

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.

NATO Veterans Organization of Canada

Presidents Christmas Message 2020

The gift of love.
The gift of peace.
The gift of happiness.
May all these be yours at Christmas.

On behalf of myself and the Board of Directors, thank you for all your support and guidance this year. Our thoughts are also with those Canadians that can't be with those dearest to them at this time, whether that be through their duties, either here or overseas, or other circumstances,

The Christmas holiday affords each of us time for gratitude and introspection. We can take stock of all we have accomplished for our Veterans, and all that remains to be done. May this wonderful time of the year touch your hearts in a special way. Wishing you all much happiness not just today, but throughout the New Year.

From our bubble to yours, we wish you a very Merry Christmas and a happy holiday season! Stay safe and take good care of yourselves.

Randy

Randy Stowell,CD

National President

Soldiers must know how to read maps because satellites could be lost, Commander Field Army says

Senior commanders are said to be worried that some cadets do not have “basic skills”, such as map reading ?

By Danielle Sheridan, Defence Correspondent “The Telegraph” 4 December 2020
• <https://www.telegraph.co.uk/news/2020/12/04/soldiers-must-know-read-maps-satellites-could-lost-commander/>

Soldiers must not forget how to read maps because satellites are at risk of being lost or attacked, the Commander of the Field Army has said, amid wider concerns cadets lack the basic skill.

“The big ‘what if’ is, if we lose that satellite, lose that geolocating device, if we lose our communication system, how do we operate?”

Other senior commanders are understood to be worried that some cadets are turning up for military training without “basic skills”, such as map reading.

A senior commander at Sandhurst confirmed that the cadets of today are arriving with a very different skill set than his generation.

“The creature comforts that surround the mobile phone has changed what your typical recruit looks like and is inspired by.”

He said although that was positive “as the character of conflict tilts to the cyber world”, it was imperative the “skills of independence” were not lost as graduates prepare for the future of warfighting.

“.....an army fit for the 21st century has to be more than tanks and soldiers with bayonets”.

“Actually a soldier behind a keyboard could potentially have, indeed is more likely to have, a more profound effect on the activities on the land environment than you could with the bayonet,” he said.

“In the Field Army we are driving a culture of innovation and entrepreneurship.

Happy Saint Barbara's day to the CME and RCHA this is celebrated on December 4 every year

Saint Barbara is venerated by Catholics who face the danger of sudden and violent death at work. She is the patron of miners, tunnellers, armourers, military engineers, gunsmiths, and anyone else who worked with cannon and explosives. She is invoked against thunder and lightning and all accidents arising from explosions of gunpowder

Hearing Loss and Ear Impairment

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Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions of the ears (hearing loss, otitis media/otitis externa (otalgia/otorrhea), tinnitus and/or vertigo/disequilibrium).

The table for rating vertigo/disequilibrium from central and peripheral causes is contained within this chapter.

Impairment from malignant ear conditions is rated within [Chapter 18](#), Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains one "Loss of Function" table and three "Other Impairment" tables which may be used to rate entitled hearing loss and ear conditions.

The tables within this chapter are:

Rating Tables

TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
Table 9.1	Loss of Function – Hearing Loss	This table is used to rate impairment from hearing loss.
Table 9.2	Other Impairment – Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction.	This table is used to rate impairment from otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction.
Table 9.3	Other Impairment – Tinnitus	This table is used to rate impairment from tinnitus.
Table 9.4	Other Impairment – Vertigo/Disequilibrium	This table is used to rate impairment from vertigo/disequilibrium.

Loss of Function – Hearing Loss

[Table 9.1](#) is used to rate impairment from hearing loss.

Hearing loss is generally entitled as a bilateral condition, with hearing in both ears contributing to a functional loss. Only one rating may be selected from this table for bilateral hearing loss. Occasionally, a rating will be required for hearing loss in **one ear** (monaural) only.

There are three types of hearing loss (e.g. conductive, sensorineural or mixed). Total hearing impairment, regardless of the cause, is included in the impairment criteria. Air conduction decibel values are used in the calculation of the decibel sum hearing loss (DSHL). When there is a significant difference between masked and unmasked air conduction values, the **masked values** should be used in assessing the impairment.

For determination of assessment of a hearing loss disability one must calculate the DSHL. The DSHL is calculated over the following four frequencies: 500 htz, 1000 htz, 2000 htz and 3000 htz. ADSHL is calculated for each entitled ear.

TheDSHLis obtained by adding the decibel loss in hearing at the four mentioned frequencies in each entitled ear. A non-entitled ear is considered to have aDSHLof 95. TheDSHLis used in conjunction with [Table 9.1](#) to rate the extent of hearing loss disability.

When entitled hearing loss 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).

Other Impairment – Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

[Table 9.2](#) is used to rate impairment from otitis media, otitis externa (otalgia/otorrhea) and eustachian tube dysfunction. Only 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.

When entitled otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction 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 Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment – Tinnitus

[Table 9.3](#) is used to rate impairment from tinnitus. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

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

Other Impairment – Vertigo/Disequilibrium

[Table 9.4](#) is used to rate impairment from vertigo and disequilibrium conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled vertigo/disequilibrium 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 Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 9.1 – Hearing Loss and Ear Impairment

[PDF Version](#)

Table 9.2 – Other Impairment – Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

Only one rating may be given from **Table 9.2** for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 9.2**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 9.2 – Other Impairment – Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

RATING

Nil

CRITERIA

- One episode of otitis media/otitis externa (otalgia/otorrhea) treated successfully with no recurrence; **or**
- One episode of eustachian tube dysfunction treated successfully

- with no recurrence.
- Two
 - Intermittent symptoms of otitis media/otitis externa (otalgia/otorrhea) requiring periodic treatment; **or**
 - Intermittent symptoms of eustachian tube dysfunction requiring periodic treatment.
- Five
 - Continuous symptoms of otitis media/otitis externa (otalgia/otorrhea) requiring ongoing treatment; **or**
 - Continuous symptoms of eustachian tube dysfunction requiring ongoing treatment.

Table 9.3 – Other Impairment – Tinnitus

Only one rating may be given from Table 9.3. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 9.3, all criteria designated beside each bullet (•) must be met.

Table 9.3 – Other Impairment – Tinnitus

RATING	CRITERIA
Nil	<ul style="list-style-type: none"> • Occasional tinnitus, present less than once a week affecting one or both ears.
One	<ul style="list-style-type: none"> • Occasional tinnitus, present at least once a week affecting one or both ears.
Three	<ul style="list-style-type: none"> • Intermittent tinnitus, present daily, but not all day long, affecting one or both ears.
Five	<ul style="list-style-type: none"> • Continuous tinnitus, present all day and all night, affecting one or both ears, but does not require use of a masking device
Ten	<ul style="list-style-type: none"> • Continuous tinnitus, present all day and all night, every day, affecting one or both ears, and requires a masking device and/or prescribed medication

Table 9.4 Other Impairment – Vertigo/Disequilibrium

Only one rating may be given from **Table 9.4**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 9.4**, all criteria designated beside each bullet (•) must be met.

Table 9.4 – Other Impairment – Vertigo/Disequilibrium

RATING	CRITERIA
Nil	<ul style="list-style-type: none">• Past history of vertigo/disequilibrium, but no current symptoms.
Five	<ul style="list-style-type: none">• Intermittent symptoms of vertigo/disequilibrium with or without objective findings such as nystagmus and ataxia; and• Activities of daily living are performed without assistance.• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; and
Ten	<ul style="list-style-type: none">• Usual activities of daily living are performed without assistance although activities requiring balance and precision, such as bike riding, climbing ladders, etc., cannot be performed.• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; and
Thirty	<ul style="list-style-type: none">• Activities of daily living cannot be performed without assistance, but remains able to walk short distances and perform simple self care activities such as eating, washing face and hands, and simple household duties such as dusting, sweeping floor.• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; and
Sixty	<ul style="list-style-type: none">• Activities of daily living such as washing face, brushing teeth, combing hair cannot be performed without assistance. Can no longer walk even short distances without assistance.
Eighty-five	<ul style="list-style-type: none">• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; and• Activities of daily living must be performed by caregiver; and

- Member/Veteran/Client is confined to home and premises.

Steps to Determine Hearing Loss and Ear Impairment Assessment

- Step 1: Determine total IDSHL for each ear.
- Step 2: Determine the rating from [Table 9.1](#) (Loss of Function – Hearing Loss).
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment for hearing loss.

- Step 6: Determine the rating from [Table 9.2](#) (Other Impairment – Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction).
- Step 7: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 6.
- Step 8: Determine the Quality of Life rating.
- Step 9: Add the ratings at Step 7 and Step 8.
- Step 10: If partial entitlement exists, apply to rating at Step 9.

This is the Disability Assessment for otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction.

Note: If more than one entitled condition requires assessment from Table 9.2, Steps 6 – 10 must be repeated.

- Step 11:Determine rating from [Table 9.3](#)(Other Impairment – Tinnitus).
- Step 12:Does the Partially Contributing Table apply? If Table apply? If **yes**, then apply to rating at Step 11.
- Step 13:Determine the Quality of Life rating.
- Step 14:Add the ratings at Step 12 and Step 13.
- Step 15:If partial entitlement exists, apply to rating at Step 14.

This is the Disability Assessment for tinnitus.

- Step 16:Determine the rating from [Table 9.4](#)(Other Impairment – Vertigo/Disequilibrium).
- Step 17:Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 16.
- Step 18:Determine the Quality of Life rating.
- Step 19:Add the ratings at Step 17 and Step 18.
- Step 20:If partial entitlement exists, apply to rating at Step 19.

This is the Disability Assessment for vertigo/disequilibrium.

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