation of the task. 	<ul style="list-style-type: none"> • Wears modified clothing, such as clothing with velcro. • Uses one or more assistive devices such as prosthesis or orthosis, a button hook, sock aid, elastic shoe laces, etc. to dress.
Nine	<ul style="list-style-type: none"> • The Member/Veteran/Client requires the assistance of another person for set-up or supervision, or the physical assistance of another person to the extent that the Member/Veteran/Client can 	<ul style="list-style-type: none"> • Requires the personal assistance of another person to prepare/collect clothing for wear. • Member/Veteran/Client needs help with shoes and socks only. • Member/Veteran/Client unable

still perform 50% or more of the tasks associated with dressing.

- The Member/Veteran/Client requires the physical assistance of another person to the extent that the client is able to perform less than 50% of dressing tasks, or the Member/Veteran/Client is dependent on another person for dressing.

- Member/Veteran/Client able to put bra on independently.
- Member/Veteran/Client able to dress the upper limbs, but requires assistance getting clothing over his/her feet to dress the lower limbs.
- Member/Veteran/Client able to help dress one side, but requires assistance with closures, and getting clothing over head and over his/her feet to dress the lower limbs.
- Member/Veteran/Client able to only minimally assist by helping to position limbs for dressing, etc.

Thirteen

Table 19.3 - Loss of Function - Eating

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.3, all criteria designated at that rating level must be met.

Table 19.3 - Loss of Function - Eating

Rating	Criteria	Examples
Nil	<ul style="list-style-type: none"> • Independent. Can perform eating tasks without special equipment, adaptation, or assistance from others. 	<ul style="list-style-type: none"> • Eating from a dish; using a spoon or fork to bring food to the mouth; food is chewed and swallowed, managing all consistencies of food; and drinking from a cup or glass.
Three	<ul style="list-style-type: none"> • Independent. Can perform eating tasks without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity. 	<ul style="list-style-type: none"> • Difficulty cutting meat or buttering bread. • Pain with moving the upper limb through range of motion required to bring fork or glass to the mouth. • Difficulty keeping food on fork or spoon due to unsteadiness. • Takes more than a reasonable amount of time to eat.
Nine	<ul style="list-style-type: none"> • Independent with aids, assistive devices or adaptation of task. Can perform eating tasks independently with aids or 	<ul style="list-style-type: none"> • Requires modified table wear, such as a rocker knife, high-sided bowl, flatware with specialty handles, a drinking straw, etc.

	assistive devices, or with adaptation of the task.	<ul style="list-style-type: none"> • Requires modified food consistency or blenderized food. • Requires the personal assistance of another person to cut meats, butter breads, open cartons. • Requires the personal assistance of another person to apply an orthosis. • Member/Veteran/Client is able to eat most of his/her meal independently. Requires assistance with heavy cups and foods, such as peas, which require a steadier hand. • Member/Veteran/Client requires supervision and help as the Member/Veteran/Client tends to choke, has swallowing problems, or is quite confused and forgets to eat. • Member/Veteran/Client is unable to use utensils. Member/Veteran/Client is able to raise foods such as breads, biscuits, sandwiches, etc. to his/her mouth independently, but requires the physical assistance of another person for all foods for which utensils are to be used.
Thirteen	<ul style="list-style-type: none"> • The Member/Veteran/Client requires the assistance of another person for eating tasks for set-up or supervision or the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform 50% or more of eating tasks. 	
Eighteen	<ul style="list-style-type: none"> • The Member/Veteran/Client requires the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform less than 50% of eating tasks. 	
Twenty-one	<ul style="list-style-type: none"> • Completely dependent. The Member/Veteran/Client is completely dependent on another person to perform all eating tasks. 	<ul style="list-style-type: none"> • Member/Veteran/Client is fed. • Member/Veteran/Client takes no food by mouth.

Table 19.4 - Loss of Function - Transfers/Bed Mobility

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.4, all criteria designated at that rating level must be met.

Table 19.4 - Loss of Function - Transfers/Bed Mobility

Rating	Criteria	Examples
Nil	<ul style="list-style-type: none"> Independent. Can transfer between surfaces and move around in bed without special equipment, adaptation, or assistance from others. 	<ul style="list-style-type: none"> Able to sit up and move around in bed unaided, and able to move from sitting to standing and standing to sitting unaided.
One	<ul style="list-style-type: none"> Independent. Can transfer between surfaces and move around in bed without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity. 	<ul style="list-style-type: none"> A wide stance, shakiness, etc., when moving from sitting to standing, or from standing to sitting. Multiple attempts before successfully carrying out a transfer or movement in bed. Pain with transfers and bed mobility. May take more than reasonable time to carry out activity.
Four	<ul style="list-style-type: none"> Independent with aids, assistive devices or adaptation of task. Can transfer between surfaces and move around in bed independently with aids or assistive devices, or with adaptation of the activity. A prosthesis or orthosis is considered an assistive device if used for a transfer. 	<ul style="list-style-type: none"> Needs the use of the upper extremities when moving from sitting to standing, or from standing to sitting. Requires a raised seating/surface. Needs assistive devices such as a bed ladder or similar device, transfer rails or a chair with arm rests, etc.
Nine	<ul style="list-style-type: none"> The Member/Veteran/Client requires the assistance of another person to transfer between surfaces and/or move around in bed for set-up or supervision only. 	<ul style="list-style-type: none"> Requires that a person be available to prepare the surfaces for transfer (i.e. raise or lower the surface). Uncomfortable moving from sitting to

Thirteen	<ul style="list-style-type: none"> The Member/Veteran/Client requires the physical assistance of another person to the extent that the client can still perform 50% or more of the tasks associated with bed mobility and/or transferring. 	<ul style="list-style-type: none"> standing or standing to sitting without the presence of another person "in case". Requires some help positioning the lower extremities in bed. Requires the physical assistance of another person to help position the legs to prepare for transfers, etc. Requires partial lift or support when moving from standing to sitting or sitting to standing. Requires partial lift, or boost, to move from lying to sitting, or to move around in bed. Requires the use of manual or electric lifts. Requires a two-person lift.
Eighteen	<ul style="list-style-type: none"> The client requires the physical assistance of another person to the extent that the client is able to perform less than 50% of the tasks associated with bed mobility and/or transferring. 	
Twenty-one	<ul style="list-style-type: none"> Totally dependent. The client is dependent on another person to perform all aspects of transferring between surfaces and/or moving around in bed. 	

Table 19.5 - Loss of Function - Locomotion

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.5, all criteria designated at that rating level must be met.

Table 19.5 - Loss of Function - Locomotion

Rating	Criteria	Examples
Nil	<ul style="list-style-type: none"> Independent. Can walk on level ground, on gentle slopes, and on stairs without special equipment, adaptation, or assistance from others. 	<ul style="list-style-type: none"> Walks in a manner normal for age on a variety of different terrains and at varying speeds.
Four	<ul style="list-style-type: none"> Independent. Can walk on level ground, on gentle slopes, and on stairs without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity. 	<ul style="list-style-type: none"> Walks at a normal pace on flat ground but with intermittent difficulty. Caution needed on steps and uneven ground.

Nine	<ul style="list-style-type: none"> • Independent with aids, assistive devices or minor reduction of walking distance. Can walk independently on level ground, on gentle slopes, and on stairs with aids or assistive devices. 	<ul style="list-style-type: none"> • Intermittent pain with weight bearing. • Walks at a reduced pace in comparison with peers on flat ground. • Unable to manage stairs or ramps without rails. • Pain restricts walking to 250 m or less at a time. Can walk further after resting. • Requires the physical assistance of another person to hold their arm for stability.
Eighteen	<ul style="list-style-type: none"> • The client requires minor task adaption or minor physical assistance of another person for locomotion. Walking distance moderately limited. 	<ul style="list-style-type: none"> • Unable to negotiate stairs without personal assistance. • Requires routine use of a cane or crutch. • Pain restricts walking to 100 m or less at a time. Can walk further after resting.
Twenty-six	<ul style="list-style-type: none"> • The client requires moderate physical assistance of another person to perform some aspects of tasks or moderate adaption of task. Walking distance severely limited. 	<ul style="list-style-type: none"> • Client requires the routine use of a walker. • Pain restricts walking to 50 m or less at a time. Can walk further after resting.
Thirty-four	<ul style="list-style-type: none"> • Totally dependent. Client is unable to walk or stand. Mobile only in a wheelchair. 	<ul style="list-style-type: none"> • Is bed/chair bound.

Table 19.6 - Loss of Function - Bowel and Bladder Control

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.6, only one criterion must be met at a level of impairment for that rating to be selected.

Table 19.6 - Loss of Function - Bowel and Bladder Control

Rating	Criteria
Nil	<ul style="list-style-type: none"> • Continent of bowel; and

- Continent of bladder but may have occasional symptoms of dysuria, urgency and/or frequency.
- One
- Lower urinary tract infection 1-2 times per year.
- Four
- Fecal incontinence associated with occasional staining; no incontinent pad required; or
 - Urinary incontinence requiring 1-2 incontinent pads per day; or
 - Symptoms of dysuria, urgency and/ or frequency and daytime voiding every 3 hours and awake at least once throughout the night.
- Nine
- Fecal incontinence associated with soiling but less than daily; may need incontinent pad on occasion; or
 - May require 2-4 urethral dilatation per year; or
 - Suffers lower urinary tract infections at least 4 times per year despite long term prophylactic antibiotic drug therapy.
- Thirteen
- Fecal incontinence necessitating frequent changes of underwear or 1 - 4 incontinent pads per day; or
 - Urinary incontinence requiring more than 2 incontinent pads per day; or
 - Symptoms of dysuria, urgency and/or frequency and daytime voiding every 2 hours and nocturia 2-3 times per night.
- Eighteen
- Permanent use of condom catheter; or
 - Symptoms of dysuria, urgency and frequency and daytime voiding every hour and nocturia 2-3 times per night; or
 - Obstructed voiding with any one of the following:
 - post-void residuals greater than 150cc;
 - uroflometry - markedly diminished peak flow rate (less than 10 cc /sec.);
 - stricture disease requiring more than 4 dilatation per year.
- Twenty-six
- Fecal incontinence necessitating use of greater than 4 incontinent pads per day; or
 - Permanent colostomy; or
 - Intermittent daily catheterization required; or
 - Symptoms of dysuria, urgency, and /or frequency with less than 30 minutes between voidings and voiding more than 5 times per night.
- Thirty-four
- No voluntary control of bladder; or
 - Permanent indwelling catheter; or
 - Fecal incontinence with complete loss of sphincter control.
- Forty-three
- Permanent suprapubic catheter.

Table 19.7 - Other Impairment - Chronic Pain

Each bullet (•) represents one criterion. In order for a rating to be established for Table 19.7, the majority of bullets at a certain rating level must be met.

Table 19.7 - Other Impairment - Chronic Pain

Rating	Criteria
Nil	<ul style="list-style-type: none">• Chronic pain not present.
Two	<ul style="list-style-type: none">• Pain severity is mild (based on intensity and frequency).• Intermittent pain treatment required.• Pain occasionally interferes with sleep.• No or minimal emotional distress in response to pain.
Four	<ul style="list-style-type: none">• Pain severity is moderate (based on intensity and frequency), with daily or almost daily symptoms.• Requires ongoing medical monitoring and requires medication on a regular basis and has good response to treatment.• Up to a total of 120 minutes loss of sleep most nights on an ongoing basis.• Subjective memory loss/impaired concentration.• Mild emotional distress in response to pain, demonstrated by one or more of the following:<ul style="list-style-type: none">• occasional depressive symptoms;• occasional anxiety symptoms;• occasional irritability or anger;• coping is adequate, but reacts to stress with some degree of anxiety or agitation;• occasional difficulty adapting to stressful circumstances (e.g. some difficulty coping and reacts to stress with worsening of behavioural symptoms).• Pain severity is moderate most of the time but has daily exacerbations where pain intensity reaches 9 - 10/10.• Requires ongoing medication on a regular basis but has only partial or inadequate pain relief with requirement for occasional break through pain medication.• Insomnia greater than 120 minutes loss of sleep most nights on an ongoing basis.
Nine	<ul style="list-style-type: none">• Moderate emotional distress in response to pain, demonstrated by one or more of the following:<ul style="list-style-type: none">• frequent depressive symptoms;• frequent anxiety symptoms but no physiological concomitants;• frequent irritability or anger;• frequent difficulty applying usual coping skills in stressful circumstances (e.g. reacts to stress with considerable anxiety, agitation, or marked worsening of behavioural symptoms).

- Intractable pain*.
- Individual demonstrates severe emotional distress in relation to pain, demonstrated by one or more of the following:
 - depressed mood communicated both subjectively (e.g. hopelessness or helplessness) and objectively (e.g. tearfulness);
 - anxiety with physiological concomitants;
 - persistent difficulty applying usual coping skills in stressful circumstances (e.g. reacts to stress with considerable anxiety, agitation, or marked worsening of behavioural symptoms).

Thirteen

* Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Steps to Determine Activities of Daily Living Assessment

Step 1:

Determine the rating from [Table 19.1](#) (Loss of Function - Activities of Daily Living - Personal Hygiene).

Step 2:

Does the Partially Contributing Table apply? If yes, apply to the Step 1 rating.

Step 3:

Determine the rating from [Table 19.2](#) (Loss of Function - Activities of Daily Living - Dressing).

Step 4:

Does the Partially Contributing Table apply? If yes, apply to the Step 2 rating.

Step 5:

Determine the rating from [Table 19.3](#) (Loss of Function - Activities of Daily Living - Eating).

Step 6:

Does the Partially Contributing Table apply? If yes, apply to the Step 5 rating.

Step 7:

Determine the rating from [Table 19.4](#) (Loss of Function - Activities of Daily Living - Transfers/Bed Mobility).

Step 8:

Does the Partially Contributing Table apply? If yes, apply to the Step 7 rating.

Step 9:

Determine rating from [Table 19.5](#) (Loss of Function - Activities of Daily Living - Locomotion).

Step 10:

Does the Partially Contributing Table apply? If yes, apply to the Step 9 rating.

Step 11:

Determine rating from [Table 19.6](#) (Loss of Function - Activities of Daily Living - Bowel and Bladder Control).

Step 12:

Does the Partially Contributing Table apply? If yes, apply to the Step 11 rating.

Step 13:

Determine rating from [Table 19.7](#) (Other Impairment - Activities of Daily Living - Chronic Pain).

Step 14:

Does the Partially Contributing Table apply? If yes, apply to the Step 13 rating.

Step 15:

Add the ratings at Step 2, 4, 6, 8, 10,12 and 14.

Step 16:

Determine the Quality of Life rating.

Step 17:

Add the ratings at Step 15 and 16.

Step 18:

If partial entitlement exists, apply to rating at Step 17.

This is the Disability Assessment.

Rates

Effective from: 1 April 2023

Attendance Allowance

Grade	Amount
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1	\$2,127.90
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2	\$1,915.21
---	------------

3	\$1,276.79
---	------------

4	\$851.25
---	----------

5	\$340.58
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[Read More about the Attendance Allowance...](#)

Caregiver Recognition Benefit

A monthly payment increased annually by the Consumer Price Index. The current payment is \$1,154.90 per month.

[Read more about the Caregiver Recognition Benefit...](#)

Veterans Independence Program

This [PDF chart](#) shows the maximum VIP amounts.

[Read more about the Veterans Independence Program...](#)

Clothing Allowance

Grade Amount

1	\$241.13
2	\$192.86
3	\$144.69
4	\$96.41
5	\$85.67
6	\$69.64
7	\$64.27
8	\$53.53
9	\$42.89
10	\$26.73

The Clothing Allowance is provided if you are receiving a disability benefit for a condition that causes wear and tear on your clothing or requires you to wear specially-made clothing.

Pain and Suffering Compensation

Extent of disability (%) Monthly benefit Lump sum amount

5	\$64.85	\$21,100.09
20	\$259.40	\$84,400.38
40	\$518.80	\$168,880.75
60	\$778.21	\$253,201.13
80	\$1,037.61	\$337,601.50
100	\$1,297.01	\$422,001.88

View the complete [Pain and suffering compensation rate table](#).

Read more about [Disability benefits...](#)

Income Replacement Benefit

This income replacement provides 90% of your gross pre-release military salary while you are participating in Rehabilitation services. This ensures a pre-tax income of at least \$54,812.92 per year.

[Read more about the Income Replacement Benefit...](#)

Canadian Forces Income Support

	Maximum per month		
Veteran or Survivor	Veteran with Spouse/Partner	Additional amount for each dependent child	Orphan
\$1,931.72	\$2,844.91	\$412.99	\$885.23

[Read more about the Canadian Forces Income Support...](#)

War Veterans Allowance

Maximum per month					
Veteran or Survivor	Veteran or Survivor (blind)	Veteran with Spouse/Partner	Veteran with Spouse/Partner (both blind)	Additional amount for each dependent child	Orphan
\$1,931.72	\$2,000.89	\$2,844.89	\$2,899.34	\$295.44	\$885.23

Important note to Veterans and qualified civilians:

If you had wartime service and your income is higher than the maximum level because you or your spouse/common-law partner receive OAS benefits, in certain cases, you may qualify for [treatment benefits](#).

[Read more about the War Veterans Allowance...](#)

Disability Pension

Class	Monthly Rate		Additional Monthly Amounts		
	Single	Spouse	One Child	Second Child	Each Other Child
1	\$3215.80	\$803.95	\$418.05	\$305.51	\$241.19
5	\$2572.64	\$643.16	\$334.44	\$244.40	\$192.95
10	\$1768.69	\$442.17	\$229.93	\$168.03	\$132.65
15	\$964.74	\$241.19	\$125.42	\$91.65	\$72.36
20	\$160.79	\$40.20	\$20.90	\$15.28	\$12.06

[Read more about the Disability Pension...](#)

[View the complete Disability Pension rate tables](#)

Exceptional Incapacity Allowance

Grade