

## Media Report 16 Feb 2024

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 healthy'

### **Valentines for Veterans – help us spread the love! / Des valentins pour les vétérans – aidez-nous à répandre l’amour!**

Since 1996, Veterans Affairs Canada has distributed tens of thousands of valentines from children and youth to Veterans in long-term care facilities. The [Valentines for Vets](#) program provides an important learning opportunity for students and youth groups—and Veterans treasure the valentines they receive..

This year, we invited Canadians to post pictures of their valentines to our Facebook page. Our hope is that even more Veterans, no matter where they are, will receive messages of kindness and support.

I am writing today to ask you to help as many Veterans as possible receive messages of gratitude from Canadians. You can do this on February 14 by sharing our social media content, such as our dedicated [Valentines Day Facebook post](#). You can also post your own messages using the attached images. These images can also be shared with your members via email or in an upcoming newsletter.

The Valentines for Veterans program helps us remind all Veterans that Canadians remember and recognize their courage, contributions and sacrifices. Please join me in continuing this time-honoured tradition.

Thank you.

### **Introduction**

This chapter provides criteria for assessing permanent impairment from entitled urinary, sexual, reproductive and breast conditions.

The chapter is divided into two sections. The first section provides criteria to rate impairment of upper and lower urinary tract conditions. The second section provides criteria to rate impairment of sexual, reproductive and breast conditions.

Impairment from rectovaginal fistula(e) is rated within [Chapter 14](#), Gastrointestinal Impairment.

Impairment from loss of a kidney due to tuberculosis is rated within [Chapter 24](#), Tuberculosis Impairment.

Impairment from malignant urinary, sexual, reproductive and breast conditions is rated within [Chapter 18](#), Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

For the purposes of this chapter:

**Female:** means cis female, a person assigned female sex at birth and identifies as a woman.

**Male:** means cis male, a person assigned male sex at birth and identifies as a man.

**Sex/gender diverse:** means a person with differences in sexual development, people who do not identify within the binary terms of sex and/or gender as a man or a woman, and people who identify as transgender.

An individual's present anatomy is used to select the applicable impairment table(s). This includes sex/gender diverse individuals who have not yet undertaken gender affirming treatment (hormone and/or surgery).

For sex/gender diverse individuals who have undertaken gender affirming treatment (hormone and/or surgery), the medical impairment rating is determined based on individual merit.

**Penetrative sexual activity** is defined as the insertion of a body part or other object into the mouth, vagina or anus, as part of human sexual activity.

**Sexual activity** is defined as the manner in which humans experience and express their sexuality.

## Rating Tables

This chapter contains four “Loss of Function” tables and two “Other Impairment” tables which may be used to rate entitled urinary, sexual, reproductive and breast conditions.

**The tables within this chapter are:**

**The tables within this chapter are:**

<u>Table 16.1</u>	Loss of Function - Upper Urinary Tract	This table is used to rate impairment in the upper urinary tract.
<u>Table 16.2</u>	Loss of Function - Lower Urinary Tract	This table is used to rate impairment in the lower urinary tract.
<u>Table 16.3</u>	Loss of Function - Sexual and Reproductive - Male Anatomy	This table is used to rate impairment in sexual and reproductive function in male anatomy.
<u>Table 16.4</u>	Loss of Function - Sexual and Reproductive - Female Anatomy	This table is used to rate impairment in sexual and reproductive function in female anatomy.
<u>Table 16.5</u>	Other Impairment - Breasts - Male Anatomy	This table is used to rate impairment of the male breast.
<u>Table 16.6</u>	Other Impairment - Breasts - Female Anatomy	This table is used to rate impairment of the female breast.

## Section 1

### Determining Impairment Assessment of Urinary Tract Function

**The tables that may be used to rate impairment from urinary tract conditions are:**

**The tables that may be used to rate impairment from urinary tract conditions are:**

<u>Table 16.1</u>	Loss of Function - Upper Urinary Tract	This table is used to rate impairment in the upper urinary tract.
<u>Table 16.2</u>	Loss of Function - Lower Urinary Tract	This table is used to rate impairment in the lower urinary tract.

**Loss of Function - Upper Urinary Tract**

Table 16.1 is used to rate impairment from conditions of the upper urinary tract (kidney and ureter). 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.

Ratings in the upper urinary tract table take into account the presence of signs and symptoms and laboratory findings which may accompany the urinary tract impairment. Signs and symptoms may include hypertension, chronic anemia, edema, headache, dyspnea, fatigue, fever, chills, back pain, dizziness, hematuria, anuria and recurrent upper urinary tract infections.

Glomerular Filtration Rate(GFR) is the best indicator of overall kidney function. Estimation of GFR (eGFR) using an equation remains the accepted and most practical means of assessing kidney function. The current “gold standard” equation for eGFR is the CKD-EPI Equation<sup>Footnote1</sup> (Chronic Kidney Disease Epidemiology Collaboration Equation).

When entitled upper urinary tract 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).

Loss of or impairment of function of a second kidney may result in a paired organ award. In such cases, refer to chapter 4 - Paired Organs and Paired Limbs for assessment purposes.

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.

### **Loss of Function - Lower Urinary Tract**

Table 16.2 is used to rate impairment from conditions of the lower urinary tract (bladder and urethra), prostate and epididymis. 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 lower urinary tract 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 16.1 - Loss of Function - Upper Urinary Tract**

Only one rating may be given for each entitled condition from **Table 16.1**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.1**, follow the **“ands”** and **“ors”**.

**Table 16.1 - Loss of Function - Upper Urinary Tract**

Rating	Criteria
<b>Nil</b>	<ul style="list-style-type: none"> <li>• Normal or mildly impaired renal function; <b>and</b></li> <li>• No clinical signs of renal disease.</li> </ul>
<b>Four</b>	<ul style="list-style-type: none"> <li>• Pyelonephritis: up to 2 attacks per year; <b>or</b></li> <li>• Kidney stones: occasional attacks of renal colic.</li> <li>• Normal GFR but requires ongoing renal monitoring.</li> </ul>
<b>Nine</b>	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by GFR of 60-89*. Signs and symptoms and abnormal laboratory findings may be present; <b>or</b></li> <li>• Pyelonephritis: 3 - 4 attacks per year; <b>or</b></li> <li>• Kidney stones: yearly attacks of renal colic; <b>or</b></li> <li>• Chronic unilateral hydronephrosis with infection.</li> </ul>
<b>Thirteen</b>	<ul style="list-style-type: none"> <li>• Pyelonephritis: more than 4 attacks per year; <b>or</b></li> <li>• Nephrectomy; <b>or</b></li> <li>• Chronic bilateral hydronephrosis with infection.</li> </ul>
<b>Twenty-one</b>	<ul style="list-style-type: none"> <li>• Successful renal transplant (minimum rating).</li> </ul>
<b>Twenty-six</b>	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by GFR of 45-59*. Signs and symptoms and abnormal laboratory findings may be present; <b>or</b></li> <li>• Permanent urinary diversion with ostomy of the skin (i.e. nephrostomy, ureterointestinal, ileal conduit, cutaneous ureterostomy).</li> </ul>

<b>Forty-three</b>	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by GFR of 30-44. Signs and symptoms and abnormal laboratory findings may be present.</li> </ul>
<b>Fifty-seven</b>	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by GFR of 15-29*. Signs and symptoms and abnormal laboratory findings may be present.</li> </ul>
<b>Eighty-one</b>	<ul style="list-style-type: none"> <li>• Diminution in renal function evidenced by GFR of less than 15*. Signs and symptoms and abnormal laboratory findings may be present; <b>or</b></li> <li>• Requiring ongoing peritoneal or hemodialysis.</li> </ul>

\*GFR units of measurement are mL/min/1.73 m<sup>2</sup>. A GFR > 60 mL/min/1.73 m<sup>2</sup> in isolation is not CKD, unless other evidence of kidney damage is present. *CKD*, chronic kidney disease; *GFR*, glomerular filtration rate.

### Steps to Determine Urinary Tract Assessment (Upper Tract)

- **Step 1:** Determine the rating from Table 16.1 (Loss of Function - Upper Urinary Tract).
- **Step 2:** Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.
- **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 the rating above.

**This is the Disability Assessment.**

### Table 16.2 - Loss of Function - Lower Urinary Tract

Only one rating may be given for each entitled condition from **Table 16.2**. 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 16.2**, only one criterion must be met at a level of impairment for that rating to be selected.

**Table 16.2 - Loss of Function - Lower Urinary Tract**

Rating	Criteria
Nil	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> occasional symptoms of dysuria, urgency or frequency; <b>or</b></li> <li>• Prostatectomy.</li> </ul>
One	<ul style="list-style-type: none"> <li>• <b>Obstructed voiding:</b> with hesitancy or diminished stream; <b>or</b></li> <li>• <b>Lower urinary tract infection:</b> occurring 1-2 times per year.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> symptoms of dysuria, urgency and/or frequency; daytime voiding every 3 hours <b>and</b> awakening once through the night; <b>or</b></li> <li>• 1 - 2 incontinent pads required daily; <b>or</b></li> <li>• <b>Chronic epididymitis</b> without urinary tract symptoms but with ongoing pain.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• <b>Obstructed voiding:</b> requiring 2 - 4 dilatations per year; <b>or</b></li> <li>• <b>Lower tract infection:</b> occurring at least 4 times per year despite long term prophylactic antibiotic drug therapy.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> symptoms of dysuria, urgency and frequency; daytime voiding every 2 hours <b>and</b> nocturia 2 - 3 times per night; <b>or</b></li> <li>• More than 2 incontinent pads required daily.</li> </ul>



<p><b>Eighteen</b></p>	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> symptoms of dysuria, urgency and frequency; daytime voiding every 1 hour <b>and</b> nocturia 4 - 5 times per night; <b>or</b></li> <li>• Permanent use of condom catheter; <b>or</b></li> <li>• <b>Obstructed voiding:</b> with any <b>one</b> of the following: <ul style="list-style-type: none"> <li>○ post-void residuals greater than 150 cc;</li> <li>○ uroflowmetry - markedly diminished peak flow rate (less than 10 cc/sec);</li> <li>○ stricture disease requiring more than 4 dilatations per year.</li> </ul> </li> </ul>
<p><b>Twenty-six</b></p>	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> symptoms of dysuria, urgency and frequency, with less than 30 minutes between voidings <b>and</b> voiding more than 5 times per night; <b>or</b></li> <li>• <b>Obstructed voiding:</b> with urinary retention requiring intermittent daily catheterization.</li> </ul>
<p><b>Thirty-four</b></p>	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> no voluntary control of bladder; <b>or</b></li> <li>• Permanent indwelling catheter.</li> </ul>
<p><b>Forty-three</b></p>	<ul style="list-style-type: none"> <li>• <b>Voiding dysfunction:</b> with painful urinary frequency and voids every 15 minutes day and night; <b>or</b></li> <li>• Permanent suprapubic catheter.</li> </ul>

### Steps to Determine Urinary Tract Assessment (Lower Tract)

- **Step 1:** Determine the rating from Table 16.2 (Loss of Function - Lower Urinary Tract).
- **Step 2:** Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.
- **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 the Step 4 rating.

### This is the Disability Assessment

## Section 2

### Determining Impairment Assessment of Sexual, Reproductive and Breast Function

#### Selection of Tables

The tables that may be used to rate impairment from sexual and reproductive conditions are:

The tables that may be used to rate impairment from sexual and reproductive conditions are:

<u>Table 16.3</u>	Loss of Function - Sexual and Reproductive - Male Anatomy	This table is used to rate impairment in sexual and reproductive function in male anatomy.
<u>Table 16.4</u>	Loss of Function - Sexual and Reproductive - Female Anatomy	This table is used to rate impairment in sexual and reproductive function in female anatomy.
<u>Table 16.5</u>	Other Impairment - Breasts - Male Anatomy	This table is used to rate impairment of the male breast.
<u>Table 16.6</u>	Other Impairment - Breasts - Female Anatomy	This table is used to rate impairment of the female breast.

#### Loss of Function - Sexual and Reproductive - Male Anatomy

Table 16.3 is used to rate impairment from sexual and reproductive conditions impacting male anatomy.

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.

For Veterans Affairs Canada (VAC) purposes **'Sterility'** is defined as the complete inability to produce offspring despite medical intervention.

**'Infertility'** is defined as inability to conceive after one year or longer of unprotected sex. For VAC purposes where an entitled condition results in infertility, it will be assessed on individual merits.

When entitled sexual and reproductive conditions impacting male anatomy 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.

### **Loss of Function - Sexual and Reproductive - Female Anatomy**

Table 16.4 is used to rate impairment from impairment from sexual and reproductive conditions impacting female anatomy.

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.

For VAC purposes **'Sterility'** is defined as the complete inability to produce offspring despite medical intervention.

**'Infertility'** is defined as inability to conceive after one year or longer of unprotected sex. For VAC purposes where an entitled condition results in infertility, it will be assessed on individual merits.

When entitled sexual and reproductive conditions impacting female anatomy 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 - Breasts - Male Anatomy**

Table 16.5 is used to rate impairment from male breast conditions. 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 male breast 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 - Breasts - Female Anatomy**

Table 16.6 is used to rate impairment from female breast conditions. 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 female breast 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 16.3 - Loss of Function - Sexual and Reproductive - Male Anatomy**

Only one rating may be given for each entitled condition from **Table 16.3**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

#### **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](#)  
19 Wing Comox — [The Totem Times](#)  
8 Wing Trenton — [The Contact](#)

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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](#)  
3 Wing Bagotville — [The Vortex](#)  
CFB Borden — [The Citizen](#)