



Deputy Minister Paul Ledwell
Veterans Affairs Canada
PO Box 7700
Charlottetown, PE C1A 8M9

June 23, 2025

Dear Deputy Minister Ledwell,

Re: A Case Study of the Current Assessment Process”

Thank you for your wholesome response to our April Assessment paper. It is reassuring that you are in the process of modernizing the Table of Disabilities, including Chapter 02, Quality of Life, which I’m sure will improve the assessment process. In this regard, we felt it would be of value to you to share the details of a *‘lived experience’* in navigating the current assessment phase. As you will learn, there is room for improvement.

Attached is a case-study paper entitled *Failing Those Who Served: A Case Study of a Broken Assessment Process*. This report offers both a critical analysis and one veteran’s personal account of the systemic deficiencies within the disability assessment process—an area that has become the focus of increasing concern among veterans and advocates.

The attached paper outlines the gaps between VAC’s stated principles and the lived reality of veterans navigating its systems—during the Assessment Phase. This case documents serious issues, including the disregard of medical evidence, miscommunication of interim decisions as final, and the opaque use of disability rating criteria. Together, these failings erode trust, increase suffering, and delay justice for those already bearing the burdens of service-related illness.

My goal in sharing this work is not only to expose systemic failings but to support your modernization efforts. In this regard, we’ve included actionable recommendations aimed at restoring transparency, accountability, and compassion to VAC’s disability programs. These are reforms he believes are not only achievable but essential to upholding VAC’s mandate and the dignity of those it serves.

I would be grateful for the opportunity to engage further with you or your team to discuss the findings and recommendations outlined in this report. Veterans deserve a system that functions with fairness, empathy, and integrity—and he hopes this contribution serves as a catalyst for the meaningful changes so urgently needed.

Thank you for your time and attention.

Sincerely,

Commander (ret’d) James P. Hutton rmc, CD, BSc, MSc, MBA
Director, Veterans with Cancer Inc.

Attachment: Case Study Paper: *Failing Those Who Served: A Case Study of a Broken Assessment Process*



Failing Those Who Served

A Case Study of a Broken Assessment Process



Veterans deserve Assessment-Process Improvements,
starting with:

- **A Dialogue-Based Communication Process to replace the Form-Based Method for Assessing Veterans' Disabilities**
- **Reinforce the application of the *Benefit of the Doubt* principle**
- **Monitoring of VRAB Assessment Reversals as a Diagnostic Tool**
- **Enforcing service standards requiring acknowledgment and response to veterans' correspondence in a timely manner**
- **Informal Facilitated Resolution Discussions with Veterans**



Executive Summary

June 23, 2025

This paper presents a detailed critique of Veterans Affairs Canada's (VAC) disability assessment process, grounded in both empirical data and the lived experience of a veteran living with service-related cancer. Building on the findings of our April 2025 [research paper](#) that revealed 91.5% of VAC assessment decisions increased upon Review by the Veterans Review and Appeal Board (VRAB), this case study offers a human-centered exploration of systemic failure.

The paper documents a veteran's 40-month journey through VAC's disability system, revealing a process that is opaque, inconsistent, and often dismissive of clinical realities. Despite clear medical evidence confirming severe and permanent incontinence and erectile dysfunction, the initial VAC decision denied entitlement outright. Even after VRAB unanimously reversed the denial and awarded a full pension, the subsequent assessment phase descended into bureaucratic dysfunction. Disregarded medical statements, ambiguous communication, hostile language, and contradictory internal vs. public records culminated in an arbitrary 9% disability rating—despite objective calculations showing a minimum of 39%.

Key failures identified include:

1. **Inadequate Funding to Keep Pace with Demand**— the government has allowed the initial assessment process to degrade through years of financial neglect. The department is overwhelmed by a 92% surge in disability claims in recent years, all while operating under a government-mandated three-year financial restraint directive. This has set up this department to fail as a result of insufficient political will and resourcing.
2. **Breakdown in Communication** – Internal records described the assessment as “interim,” yet the veteran was informed it was final, with no mention of outstanding information requests.
3. **Opaque and Unjustified Ratings** – The 9% rating was issued without rationale or reference to the Table of Disabilities.
4. **Cultural and Structural Flaws** – A form-driven, checklist-heavy approach displaced clinical reasoning and empathy, contributing to a system that treats veterans with suspicion rather than support.
5. **Lack of Accountability and Responsiveness** – Multiple formal requests for reconsideration were ignored, denying veterans a meaningful path to challenge assessments outside formal appeals.

The report concludes that VAC's assessment model is not merely flawed—it is structurally and culturally broken. It calls for transformative reform: clinician-informed adjudication, veteran-centered assessment models, mandatory transparency in decisions, and training to restore empathy and professionalism within VAC.

Veterans should not have to fight a second war to be believed. A disability system that adheres to the principle of *Benefit of Doubt*, is rooted in trust, clarity, and fairness, is not only achievable—it is morally and institutionally imperative.



Failing Those Who Served

A Case Study of a Broken Assessment Process

June 23, 2025

Epilogue

In our April 2025 research paper—“[Improving Assessment Consistency for Veterans](#)”—we analyzed 696 VRAB assessment decisions. In 91.5% of those cases, VAC’s original assessments were increased. This is not statistical noise; it is systemic failure. This paper explores that failure through both data and lived experience, uncovering patterns of bias, procedural dysfunction, and institutional neglect.

Background: Medical and Application History

In November 2021, a veteran underwent surgery to remove a cancerous prostate with a tumor occupying 60% of the gland—a level far exceeding the clinical definition of “significant.” The cancer had spread to the sphincter muscle, requiring excision of surrounding tissue, and all nerves related to erectile function were removed. The result: immediate and irreversible erectile dysfunction, along with permanent incontinence that continues to require multiple absorbent pads and the use of a condom catheter for outings—an exhausting, demoralizing reality. As a result, the veteran underwent 14 months of physiotherapy aimed at reducing incontinence and a series of painful penile injections in an attempt to regain some sexual function – neither was successful.

Like many veterans, he suspected the cancer was linked to exposure to hazardous materials during service. In January 2022, he filed a disability claim with VAC. His physician provided full documentation by March of that year.

What followed was 13 months of silence. Not a single update. After repeated inquiries, he was told his file had been untouched since submission. In January 2024—**two full years later**—VAC denied his claim outright. His denial letter included reasons for denial, such as: *“There are no reports in your service records to indicate you were exposed to any specific chemicals ...”* This statement highlights how uninformed VAC was of the hazards veterans faced on a daily basis in the 1960s and 1970s.

In February 2024, he asked the Bureau of Pension Advocates (BPA) to take VAC’s decision to a VRAB Review. The Advocate, assigned to his case, devoted significant time and effort to researching cancer from chemical exposure and prepared a flawless case. As a result, on August 30, 2024, VRAB unanimously reversed VAC’s denial. The evidence was clear, the linkage obvious. The Board awarded a full five-fifths pension.

But that only opened the door to a second battlefield: **the Assessment Phase.**



Assessment: The Illusion of Objectivity

On paper, the VAC assessment process is fair and objective, built around the Table of Disabilities—an evidence-based guide designed to ensure fairness and consistency. In theory, it is clinical and rational. In practice, it is opaque, arbitrary, and, as he discovered, can sometimes be hostile to the claimant.

“The Assessment Process is truly objective and as such, should produce consistent, repeatable outcomes—ten assessors, ten identical results. Yet VAC Disability Adjudicators’ decisions are overturned 91.5% of the time when challenged. This isn’t a statistical anomaly; it’s a systemic failure demanding urgent reform.”
Master Warrant Officer (ret’d) Donald MacPhail

How the System is Supposed to Work

The Table of Disabilities includes 25 chapters covering various impairments. A typical assessment includes:

1. Determining the **Medical Impairment Rating** from the appropriate table.
2. Applying any relevant Partially Contributing Factors.
3. Assigning a **Quality of Life (QoL) Rating** based on impact statements from the veteran.
4. Combining these for a final percentage.
5. Adjusting the rating if partial entitlement is applicable.

How This Case Should Have Been Assessed

The conditions involved **loss of bladder control** requiring more than two pads per day and **sexual dysfunction** not responsive to treatment—covered in Chapters 02, 16, and 19.

Relevant Documentation Submitted to VAC:

The veteran’s Disability Benefits Application (PEN923e, January 7, 2022): Reported extensive incontinence and permanent erectile dysfunction. (Annex A)

Quality of Life Form (September 5, 2024): Noted “up to 10 pads” and “dysfunction unresponsive to treatment.” (Annex B)

Doctor’s Forms (January 14, 2022): Confirmed diagnoses and impact. (Annex C)

Supplemental Submission (August 7, 2024): Included a calculated assessment of 39%. (Annex D)

Objective Calculations Based on the Table of Disabilities:

<p>Incontinence:</p> <p>Medical Impairment: 13 (Table 16.2 or 19.6 – >2 pads/day)</p> <p>Quality of Life (QoL) Rating: 3 (Moderate interference)</p> <p>Subtotal: sixteen (16)</p>	<p>Sexual Dysfunction:</p> <p>Medical Impairment: 18 (Table 16.3 – unresponsive to treatment)</p> <p>Quality of Life (QoL) Rating: 5 (Extreme interference with relationships)</p> <p>Subtotal: twenty-three (23)</p>
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This results in a total Assessment of **thirty-nine (39) percent**.

This result could be significantly higher if partial consideration is given for the fact that he has no control over his bladder during outdoor walks or hiking, which requires the use of a condom catheter.



What Actually Happened

The Disability Adjudicator reviewed his file. (Annex E) and despite statements from both the veteran and his urologist, the Disability Adjudicator stated, in regard to his incontinence and sexual dysfunction,: *“We have no medical documentation of such complications.”* ``

As a result, VAC issued a 5% interim rating, and he was given additional forms for his urologist to complete, along with a new Quality-of-Life form. In addition, there was a request to submit all *“urology reports”*. All of these new forms were submitted by October 04, 2024. His urologist made definitive statements in these forms that his incontinence required more than two pads per day and that his sexual dysfunction was untreatable with no improvement expected (Annexes F and G). In his Quality-of-Life Form, he stated that he used up to 10 pads per day to control his incontinence and that his sexual dysfunction did not respond to treatment. (Annexes B and D).

Discussions with his urologist confirmed that there are no objective medical tests to measure the extent of erectile dysfunction or quantify the degree of incontinence. The conditions must be assessed via physician reports and patient statements—both of which were provided. His urologist also commented that when it comes to quantifying the degree of incontinence or dysfunction, urologists can only echo what they hear from the patient.

Regarding *“urology reports”*, there were no such reports created, so none were submitted. His urologist explained that *“urology reports”* typically refer to hospital procedure summaries, which don’t exist in routine outpatient care.

In February the Disability Adjudicator stated in an Assessment Worksheet: *“Urology reports were requested but not provided, which is not acceptable.”* (Annex H) This phrasing was both vague and accusatory. The phrase *“not acceptable”* stands out—not only for its lack of professionalism, but also for its ambiguity. Was this comment intended to reprimand the veteran for not supplying documentation that does not exist? Or does it reflect a deeper, perhaps unconscious, bias against the case? Either interpretation is troubling.

In February 2025, the Disability Adjudicator increased the assessment to 9%—without explanation, justification, or reference to the Table of Disabilities. (Annex H) This was obviously intended to be another interim assessment since The Disability Adjudicator requested more information stating: *“Assessment for prostate cancer is increased to 9%, but we still require more detailed clinical information, along with the urology reports previously requested.”*

However, what was conveyed to the veteran was completely different. (Annex J) The letter penned by a Payment Officer is clearly a final Assessment given the absence of the word *‘interim’* as mentioned in the previous letter in September. Most notable was the complete absence of a request for additional information as requested by the Disability Adjudicator. He only learned this from an ATIP request. Had he not taken such action, he would have never known that the 9% assessment was intended to be an interim award pending receipt of the new information requested.

A few days after receiving the Payment Officer’s letter (Annex J) on February 28, 2025, he submitted a request to VAC for reconsideration (Annex K). When this letter went unacknowledged, he followed up with a second letter on March 9, 2025, formally requesting a Departmental Review (Annex L). This, too, was ignored. With no response from VAC, he had no choice but to ask the Bureau of Pensions Advocates (BPA) to once again bring his



file before the Veterans Review and Appeal Board (VRAB) for a Review hearing—an option which, as we noted in our April paper, is both costly and unfortunately too often necessary.

Observations and Discussion

What went wrong in this case—and more importantly, how can VAC prevent other veterans from enduring similar frustrations during the Assessment Phase?

While this paper reflects one veteran’s personal experience, it would be misleading to describe it as anomalous. Our April 2025 research paper, [Improving Assessment Consistency for Veterans](#), found that 91.5% of VAC disability assessments that were Reviewed by VRAB were increased, many substantially. That level of reversal is not a statistical anomaly. It is a system in crisis.

The events documented here point to multiple systemic failings in the assessment process—failings that go beyond administrative oversight and into questions of procedural fairness, professional competence, and institutional culture. As with all our work, these critiques are paired with practical recommendations.

1. Disregard for Medical and Patient Evidence

The most immediate failure in this case was the dismissive treatment of valid medical evidence. Despite detailed submissions from both the veteran and his urologist—clearly stating the severity and irreversibility of his incontinence and erectile dysfunction—VAC’s Disability Adjudicator claimed, in September, that “*no medical documentation*” existed. Admittedly, the information available in September was weak. However, this was substantially beefed up by his urologist in October. Unfortunately, this doesn’t appear to be reflected in VAC’s February Assessment. This was indicative of either carelessness or a fundamental misunderstanding of how such conditions are diagnosed and documented.

Erectile dysfunction and chronic incontinence cannot be measured with blood tests or imaging. Urologists rely on clinical interpretation and patient reporting, which was provided to VAC in October 2024. Dismissing those statements reveals either ignorance of accepted medical practice or a troubling unwillingness to accept non-laboratory-based evidence—despite the clear guidance in both the *Table of Disabilities* and federal legislation.

More critically, this directly contravenes the *Benefit of the Doubt* principle ([Annex N](#)), which requires that when evidence is balanced or ambiguous, it must be resolved in favor of the veteran. Instead of giving weight to consistent and corroborated testimony, VAC defaulted to suspicion.

Recommendations:

- Reinforce the application of *Benefit of the Doubt* in adjudication training.
- Update staff guidance to explicitly recognize patient testimony and clinical judgment as valid evidence—particularly for functional impairments that lack objective diagnostics.

2. Procedural Ambiguity and Breakdown in Communication

The discrepancy between internal records (describing the apparent interim 9% award) and the official communication to me (which suggested it was final) is more than a clerical oversight—it reflects a breakdown in administrative transparency. There was no indication in the formal letter that further



documentation was requested, nor that the assessment was incomplete. He only discovered the truth through an Access to Information and Privacy (ATIP) request.

This misalignment is not only confusing—it is prejudicial. Veterans must know the status of their claims in order to act. That this essential information was buried in internal notes, inaccessible without a formal request, is unacceptable.

The language used in internal files also raises concerns. Phrases like “not acceptable”—directed at a veteran who submitted all existing documentation—are vague, unprofessional, and carry an accusatory tone. They imply fault where there was none.

Recommendations:

- Standardize communication protocols to clearly indicate whether decisions are interim or final.
- Train adjudicators to use neutral, respectful language in documentation.
- Require that all requests for additional information be explicitly communicated in official correspondence to the veteran—not just noted internally.

3. Lack of Transparency and Justification

VAC’s decision to increase the rating from 5% to 9% in February 2025 was made without explanation or reference to the *Table of Disabilities*. If this was intended to be an interim step, that should have been stated. If it were final, it should have been justified, and the appropriate chapters in the Table of Disabilities identified. The absence of either reinforces the perception that assessments are arbitrary and opaque.

Even more concerning was VAC’s complete failure to acknowledge or respond to his formal requests for reconsideration and departmental review. When those mechanisms are ignored, they cease to function. This effectively blocks access to justice for veterans and forces them into unnecessary appeals.

Recommendations:

- Provide veterans with the Assessment Worksheets with the payment officer’s letter.
- Mandate that all assessments include a plain-language rationale and explicit reference to the relevant Tables used.
- Enforce service standards requiring acknowledgment and response to all veterans’ requests for reconsideration and/or departmental review within a defined timeframe.

4. Structural and Cultural Deficiencies

The inconsistencies between internal assessments and public-facing decisions suggest deeper organizational problems. VAC appears to operate in silos, with insufficient coordination between roles such as Disability Adjudicators and Payment Officers. This creates friction points where critical information is lost or distorted.

Even more troubling is the apparent skepticism toward veteran-reported symptoms—especially in areas like sexual health or continence, where stigma already inhibits disclosure. By privileging checklists over clinical reasoning, VAC fails to account for the human realities of disability. This reflects a culture that defaults to disbelief rather than care.

**Recommendations:**

- Establish interdisciplinary quality control teams to ensure coordination across departments.
- Implement sensitivity and stigma training around invisible or functional disabilities.
- Monitor VRAB reversals as a diagnostic tool for identifying recurring systemic errors in original assessments.

5. Overreliance on Forms and Checklists

The rigid, form-driven nature of the assessment process often obscures the nuanced realities of each case. In this case, a lack of clarity around “urology reports”—which do not typically exist in outpatient care—led to unnecessary delays and misinterpretations. The system’s reliance on templated forms limits the ability to provide individualized, accurate information.

Recommendations:

- Replace the current forms-based process with structured interviews or interactive assessments between Disability Adjudicators and veterans.
- Where forms are still required, include explanatory notes for common ambiguities (e.g., types of documentation expected in outpatient settings).

6. The Real Problem: An Under-Resourced Assessment Process

Years of financial neglect have left the assessment process severely under-resourced. The department is now struggling to [manage a 92% increase in disability claims](#), all while constrained by a government-imposed three-year financial restraint directive. This dramatic surge in demand, without a corresponding increase in funding or staffing, has overwhelmed adjudicators and strained the system. As a result, assessors are under intense pressure, increasing the likelihood of errors and undermining the quality and fairness of disability assessments.

Recommendations:

- Highlight the impact of financial restraint to the minister to fully justify the need for increased funding and the removal of the planned FY26/27 budget reduction of \$11.5 million.
- Work around the problem by implementing the process changes recommended in point 5 above. This will speed up the process and eliminate the need for many costly VRAB Reviews.

VAC Challenges: Introducing a Cultural Shift

These observations speak not only to technical shortcomings but to a broader cultural issue within Veterans Affairs Canada. The assessment process is not just broken—it is designed in a way that consistently prioritizes process over people. It hides behind forms. It avoids interaction. It resists ambiguity even where ambiguity is inevitable.

For years, decision-makers have operated anonymously behind computer screens, relying on limited information provided through standardized forms. Changing this will not be easy. It will require a shift in mindset—from suspicion to support, from administrative minimalism to clinical engagement. But such change is both necessary and overdue.



Veterans deserve an assessment process grounded in fairness, transparency, and compassion—not one that treats their conditions as paperwork problems to be minimized, questioned, or denied.

Conclusion: A System in Urgent Need of Reform

The case examined in this paper is not exceptional—but it is illuminating. It exposes a disability assessment system that is not simply inefficient, but structurally unfit to deliver fair, timely, and consistent decisions to the very people it is meant to serve. When 91.5% of appealed assessments are overturned by VRAB the problem is not one of human error—it is one of institutional failure.

In this case, the system failed repeatedly: by disregarding clinical evidence and lived experience, by offering unclear and inconsistent communication, by prioritizing rigid procedures over sound judgment, and by demonstrating a disturbing disregard for the dignity of the veteran. What should have been a collaborative process to assess the impact service-related harm became a defensive, bureaucratic exercise in denial. Every time a veteran is forced to re-prove what is already documented and medically supported, the system sends a clear message: our service, our injuries, and our sacrifices are open to dispute.

That Veterans Affairs Canada staff may be constrained by outdated systems and inadequate funding only deepens the urgency for reform—reform not only in policy, but in institutional culture. No veteran should have to resort to ATIP requests, formal appeals, or third-party intervention just to receive a fair and humane assessment. The system should function properly the first time.

Veterans should not be required to litigate their own pain. They should not be left to interpret vague denials, hunt down missing paperwork, or produce evidence for conditions that defy quantification. They should not be met with suspicion where there should be support.

This paper ultimately argues for more than procedural fixes. It calls for a fundamental rethinking of the purpose of veterans' disability assessments. The goal must not be to protect budgets or shield bureaucracies—but to honor the promise we made to those who served: that if they are injured, their country will stand behind them.

This system does not merely need reform—it needs redemption. And that begins with a simple, unwavering truth: no veteran should have to fight a second war just to be believed.

Attachments:

Annex A; Claim Submitted PEN923e, January 07 2022

Annex B; Quality of Life Form Submitted, September 05, 2024

Annex C; Urologist's medical forms, January 14, 2022

Annex D; Assessment Calculations, August 06 2024

Annex E; Assessment Worksheet dated September 09, 2024

Annex F; Urologist Form PEN6261 dated October 04, 2024

Annex G; Urologist Form PEN68 dated October 04, 2024

Annex H; Assessment Worksheet dated February 10, 2025

Annex J; VAC Awarding 9% Assessment February 25, 2025

Annex K; Letter on 9% Assessment dated February 28, 2025

Annex L; Request for a Departmental Review March 09, 2025

Annex M; Medical Advisor Assessment dated February 07, 2025

Annex N; VAC Benefit of Doubt Policy September 27, 2019

Annex O; VAC's Denial of Cancer Claim January 31, 2024

Veterans Affairs
CanadaAnciens Combattants
Canada**Disability Benefits
(Pain and Suffering Compensation/Disability Pension)**

This application can also be completed on-line through "My VAC Account" as an easy-to-use guided Web form. Visit veterans.gc.ca/myVACaccount to sign in or register.

These benefits recognize and compensate for pain and suffering experienced as a direct result of service-related disabilities. You may be eligible if you are a current or former member of the Canadian Armed Forces (CAF) or Royal Canadian Mounted Police (RCMP), and have a permanent medical condition or disability resulting from or aggravated by your service. For more information, or if you need help with this application, please see the contact details at the back of this form.

Important information for first time applicants

If this is your first time applying for a Veterans Affairs Canada (VAC) program, benefit or service, you must include proof of your identity with your application. We will accept a copy of any federal/provincial identification or vital statistics documentation, such as your Canadian passport, birth certificate, driver's license or a provincial health card.

Protected B when completed.

A - Tell us about yourself		Date of application (yyyy-mm-dd)	CSDN ID	File No.
Last name*		First name*	Middle name(s)	
Salutation: Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Other <input type="radio"/> (specify)				
Date of birth (yyyy-mm-dd)		Maiden/other previous name(s)		
Mailing address (No., Street, Apartment No., PO Box, RR No.)			City/Town/Village	
Country		Province/Territory/State		Postal Code/ZIP
Telephone (Country Code, Area Code, No.)		Other telephone (Country Code, Area Code, No.)		
Which official language do you use in oral communications?		English <input checked="" type="radio"/>		French <input type="radio"/>
Which official language do you use in correspondence?		English <input checked="" type="radio"/>		French <input type="radio"/>
Are you an employee of Veterans Affairs?				Yes <input type="radio"/> No <input checked="" type="radio"/>
We are committed to protecting the privacy and confidentiality of all applicants. If you are an employee of Veterans Affairs certain steps are taken to protect your information in the workplace.				

If the above information is pre-filled and is not correct, please make the necessary changes.



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

Is your application related to service in the Second World War, Korean War or RCMP service?

If **yes**, please complete sections B, C and D (if applicable). If **no**, please skip to section E.

If your application is related to service in the Second World War, Korean War or RCMP, and the decision is favourable, you may be eligible for additional pension on behalf of your spouse/common-law partner and/or dependent children. Dependent children may include children under the age of 18, or under the age of 25 if in school, as well as incapacitated children of any age.

B - Tell us about your marital status

Marital status
Married <input checked="" type="radio"/> Common-law <input type="radio"/> Married/Common-law (living apart) <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/>
If you chose separated or married/common-law (living apart), please explain if this is due to medical reasons or other circumstances beyond your control.

C - Tell us about your spouse/common-law partner

Spouse/common-law partner (last name, first name)	Maiden/other previous name(s)
Salutation: Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Other <input type="radio"/> (specify)	
Date of birth (yyyy-mm-dd)	Date of marriage or date common-law relationship began (yyyy-mm-dd)
Has your spouse/common-law partner ever applied for disability or survivor benefits from VAC? Yes <input type="radio"/> No <input type="radio"/>	If yes , provide File Number
Service No.(s)/RCMP Regimental No.(s) (if applicable)	



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

D - Tell us about your dependent children

Dependant 1 (last name, first name, middle name)			
Date of birth (yyyy-mm-dd)	Relationship to you	Residing with you?	Yes <input type="radio"/> No <input type="radio"/>
Dependant 2 (last name, first name, middle name)			
Date of birth (yyyy-mm-dd)	Relationship to you	Residing with you?	Yes <input type="radio"/> No <input type="radio"/>
If you have additional children, please list them below.			



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

E - Tell us about your service

Service No.(s)/RCMP Regimental No.(s) (if applicable)
[REDACTED]

Are you still serving? Yes No

Type(s) of service (e.g., Regular Force, Reserve Force, RCMP, Second World War)*	Year of enlistment/enrolment* (yyyy)	Year of discharge (if applicable)* (yyyy)
CAF Regular Forces	[REDACTED]	[REDACTED]

Have you ever served as a member of the RCMP? Yes No

If **yes**, you will have to complete a Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties (VAC 928) form. When you choose "My complete file", you are consenting to your Service File and Medical File being released to us by the RCMP.

In some cases, service in a provincial or municipal police force may be counted as service in the RCMP. Please provide proof of any provincial or municipal police force absorbed service if it is related to your claimed condition.



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

F - Tell us about your condition

Please complete a separate "Health condition details" section for each unique physical or mental health condition for which you are applying.

Additional pages may be attached if needed.

Health condition details	
Claimed condition: Cancer	
Do you have a medical diagnosis of a permanent condition?	Yes <input checked="" type="radio"/> No <input type="radio"/>
If yes , what is the diagnosis? Prostate Cancer	
Have you had this condition for more than six months?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Are you awaiting, receiving, or have you ever received payment for this condition from anyone other than VAC? (e.g., Worker's Compensation Board, third party insurance, etc.)	Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes , you will need to complete the Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties (VAC 928) form. Please include the name of the third party and your file or claim number.	
How does this condition affect your quality of life (household activities, recreational activities, personal or social relationships, use of private or public transportation)? I underwent surgery to remove my cancerous prostate. The pathology report showed that the tumor occupied 60% of the prostate which was described as unusually large given that a tumor occupying 10% of the prostate is considered to be a large tumor. As a result the surgeon had to remove an extensive amount of tissue which created significant disabilities including extensive incontinence and permanent erectile difficulty which precludes intimate relations.	



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

F - Tell us about your condition (continued)

Claimed condition

Cancer

Applicant statement

Your applicant statement is your basis of claim. We will use this statement when considering your eligibility for disability benefits. When providing your statement, consider the following:

- How is this condition related to or aggravated by your service, or to another service-related condition?
- Did you seek medical attention?
- Was your condition caused by a single event or by a repetitive injury?
- Do you have a CF98 (Report on Injuries) or a witness statement related to the condition that you are applying to receive benefits for?
- Were you on leave or on duty at the time of your injury?
- Are there any other details you consider relevant to the injury/disability?

Tell us how this condition is related to or aggravated by your service.

Exposure to Carbon Tetrachloride:

From 1969 to 1972 I used large quantities of Carbon Tetrachloride on a weekly basis to clean both the fire control analog computer and fire control radar components. This procedure often left me nauseated and gave me stomach pains.

Exposure to polychlorinated biphenyls (PCBs):

I had a number of incidents where I was directed to clean up spills from transformers in confined spaces without any protective gear. I recall one particular spill from the fire control radar transmitter that was housed in a small confined space on the half deck of HMCS Assissiboine. I was given paper towel and rags to reach into the confines of the transmitter to absorb the leaking oil.

Exposure to Trichloroethylene:

I recall that I used Trichloroethylene to clean grease from parts on the 3:50 gun mount.

Note - If you received medical attention for this condition, please complete the Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties (VAC 928) form and provide the name and address of the physician/consultant from whom information can be obtained.



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

G - Use of your service records for disability benefit applications

Your service and service health records may be reviewed for evidence of a diagnosed medical condition or disability and to show that the condition or disability is related to your service.

Under the *Pension Act* and the *Veterans Well-being Act*, VAC has the authority to obtain a copy of your service records, as part of your application, directly from the Department of National Defence or Library and Archives Canada. On consent, RCMP will provide VAC with Service Health Records and service file documentation for the purpose of adjudicating disability benefits or health benefit applications.

The *Privacy Act* provides you the right to request a copy of your personal information held by a government institution and the right to request corrections or have a notation added to any recorded personal information. VAC has no authority to change or update your service health records. You may send your request to the Access to Information and Privacy section of the appropriate department:

- Department of National Defence canada.ca/en/department-national-defence/corporate/transparency/access-information-privacy/request-forms.html; or
- RCMP Health Services (if you are still serving or have served with the RCMP) rcmp-grc.gc.ca/en/access-information-and-privacy.

H - Privacy notice

Veterans Affairs Canada (VAC) takes your privacy seriously. We are committed to protecting your personal information. The information provided on this form is collected under the authority of the *Pension Act*, the *Veterans Well-being Act*, the *Royal Canadian Mounted Police Superannuation Act*, and/or the *Royal Canadian Mounted Police Pension Continuation Act*. We will use the information to determine eligibility for disability benefits. Providing your information is voluntary. However, if you submit an incomplete form there may be delays. This personal information may be shared for case management purposes, to determine your eligibility for additional benefits, or for commemorative activities, where applicable. If you are awarded a disability benefit and are still serving with the RCMP, information will be shared as required, to enable the medical authorities to fully assess and respond to your health needs. The information shared is typically limited to your name, regimental number, home province, medical disability description and the effective date. Your personal information is managed based on the *Privacy Act*. The *Privacy Act* provides you with a right of access to your personal information, and to request changes to that personal information if it contains errors. If you are unhappy with how we handle your personal information, you can file a complaint with the Privacy Commissioner of Canada at 30 Victoria Street, Gatineau, QC, K1A 1H3. More details on the collection, use and disclosure of personal information is described in VAC's Personal Information Banks, Disability Pensions (VAC PPU 601) and Pain and Suffering Compensation (VAC PPU 717), found on our website, veterans.gc.ca.



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

I - Checklist

If applicable to your application, the following information is required to process your application:

<input type="checkbox"/> proof of identity for yourself.
<input type="checkbox"/> proof of identity for your spouse and dependants.
<input type="checkbox"/> applicant statement(s) and condition details for each of your conditions.
<input type="checkbox"/> a Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties (VAC 928) form for each of the following:
<input type="checkbox"/> third party payments for your condition(s);
<input type="checkbox"/> RCMP service file and medical file; and/or
<input type="checkbox"/> any authorized party required to release information to us.
<input type="checkbox"/> a signature and the date in section J below.

Important - The Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties (VAC 928) form allows us to collect the necessary information to process your application. A separate VAC 928 is required for each third party we must contact. For example, if you receive compensation from third party insurance and authorize us to contact your doctor, two VAC 928 forms are required.

Declaration

As the client, or the client's legal representative:

- I understand that it is against the law to knowingly make a false or misleading statement;
- As the legal representative of the client, I declare the client to be alive;
- I agree to notify Veterans Affairs Canada of any changes that may affect my/the client's eligibility for benefits and services as soon as these changes are in effect;
- I declare that I have read and understand the Privacy Notice statement noted above; and
- I declare the information I provide on this form to be true and complete, and knowing that it is of the same force and effect as if made under oath.

Signature	Date (yyyy-mm-dd)
My VAC Account Electronic Submission by: ██████████	██████████



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

If you are completing this form on behalf of the client, please complete the following:

Name (please print) My VAC Account Electronic Submission by: ██████████		Date (yyyy-mm-dd) ██████████
Telephone (Country Code, Area Code, No.) ()	Signature ██████████	

Notice for client/legal representative:

If this form is being signed by someone other than the client, and if you have not already done so, please enclose a photocopy of any document(s) that may identify you as legal representative (e.g., Power of Attorney). Originals will not be returned.



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

Before you send your application:

Attach medical documentation

If you have medical documentation supporting the diagnosis of your condition(s), please attach it to your application. Otherwise, we will contact you if additional medical documentation is needed.

Attach consent for RCMP service file and medical files

If you served in the RCMP, please fill out a Consent for Veterans Affairs Canada to Collect Information from Third Parties (VAC 928) form to allow us to collect your service file and medical file in support of this application. veterans.gc.ca/eng/forms/document/497

Attach consent to contact third parties

If you are awaiting, receiving, or have ever received payment for any of your claimed conditions from sources other than VAC, please fill out a Consent for Veterans Affairs Canada to Collect Information from Third Parties (VAC 928) form and attach it to this application. veterans.gc.ca/eng/forms/document/497

Attach consent to contact other organizations

If you have seen a medical professional or other organizations about your claimed condition(s) please fill out a Consent for Veterans Affairs Canada to Collect Information from Third Parties (VAC 928) form to allow us to contact them in support of your application. veterans.gc.ca/eng/forms/document/497

Attach proof of power of attorney

If you are filling out this application as a power of attorney, please provide supporting documentation and attach it to this application.

Set up or change direct deposit

If you have not enrolled in direct deposit, or wish to change your direct deposit information, fill out and attach a Direct Deposit Request (VAC 441) form. veterans.gc.ca/eng/forms/document/433

Return to: Veterans Affairs Canada PO Box 6000 Matane, QC G4W 0E4	For assistance, contact us: Canada: 1-866-522-2122 (toll-free) 1-833-921-0071 (TTY) United States: 1-888-996-2242 (toll-free) United Kingdom, Germany, France or Belgium: 00-800-996-22421 (toll-free) Any other country: 1-613-996-2242 (collect) Or visit veterans.gc.ca to find your nearest area office.
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Veterans Affairs
Canada

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Canada



Quality of Life (QOL) Questionnaire

Protected B when completed.

		CSDN ID [REDACTED]	File No. [REDACTED]
Last name* [REDACTED]	First name* [REDACTED]	Middle name(s) [REDACTED]	
Service No.(s)/RCMP Regimental No.(s) (if applicable) [REDACTED]			
Decision No. 100005425172		Date of birth (yyyy-mm-dd) [REDACTED]	

This Quality of Life (QOL) Questionnaire is used to determine the effect of your claimed/entitled condition on your activities of daily living.

- Claimed condition:** The condition for which you are requesting disability benefits.
- Entitled condition:** The condition which Veterans Affairs Canada (VAC) has already accepted is related to service.

If you require assistance to complete this form, a departmental employee, family member or another individual of your choice may assist you. If you are completing this form as a surviving spouse/ common-law partner or dependent, please answer the questions as they best describe the effects of the condition on the late Member/Veteran's life.

One of these QOL questionnaires should be filled out for each separate condition. Please ensure the effects are due only to your claimed/entitled condition and do not reflect the effects of other conditions you may have.

Claimed/entitled condition* Other If other, specify Prostate Cancer resulting in Severe Incontinence & Sexual Dysfunction that does not respond to treatment



Fields with an asterisk (*) are required.
Ce formulaire est disponible en français.



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

Please indicate if the claimed/entitled condition affects the following activities:

Activity	Yes, with adaptations or assistance			Comment
	Yes		No	
1. I can do my usual household activities (prepare meals, do basic household maintenance, etc.).	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Require Incontinence Pads to be Active _____
2. I can shop and/or do errands.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Require Incontinence Pads to be Active _____
3. a) I can drive a vehicle.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Require Incontinence Pads to be Active _____
b) I can use public transportation (if available).	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Require Incontinence Pads to be Active _____
4. I am able to work in my regular occupation. (Indicate "retired" if applicable.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Retired _____
5. I can effectively participate in my usual and accustomed recreational and community activities.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Severe incontinence prevents some activity _____
6. I am able to maintain my usual day-to-day family responsibilities, including social outings.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Require Incontinence Pads to be Active _____
7. I am able to maintain my personal/social relationships. (e.g., spouse, family, friends, colleagues, etc.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Complete sexual dysfunction that does not respond to treatment including medical injections to the penis _____



Fields with an asterisk (*) are required.

Protected B when completed.

Last name* [REDACTED]	First name* [REDACTED]	CSDN ID [REDACTED]	File No. [REDACTED]
--------------------------	---------------------------	-----------------------	------------------------

If you have answered **no** to any of the previous statements, or if you have any additional comments, please provide details:

Sexual Dysfunction does not respond to treatment
 In regard to Sexual Dysfunction I've tried everything prescribed by my urologist up to and including injections. I have spent months gradually increasing the injection volume to no avail. I've used the max for the needles 100 units and have never had a viable erection for intercourse. This has had a significant impact on my relationship. Prior to surgery my wife and I were very active sexually for our age group having intercourse 6 to 8 times per month. This came to an abrupt end in November 2021.

Incontinence - Up to 10 Pads per Day
 My urologist informed me that cancer cells had migrated to the opening of the bladder and the sphincter. As a result of removing the cancerous tissue my ability to control my bladder was compromised. I attended weekly physiotherapy for six months after my prostate was removed. Then by-weekly sessions for another 8 months. I realize some improvement as a result. I routinely use 5 to 10 medium or large pads per day depending on my activity and water consumption. If I have an active day with physical activity I can use as many as ten pads. I also use heavy absorbent pads for those days. I occasionally lose control during sleep requiring me to wear a pad at night. Prior to my surgery my wife and I often walked 6 to 8 kilometers per day - normally 5 days per week. After my surgery we have to limit our walks to 1-2 kilometers at which time I have to change my pad. When walking or doing physical work there is absolutely no urinary control since my bladder is always completely empty at the end of a walk.

Are the changes in your activities due entirely to your claimed or entitled condition? Yes No

If **no**, please identify and explain how other conditions may be affecting your activities of daily living.



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

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Declaration

As the client, or the client's legal representative:

- I understand that it is against the law to knowingly make a false or misleading statement;
- As the legal representative of the client, I declare the client to be alive;
- I agree to notify Veterans Affairs Canada of any changes that may affect my/the client's eligibility for benefits and services as soon as these changes are in effect;
- I declare that I have read and understand the Privacy Notice statement noted above; and
- I declare the information I provide on this form to be true and complete, and knowing that it is of the same force and effect as if made under oath.

Signature My VAC Account Electronic Submission by: ██████████	Date (yyyy-mm-dd) ██████████
----------------------------------------------------------------------	-------------------------------------

If you are completing this form on behalf of the client, please complete the following:

Name (please print)	Telephone (Country Code, Area Code, No.) ()
Signature	Date (yyyy-mm-dd)

Notice for client/legal representative:

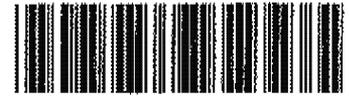
If this form is being signed by someone other than the client, and if you have not already done so, please enclose a photocopy of any document(s) that may identify you as legal representative (e.g., Power of Attorney). Originals will not be returned.





Veterans Affairs
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Medical Questionnaire: Urinary, Sexual, Reproductive Conditions

First Application

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CSDN ID [REDACTED]	File No. [REDACTED]
-----------------------	------------------------

Last name* [REDACTED]	First name* [REDACTED]	Middle name(s) [REDACTED]
Date of birth (yyyy-mm-dd) [REDACTED]	Date of examination (yyyy-mm-dd)	Decision No.
Physician's name (last name, first name) [REDACTED]		

MEDICAL DIAGNOSIS(ES) OF CLAIMED/ENTITLED CONDITION(S) REQUIRING EXAMINATION:

1. Prostate Ca

Is this diagnosis: confirmed or provisional

Is further medical improvement expected? Yes No

If **yes**, please comment. Indicate approximate time frame:

2.

Is this diagnosis: confirmed or provisional

Is further medical improvement expected? Yes No

If **yes**, please comment. Indicate approximate time frame:

3.

Is this diagnosis: confirmed or provisional

Is further medical improvement expected? Yes No

If **yes**, please comment. Indicate approximate time frame:



Annex C

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████

Very specific information is required by Veterans Affairs Canada to evaluate and assess a client's claimed/entitled condition(s). As this information may not generally form part of the clinical history, please help us to collect this information by answering the following questions.

Please complete applicable sections only.

If additional recording space is required, please use the "additional comments" sheet.

MEDICAL HISTORY: Describe current relevant symptoms noting frequency, duration, aggravating and relieving factors.

Injuries? Yes No Describe (include dates).

Are further diagnostic tests or consultations ongoing/planned? Yes No

If yes, indicate the nature of the test/consultation, and the appointment date (if known):

PSA - Jan 26 2022

Physical Examination - Female:

Please indicate the presence of any of the following (please check all that apply) within the appropriate category(ies):

Ovaries:

Comment:

- tenderness/pain, specify: mild moderate severe
- infertility at or after menopause
- pre-menopausal oophorectomy, specify: unilateral bilateral
- pre-menopausal salpingectomy
- other, specify: _____

Uterus:

Comment:

- heavy irregular bleeding
- tenderness/pain, specify: mild moderate severe
- masses
- hysterectomy, specify: pre-menopausal post-menopausal
- endometriosis
- other, specify: _____

Cervix/Vagina:

Comment:

- vaginal fistulae
- other, specify: _____

Fallopian Tubes:

Comment:

- tubal ligation, elective
- loss of tubal patency, pre-menopausal



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Physical Examination - Female: (continued)

Breasts:

- lumpectomy
- right mastectomy, specify: simple or radical
- left mastectomy, specify: simple or radical
- bilateral mastectomy, specify: simple or radical
- other, specify: _____

Comment:

Physical Examination - Male:

Testicles:

- atrophy of 1 testicle, specify: right or left
- loss of 1 testicle, specify: right or left
- atrophy of bilateral testicles
- loss of bilateral testicles
- permanent sterility
- epididymitis
- other, specify: _____

Comment:

Normal

Penis:

- erectile dysfunction; responsive to treatment
- erectile dysfunction; unresponsive to treatment
- severe post-ejaculatory pain; total avoidance of intercourse
- removal of the glans penis
- loss of penis proximal to the glans
- peyronie's disease; capable of intercourse
- peyronie's disease; incapable of intercourse

Comment:

Normal

Scrotum:

- varicocele, with daily pain? Yes No
- hydrocele, with daily pain? Yes No
- other, specify: _____ with daily pain? Yes No

Comment:

Normal

Prostate:

- prostatitis
- benign prostatic hypertrophy
- epididymitis

Comment:

Enlarged & smooth with no nodules

Breasts:

- lumpectomy
- gynecomastia
- persistent mammary discharge
- mastectomy, specify: unilateral bilateral
- other, specify: _____

Comment:

N/A

PLEASE ATTACH/FORWARD COPIES OF RELEVANT REPORTS (E.G., DIAGNOSTIC, CONSULTATION, OPERATIVE, LABORATORY, HOSPITAL DISCHARGE SUMMARIES).



Annex C

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

TREATMENT: Provide a complete medication list (indicating dosage, frequency, duration, route and response), details of relevant surgery/hospitalization and other therapies (e.g., physiotherapy).

Robotic prostatectomy St. Joseph's Health Care
London Nov 23, 2021

COMPLICATIONS:

Are there other complications resulting from the claimed/entitled condition(s)? Yes No
If **yes**, please provide details:

PHYSICAL EXAMINATION: (fill out only portion applicable to the claimed/entitled condition(s))

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____

GENERAL APPEARANCE:

Normal



Annex C

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADDITIONAL INFORMATION:

Please see all attached paper work

Privacy Notice

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Physician's name (last name, first name)		Is VAC to be invoiced?	
[REDACTED]		Yes <input checked="" type="radio"/> No <input type="radio"/>	
Telephone (Country Code, Area Code, No.)		Date of examination (yyyy-mm-dd)	
<input type="radio"/> Canada/US <input type="radio"/> Other [REDACTED]		[REDACTED]	
Physician's signature		Today's date (yyyy-mm-dd)	
[Signature]		0622 10/11/14	



Fields with an asterisk (*) are required.



31 January 2024



Dear 

Subject: Disability Benefit Decision, First Application

We regret to inform you that you have not been granted disability entitlement for the following condition:

- Prostate Cancer

Further details regarding this decision are set out below:

Prostate Cancer – Decision Details – Unfavourable – Regular Force service

- We conclude that your Prostate Cancer did not arise out of and is not directly connected with your Regular Force service. Therefore, we are not able to grant entitlement, under Section 45 of the *Veterans Well-being Act*, Regular Force service.
- You served in the Regular Force service from 1968 to 1997 as a Marine Engineer (MARE 188).
- In your Applicant Statement you indicate that exposure to Tetrachloride, Polychlorinated Biphenyls (PCBs) and Trichloroethylene caused your Prostate Cancer.
- Your Enrolment Medical Examination, dated September 4, 1968 does not identify any pre-existing Prostate Cancer.
- There are no reports in your service health records to indicate that you were exposed to any specific chemicals or substances, including Tetrachloride, Polychlorinated Biphenyls (PCBs) and Trichloroethylene during your military service.
- A Medical Consultation in May 1995 notes that you had persistent low-grade hematuria (blood in your urine) with no other urinary symptoms. Diagnostic investigations did not reveal any abnormalities and your urine cytology was within normal limits.
- The Medical Examination Record dated in October 1995 revealed a normal, non-tender prostate.

Protected B

- Your Release Medical dated March 25, 1997 and Urology Consultation dated April 14, 1997 note your past medical history of hematuria in 1995, and note that all investigations at the time were normal. The consultation report indicates that you were referred for further investigations as an outpatient. These reports do not mention any immediate concerns related to your prostate, nor do they mention any immediate urinary problems.
- The first indication of your Prostate Cancer is found in 2021, over 20 years after being released from the military. A review of the reports, including Medical Reports/ Letters in 2021 and Medical Questionnaire: Urinary, Sexual, Reproductive Conditions in 2022 do not mention any service-related factors or occupational exposures as the cause.
- We have no other information or evidence to relate your Prostate Cancer to your Regular Force service.
- A review of all the available evidence does not support that any service related factors could have caused, contributed to, or aggravated your claimed condition.

Key Evidence

- Enrolment Medical Examination, dated [REDACTED]
- Urology Consultation dated [REDACTED]
- Medical Examination Record dated [REDACTED]
- Release Medical dated [REDACTED]
- Urology Consultation dated [REDACTED]
- Medical Letters/ Reports dated from 2021
- Medical Questionnaire: Urinary, Sexual, Reproductive Conditions

Review and Appeal Options

You may ask the Department to review this decision if you have new evidence. If you do not agree with this decision, you may appeal to the Veterans Review and Appeal Board. The Board is the arm's-length tribunal that operates independently from the Department to provide a fair appeal process for disability benefits decisions.

For advice on your options, you may contact:

- a lawyer, free of charge, at the Bureau of Pensions Advocates at 1-877-228-2250 (toll-free) or, when calling from outside Canada:
 - United States: 1-888-996-2242 (toll-free)
 - United Kingdom, Germany, France, or Belgium: 00-800-996-22421 (toll-free)
 - any other country: 1-613-996-2242 (collect);

- (g) the performance by the member or veteran of any duties that exposed the member or veteran to an environmental hazard that might reasonably have caused the injury or disease or its aggravation

This paragraph puts the onus on VAC to present evidence to the contrary when making statements that an injury, resulting from exposure to an environmental hazard such as Carbon Tetrachloride, is not service related. VAC failed to present any evidence that my cancer was not related to my exposure to Carbon Tetrachloride and failed to give me the benefit of the doubt.

Level of Disability

Table 16.2 - Loss of Function - Lower Urinary Tract

Rating: **Thirteen – More than 2 incontinent pads required daily. (5 to 10)**

Justification:

I worked with a physiotherapist for over an year trying to get my incontinence under control. Although there was some improvement incontinence remains a significant problem.

The number of pads I use depends on my daily activity. If I spend the day sitting it can be as little as 3-4 pads. If I have a very active day such as working in my shop or gardening it can be as many as ten pads. I also use heavy absorbent pads for those days. My wife and I walked 5 kms to 7 kms per day prior to my surgery. Now we have to limit the length of our walks to 2 kms since our walks are now limited to the volume the pad can absorb.

When walking or doing physical work there is absolutely no urinary control since my bladder is always completely empty at the end of a walk.

Table 16.3 - Loss of Function - Sexual and Reproductive - Male Anatomy

Rating: **Eighteen: Erectile dysfunction unresponsive to all treatment**

Justification:

I've tried everything prescribed by my urologist up to and including injections. We've spent months gradually increasing the injection volume to no avail. I am currently at 100 units and have yet to have a viable erection for intercourse – clearly unresponsive to treatment.

Quality of life

Level Determination Table

Level 3

*“Extreme reduction in the *scope, frequency and quality of usual and accustomed inter-personal, social and interpersonal relationships. Severely affected relationships ...”* with my wife

Justification - Extreme Erectile Dysfunction and Incontinence

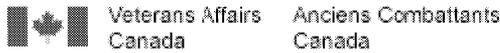
In regard to Erectile Dysfunction I've tried everything prescribed by my urologist up to and including injections. We've spent months gradually increasing the injection volume to no avail. I am currently at 100 units and have yet to have a viable erection for intercourse.

This has had a significant impact on my relationship. Prior to surgery my wife and I were very active sexually for our age group having intercourse 6 to 8 times per month. This came to an abrupt end in November 2021.

In regard to Incontinence it has had a major impact on our life style. If you go anywhere I have to carry extra pads with me to change pads throughout the day. If I have an active day with physical activity I can use as many as ten pads. I also use heavy absorbent pads for those days. My wife and I are avid walkers and used to walk 5 kms to 7 kms per day prior to my surgery. Now we have to limit the length of our walks to 2 kms since our walks are now limited to the volume the pad can absorb. On a few occasions my bladder has emptied during sleep which forces me to wear pad at night as a precaution.

Recent Relevant Decisions involving Prostate Cancer:

VRAB/VAC Decision	Date	Award	Exposure
100005527639	July 25, 2024	21%	Carbon Tetrachloride
100004906245	May 28, 2024	Entitlement granted in the amount of five-fifths	hazardous material
100005403348	March 06, 2024	Entitlement granted in the amount of five-fifths	Carbon Tetrachloride
100005196176	January 23, 2024	Entitlement granted in the amount of five-fifths	Agent Orange



ASSESSMENT WORKSHEET GENERAL ASSESSMENT WORKSHEET

File No : [REDACTED] **Decision No :** 100005558138
Family Name: [REDACTED] **Given Name:** [REDACTED]
Date Completed: 2024-09-12 **Name of Assessor:** [REDACTED]

- First Decision
- Departmental Review
- Reassessment
- VRAB Decision

<p>Entitled condition(s) to be assessed: Prostate cancer</p> <p>INITIAL MINIMAL ASSESSMENT</p>	<p>Current Assessment:</p>
<p>Documents Reviewed: Pathology report (prostate biopsy) Pre-operative urology reports Operative report (robotic radical prostatecxtomy) Post-operative urology report Applicant's statement Medical report for pension purposes Applicant's statement (in statement of case)</p>	<p>Date of report: 21 June 2021 03Aug2021 15Sept2021 23 November 2021 02 December 2021 07 January 2022 14 January 2022 [REDACTED] pages 117-122 of SOC</p>

GENERAL ASSESSMENT

Step 1: Determine the general rating.

Chapter(s)	Rationale for General Rating	Rating
		4

	MINIMAL ASSESSMENT	
	See comments below	

Note: If partially contributing table applies (PCT) to any component of this rating, a manual PCT adjustment is required.

Step 2:

Determine the Quality of Life rating.	Choose a quality of life level. <input type="radio"/> N/A <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	1
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Step 3:

Add the ratings at step 1 and step 2.	5
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Note: See associated entitlement decision for assigned assessment.

Comments:
<p>Initial Minimum Assessment - 5%</p> <p>PME required for newly entitled VRAB condition of Prostate cancer.</p> <p>Please obtain all urology reports post Dec2021/Jan 2022 and PEN6254</p> <p>Although the applicant mentions post-operative erectile dysfunction and urinary incontinence; although both are likely after robotic radical prostatectomy, we have no medical documentation of such complications.</p>

This is the Disability Assessment.



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Canada

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Canada



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Medical Questionnaire: Kidney, Ureter and Bladder Conditions

Reassessment/assessment

Last name*		First name*	Middle name(s)
[REDACTED]		[REDACTED]	[REDACTED]
Date of birth (yyyy-mm-dd)	Date of examination (yyyy-mm-dd)		Decision No. 100005573655
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village	
[REDACTED]		[REDACTED]	
Country	Province/Territory/State	Postal Code/ZIP	
Canada	[REDACTED]	[REDACTED]	

Very specific information is required by Veterans Affairs Canada (VAC) to evaluate and assess a client's claimed/entitled condition(s). This information can be provided with one of the following options:

OPTION 1 - complete the following medical questionnaire, OR

OPTION 2 - submit a detailed report which includes all the information requested in this medical questionnaire.

LIST CONFIRMED MEDICAL DIAGNOSIS(ES) OF KIDNEY, URETER AND BLADDER CONDITION(S).

1. Prostate Cancer
2. INCONTINENCE
3. SEXUAL DYSFUNCTION

MEDICAL HISTORY

Describe relevant medical history and current relevant symptoms noting frequency, duration, aggravating and relieving factors. Indicate date of onset. If kidney disease is present, identify relevant symptoms (e.g., secondary hypertension, edema, chronic anemia).

ROBOTIC PROSTECTOMY 23 NOV 2021

(Add any additional comments on the last page.)

PLEASE ATTACH/FORWARD COPIES OF RELEVANT REPORTS.
(e.g., Consultation(s), laboratory investigations, hospital discharge summary(ies), diagnostic imaging)





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Last name*	First name*	CSDN ID	File No.
[Redacted]	[Redacted]	[Redacted]	[Redacted]

UPPER URINARY TRACT CONDITIONS Not applicable

Renal Function

Estimated Glomerular Filtration Rate (eGFR): _____ ml/min/1.73m²

Creatinine clearance: _____ ml/min or _____ L/24h

Indicate other laboratory investigations (e.g., Hgb, BUN, Creatinine, Electrolytes, Urinalysis).

GFR is within normal limits, but requires ongoing renal monitoring: Yes No

If **yes**, explain.

Hydronephrosis: Yes No

If **yes**, indicate: Right Left Bilateral

Hydronephrosis with secondary infection: Yes No

If **yes**, indicate frequency and duration of infection.

Kidney stones resulting in renal colic: Yes No

If **yes**, indicate frequency: Occasional (< once a year) Yearly or greater

Pyelonephritis: Yes No

If **yes**, indicate frequency of episodes:

 up to 2 times per year 3 - 4 times per year More than 4 times per year

Treatment of Upper Urinary Tract Condition(s)

Medication list (include dosage, frequency, duration, route and response).
Include **all** medications.

Dialysis: Yes No

If **yes**, indicate date of onset and frequency of dialysis.



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[Redacted]	[Redacted]	[Redacted]	[Redacted]

UPPER URINARY TRACT CONDITIONS (continued)

Treatment of Upper Urinary Tract Condition(s) (continued)

Surgical treatment(s): Yes No

If **yes**, indicate:

Permanent Urinary Diversion Indicate date of surgery (yyyy-mm-dd): _____

Indicate type:

Nephrostomy Ureterointestinal Ileal conduit Cutaneous ureterostomy

Nephrectomy

Check applicable:

Right Indicate date of surgery (yyyy-mm-dd): _____

Left Indicate date of surgery (yyyy-mm-dd): _____

Renal Transplant

Provide date(s) and outcomes.

Other (specify) _____ Indicate date of surgery (yyyy-mm-dd): _____

LOWER URINARY TRACT CONDITIONS Not applicable

Voiding/Bladder Control

Check applicable: Symptoms of dysuria: None Occasionally Daily

Symptoms of urgency: None Occasionally Daily

Symptoms of frequency: None Occasionally Daily

1) Daytime voiding frequency:

Every 3 hours

Every 2 hours

Every hour

Less than every 30 minutes

Every 15 minutes

2) Nighttime voiding frequency:

Once per night

2 - 3 times per night

4 - 5 times per night

More than 5 times per night

Every 15 minutes

Obstructed voiding: Yes No

If **yes**, check applicable: Hesitancy and/or diminished stream

Post void residuals greater than 150cc

Uroflometry - peak flow rate less than 10cc per second

Other (specify): _____



Fields with an asterisk (*) are required.



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[Redacted]	[Redacted]	[Redacted]	[Redacted]

LOWER URINARY TRACT CONDITIONS (continued)

Voiding/Bladder Control (continued)

Requires Urethral Dilatation: Yes No

If **yes**, indicate the number of dilatations required:

Once per year

2 - 4 times per year

More than 4 times per year

Incontinent of bladder: Yes No

If **yes**, are incontinent pads required? Yes No

Frequency incontinent pad(s) used:

1 - 2 per day

More than 2 per day

Catheter required: Yes No

If **yes**, indicate:

Intermittent daily catheterization

Permanent use of condom catheter

Permanent indwelling catheter

Permanent suprapubic catheter

Complete loss of voluntary control of the bladder: Yes No

Is/are other condition(s) contributing to the impairment of voiding/bladder control? Yes No

If **yes**, identify the condition(s) and the effect(s) on voiding/bladder control.

ROBOTIC PROSTECTOMY 23 NOV 2021

Lower Urinary Tract Infection: Yes No

If **yes**, indicate frequency:

1 - 3 times per year

4 or more times per year

Long term prophylactic antibiotic drug therapy: Yes No





Protected B when completed.

Last name* [Redacted]	First name* [Redacted]	CSDN ID [Redacted]	File No. [Redacted]
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LOWER URINARY TRACT CONDITIONS (continued)

Treatment of Lower Urinary Tract Condition(s)

Medication list (include dosage, frequency, duration, route and response).
Include all medication(s):

Surgical treatment(s): Yes No

If **yes**, indicate:

Permanent Urinary Diversion

Type of surgery: _____

Date of surgery (yyyy-mm-dd): _____

Prostatectomy

Date of surgery (yyyy-mm-dd): 2021-11-23

Urinary Incontinence Surgery

Type of surgery: _____

Date of surgery (yyyy-mm-dd): _____

Other (specify) _____

Date of surgery (yyyy-mm-dd): _____

Complications and/or other treatment(s). Indicate date(s) and response.

Are further relevant diagnostic test(s) or consultation(s) ongoing or planned? Yes No

If **yes**, describe.

Describe complications resulting from kidney, ureter and bladder condition(s).



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood pressure: _____ Pulse: _____ Respiration: _____

Describe relevant examination findings.

ADDITIONAL INFORMATION

Privacy Notice

Veterans Affairs Canada (VAC) is committed to protecting individuals' privacy rights, including safeguarding the confidentiality of the information provided. The information provided on this form is collected under the authority of the *Pension Act*, the *Veterans Well-being Act*, the *Royal Canadian Mounted Police Superannuation Act* and/or the *Royal Canadian Mounted Police Pension Continuation Act* for the purpose of determining disability entitlement and/or assessment. Providing this information is voluntary. However, an incomplete form may cause delays for the individual. This personal information may be shared for case management purposes, to determine eligibility for additional benefits, or for commemorative activities, where applicable. The recorded opinion about an individual is considered personal information about and belonging to that individual. The individual to whom this information belongs has the right to the correction of, access to, and protection of their personal information under the *Privacy Act* and to file a complaint with the Privacy Commissioner of Canada, at 30 Victoria Street, Gatineau, QC, K1A 1H3, over VAC's handling of their information. Further details on the collection, use and disclosure of personal information are described in the VAC's Personal Information Banks, Disability Pensions (VAC PPU 601) and Pain and Suffering Compensation (VAC PPU 717). For more information visit the Programs and Information Holdings publication found on VAC's website.

Health Professional's name (last name, first name)		Credentials	
[REDACTED]		[REDACTED]	
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village	
[REDACTED]		[REDACTED]	
Country	Province/Territory/State	Postal Code/ZIP	
CANADA	[REDACTED]	[REDACTED]	
Telephone (Country Code, Area Code, No.)	Is VAC to be invoiced? Yes <input checked="" type="radio"/> No <input type="radio"/>		
[REDACTED]			
Health Professional's signature		Today's date (yyyy-mm-dd)	
[Signature]			

PEN6261e (2024-07)

Page 6 of 6

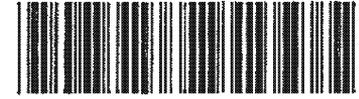


Fields with an asterisk (*) are required.



Veterans Affairs Canada

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Medical Questionnaire: Urinary, Sexual, Reproductive Conditions

First Application

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CSDN ID	File No.
[REDACTED]	[REDACTED]

Last name*	First name*	Middle name(s)
[REDACTED]	[REDACTED]	[REDACTED]
Date of birth (yyyy-mm-dd)	Date of examination (yyyy-mm-dd)	Decision No.
[REDACTED]	[REDACTED]	[REDACTED]
Physician's name (last name, first name)		
[REDACTED]		

MEDICAL DIAGNOSIS(ES) OF CLAIMED/ENTITLED CONDITION(S) REQUIRING EXAMINATION:

1. PROSTATE CANCER

Is this diagnosis: confirmed or provisional

Is further medical improvement expected? Yes No

If yes, please comment. Indicate approximate time frame:

2. INCONTINENCE

Is this diagnosis: confirmed or provisional

Is further medical improvement expected? Yes No

If yes, please comment. Indicate approximate time frame:

3. SEXUAL DYSFUNCTION

Is this diagnosis: confirmed or provisional

Is further medical improvement expected? Yes No

If yes, please comment. Indicate approximate time frame:



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Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Very specific information is required by Veterans Affairs Canada to evaluate and assess a client's claimed/entitled condition(s). As this information may not generally form part of the clinical history, please help us to collect this information by answering the following questions.

Please complete applicable sections only.

If additional recording space is required, please use the "additional comments" sheet.

MEDICAL HISTORY: Describe current relevant symptoms noting frequency, duration, aggravating and relieving factors.

Injuries? Yes No Describe (include dates).

Are further diagnostic tests or consultations ongoing/planned? Yes No

If yes, indicate the nature of the test/consultation, and the appointment date (if known):

Physical Examination - Female:
Please indicate the presence of any of the following (please check all that apply) within the appropriate category(ies):

Ovaries: Comment:

tenderness/pain, specify: mild moderate severe

infertility at or after menopause

pre-menopausal oophorectomy, specify: unilateral bilateral

pre-menopausal salpingectomy

other, specify: _____

Uterus: Comment:

heavy irregular bleeding

tenderness/pain, specify: mild moderate severe

masses

hysterectomy, specify: pre-menopausal post-menopausal

endometriosis

other, specify: _____

Cervix/Vagina: Comment:

vaginal fistulae

other, specify: _____

Fallopian Tubes: Comment:

tubal ligation, elective

loss of tubal patency, pre-menopausal



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Physical Examination - Female: (continued)

Breasts:

- lumpectomy
- right mastectomy, specify: simple or radical
- left mastectomy, specify: simple or radical
- bilateral mastectomy, specify: simple or radical
- other, specify: _____

Comment:

Physical Examination - Male:

Testicles:

- atrophy of 1 testicle, specify: right or left
- loss of 1 testicle, specify: right or left
- atrophy of bilateral testicles
- loss of bilateral testicles
- permanent sterility
- epididymitis
- other, specify: _____

Comment:

Penis:

- erectile dysfunction; responsive to treatment
- erectile dysfunction; unresponsive to treatment
- severe post-ejaculatory pain; total avoidance of intercourse
- removal of the glans penis
- loss of penis proximal to the glans
- peyronie's disease; capable of intercourse
- peyronie's disease; incapable of intercourse

Comment:

Scrotum:

- varicocele, with daily pain? Yes No
- hydrocele, with daily pain? Yes No
- other, specify: _____ with daily pain? Yes No

Comment:

Prostate:

- prostatitis
- benign prostatic hypertrophy
- epididymitis

Comment:

Breasts:

- lumpectomy
- gynecomastia
- persistent mammary discharge
- mastectomy, specify: unilateral bilateral
- other, specify: _____

Comment:

PLEASE ATTACH/FORWARD COPIES OF RELEVANT REPORTS (E.G., DIAGNOSTIC, CONSULTATION, OPERATIVE, LABORATORY, HOSPITAL DISCHARGE SUMMARIES.)



Fields with an asterisk (*) are required.



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[Redacted]	[Redacted]	[Redacted]	[Redacted]

TREATMENT: Provide a complete medication list (indicating dosage, frequency, duration, route and response), details of relevant surgery/hospitalization and other therapies (e.g., physiotherapy).

ROBOTIC PROSTECTOMY 23 NOVEMBER 2021

COMPLICATIONS:

Are there other complications resulting from the claimed/entitled condition(s)? Yes No

If yes, please provide details:

INCONTINENCE

SEXUAL DYSFUNCTION

PHYSICAL EXAMINATION: (fill out only portion applicable to the claimed/entitled condition(s))

Height	Weight	Blood Pressure	Pulse	Respiration
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GENERAL APPEARANCE:



Fields with an asterisk (*) are required.



Protected B when completed.

Last name* [Redacted]	First name* [Redacted]	CSDN ID [Redacted]	File No. [Redacted]
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EXAMINATION FINDINGS: Describe any relevant examination findings.

OTHER PERTINENT FINDINGS: (e.g., other conditions that may be contributing to the client's impairment.)



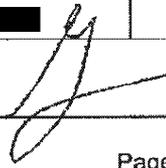
Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[Redacted]	[Redacted]	[Redacted]	[Redacted]

ADDITIONAL INFORMATION:

Privacy Notice

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Physician's name (last name, first name) [Redacted], [Redacted]		Is VAC to be invoiced? Yes <input checked="" type="radio"/> No <input type="radio"/>
Telephone (Country Code, Area Code, No.) <input checked="" type="radio"/> Canada/US <input type="radio"/> Other, [Redacted]	Date of examination (yyyy-mm-dd)	
Physician's signature 		Today's date (yyyy-mm-dd)



Fields with an asterisk (*) are required.



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Canada

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Canada

ASSESSMENT WORKSHEET GENERAL ASSESSMENT WORKSHEET

File No : Decision No :
 Family Name: Given Name:
 Date Completed: Name of Assessor:

- First Decision
- Departmental Review
- Reassessment
- VRAB Decision

Entitled condition(s) to be assessed: Prostate cancer	Current Assessment: 5
Documents Reviewed: Medical report for pension purposes	Date of report: Undated

GENERAL ASSESSMENT

Step 1: Determine the general rating.

Chapter(s)	Rationale for General Rating	Rating
		9

	<p>See my previous assessment, dated 05 September 2024.</p> <p>Urology reports were requested but not provided, which is not acceptable; these reports are necessary for proper and definitive re-assessment of the pensioned condition.</p> <p>The new report submitted is undated and contains very little useful clinical information; specifically, it contains no mention of a physical examination.</p> <p>The complications of robotic prostatectomy, i.e. erectile dysfunction and urinary incontinence, are mentioned, but not adequately documented.</p> <p>Assessment for prostate cancer is increased to 9%, but we still require more detailed clinical information, along with the urology reports previously requested.</p>	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Note: If partially contributing table applies (PCT) to any component of this rating, a manual PCT adjustment is required.

Step 2:

Determine the Quality of Life rating.	Choose a quality of life level. <input type="radio"/> N/A <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	1
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Step 3:

Add the ratings at step 1 and step 2.	10
---------------------------------------	----

Note: See associated entitlement decision for assigned assessment.

Comments:



February 25, 2025

[REDACTED]

Dear [REDACTED]

Subject: Assessment Results

Veterans Affairs Canada wishes to inform you that your disability assessment will increase.

Payment Information

Your monthly pain and suffering compensation will increase to [REDACTED]. This will begin in March 2025.

This will be retroactive to January 1, 2022. In addition to your monthly compensation, you will receive a one-time payment of [REDACTED].

You can expect a payment within two weeks.

A disability worksheet is enclosed for your information.

Contact us if you ever receive, or have already received, money from another source relating to this disability. In some cases, the money you receive from other sources may affect the amount of your disability payment.

Payment Options

Pain and Suffering Compensation is automatically paid as a monthly payment for the rest of your life. However, you may choose to receive the balance of your Pain and Suffering Compensation as a lump sum payment at any time. For your convenience, an *Election for Pain and Suffering Compensation Lump Sum* form is enclosed. If you wish to elect for the lump sum payment option, please check the box in section D of the enclosed form, sign the form under section E, and return it in the envelope provided.

Financial Counselling

The Department can reimburse up to \$500 of the fees you pay for financial advice on how to manage or invest your pain and suffering compensation. This advice must be provided by a financial advisor who is primarily engaged in the business of providing financial advice. You have 12 months from the date of this decision to apply for this reimbursement.

To learn more about how to apply, or to get an application form, please visit our web site at veterans.gc.ca or contact us at the toll-free number listed at the end of this letter.

Changes to Your Condition

If your condition worsens in the future, please contact the Department to request a review.

Other information enclosed

- A fact sheet with information on managing your pain and suffering compensation or benefit.
- An *Election for Pain and Suffering Compensation Lump Sum* form (if you wish to elect for the lump sum payment option).

The following pages contain more information about the Department's decision and also explain your review and appeal options if you do not agree with our decision.

Reference:

Service/Regimental Number: [REDACTED]

Decision Number(s): [REDACTED]

Veterans Affairs Canada

Assessment Decision Dated: February 10, 2025

Condition: Prostate Cancer

Assessment Results

- Your pain and suffering compensation assessment has increased from 5% to 10%.
- Your assessment is effective January 1, 2022, under subsection 51(1) of the *Veterans Well-being Act*.

Key Evidence

We have considered all of the information provided, including:

- Medical report for pension purposes

Reasons for Assessment

Based on the evidence we reviewed, your disability is assessed at 10%.

Your assessment is calculated by adding together your medical impairment rating of 9 and your quality of life rating of 1.

Medical Impairment

- Based on the medical information listed above, your condition meets the criteria set out in the 2006 edition of the Table of Disabilities.
- As a result, your medical impairment rating is 9.

Quality of Life

- The Quality of Life Questionnaire you provided, and/or the information available on your file, indicates that your daily activities have been affected by this condition.
- Based on Tables 2.1 and 2.2 of the 2006 edition of the Table of Disabilities, your quality of life rating is 1.
- Please keep in mind that this Quality of Life rating only applies to this condition, not to other medical conditions that you may have.

Review and Appeal Options

You may ask the Department to review this decision if you have new evidence. If you do not agree with this decision, you may appeal to the Veterans Review and Appeal Board. The Board is the arm's-length tribunal that operates independently from the Department to provide a fair appeal process for disability benefits decisions.

Questions

If you wish to contact the Bureau of Pensions Advocates to discuss your review and appeal options, please call 1-877-228-2250 (toll-free).

If you have other questions about our services and benefits, you can:

- call us at 1-866-522-2122 (toll-free) / TTY: 1-833-921-0071;
- visit our Web site at veterans.gc.ca.

Payment Officer:



Veterans Affairs Canada
(via VAC Account)
File Number: 5409339

February 28, 2025

Dear VAC Decision Maker,

Re: Your Letter dated February 25, 2025

Thank you for your assessment of my claim. Your rating of 9 for my Medical Impairment appears to be inconsistent with Tables 16.3 and 19.6. A review of Table 16.3 shows a rating of 18 for Erectile dysfunction that is unresponsive to all treatments which, in my case, included intrathecal injections which were unsuccessful. In addition, Table 19.6 gives a rating of 13 for Urinary incontinence requiring more than 2 incontinent pads per day which applies to my condition. This results in a total medical impairment rating of 32.

I recognize that your area is overwhelmed with the volume of claims and I don't wish to add to that, nevertheless, I am asking you to take another look at Tables 16.3 and 19.6 for my file.

I recognize that the normal procedure is to ask for a Review however, I filed this claim 38 months ago and given the backlog at BPA, it will take at least a year to get to VRAB. I therefore ask that you take another look at this in the interest of the time and additional workload that a Review would require.

Sincerely

Veterans Affairs Canada
(via VAC Account)
File Number: 5409339

March 09, 2025

Re: Your Letter dated February 25, 2025

Thank you for your assessment of my claim. Your rating of 9+1 for my Medical Impairment appears to be inconsistent with Tables 16.3 and 19.6.

A review of Table 16.3 shows a rating of 18 + 5 for Erectile dysfunction that is unresponsive to all treatments which, in my case, included intrathecal injections which were unsuccessful. In addition, Table 19.6 gives a rating of 13 + 3 for Urinary incontinence requiring more than 2 incontinent pads per day which applies to my condition. This results in a total medical impairment rating of 39. (See Attached)

Given the difference between 10% as calculated by the decision-maker and the 39% that I calculate, I request a departmental review as per your letter.

Sincerely

Calculations Based on the Table of Disabilities

Disability: Chapter 16 Sexual Disability

Table 16.3

Rating Eighteen – Erectile dysfunction unresponsive to all treatment

Quality of Life Rating

Definition: "**Personal relationships**" refers to the Member/Veteran/Client's **ability to initiate, take part in and maintain appropriate and customary** social, **sexual** and interpersonal **relationships**. To determine the effect on personal relationships, it is necessary to establish how the physical and psychological effects of the entitled condition or bracketed entitled conditions affect the Member/Veteran/Client's **usual** ability to interact socially with others.

Level 3: At this level, the Member/Veteran/Client's quality of life is considered to be extremely affected by the entitled conditions. "**Extremely Affected**" is defined as a **significant degree of change in usual** and accustomed QOL functioning which is due to the entitled condition and or bracketed entitled conditions

Justification: intrathecal injections were tried and failed. Further attempts of intrathecal injections cannot be made due to conflict with heart medications. This represents a significant degree of change in quality of life prior to the cancer treatment.

From Table 2.2 Rating for Sexual Disability should be 18+5 = 23

Disability: Chapter 19 Impairment in Activities – Bladder Control

Table 19.6

Rating Thirteen – Urinary incontinence requiring more than 2 incontinent pads per day

Quality of Life Rating

Definition: "**Recreational and Community Activities**" refers to the ability to take part in any activities of the Member/Veteran/Client's choosing. A recreational rating is based on the Member/Veteran/Client's normal recreational and community activities and measures the limitation placed by the entitled condition or bracketed entitled conditions on the ability to continue those activities. **It also takes into account the Member/Veteran/Client's need to modify recreational pursuits or to seek alternatives.** Community activities include work in a voluntary capacity.

Level 2: At this level, the Member/Veteran/Client's QOL is considered to be moderately affected by the entitled condition or bracketed entitled conditions. "Moderately Affected" is defined as **a medium degree of change in usual and accustomed QOL functioning which is due to the entitled condition** or bracketed entitled condition.

Justification: Prior to the cancer I frequented the local hiking trails and went on daily long walks in the neighbourhood. I currently use 8 to 10 incontinent pads per day. When on the local hiking trails or long neighbourhood walks I have absolutely no control over my bladder. Given the need to change pads this prevents the use of the hiking trails and requires a modified neighbourhood walk to limit the distance to 2 kms from my home. As a result of the frequent moist environment due to incontinence, I suffer from frequent infections and rashes that require antibiotic treatment and the cessation of outdoor walks for a few days.

Table 2.2 Rating for Impairment in Activities should be 13+3 = 16



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Medical Examination/Assessment

CSDN ID		File No.	
[REDACTED]		[REDACTED]	
Last name*		First name*	
[REDACTED]		[REDACTED]	
Mailing address (No., Street, Apartment No., PO Box, RR No.)		Middle name(s)	
[REDACTED]		[REDACTED]	
Country		Province/Territory/State	
Canada		[REDACTED]	
Telephone (Country Code, Area Code, No.)		Decision No.	
<input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other 1 [REDACTED]		100005573655	
		Office	
		Mississauga Office	
		DO code	
		10	
Date of birth (yyyy-mm-dd)		Date of last 865 (yyyy-mm-dd)	
1949-09-20			
Date of last exam (yyyy-mm-dd)			
Service No.(s)/RCMP Regimental No.(s) (if applicable)			
Family doctor(s) or specialist(s) (last name, first name)		Present employment	
[REDACTED]		[REDACTED]	
Reason for present examination		Date request received (yyyy-mm-dd)	
<input type="checkbox"/> Client initiated <input checked="" type="checkbox"/> Department initiated		2024-09-13	
Entitled Conditions		For Head Office use only	
List conditions to be assessed		(Assessment Approvals)	
		Assessment	
1. Prostate Cancer 5/5th @ 5% - Initial Minimum		Effective date (yyyy-mm-dd)	
		Next review type and date	
2.			
Approved by authorizing officer (last name, first name)		Date (yyyy-mm-dd)	
[REDACTED]		[REDACTED]	



Protected B when completed.

Last name*	First name*	CSDN ID	File No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			Decision No. 100005573655

Entitled Conditions (continued) List conditions to be assessed	For Head Office use only (continued) (Assessment Approvals)		
	Assessment	Effective date (yyyy-mm-dd)	Next review type and date
3.			
4.			
5.			
6.			

Approved by authorizing officer (last name, first name)	Date (yyyy-mm-dd)



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████
Member/Veteran statement as recorded by medical examiner/officer			Decision No. 100005573655

Privacy Notice

Veterans Affairs Canada (VAC) takes your privacy seriously. We are committed to protecting your personal information. The information provided on this form is collected under the authority of the *Pension Act* and the *Veterans Well-being Act*. We will use the information to determine eligibility for benefits. Providing your information is voluntary. However, if you submit an incomplete application there may be delays. Your personal information is managed based on the *Privacy Act*. The *Privacy Act* provides you with a right of access to your personal information, and to request changes to that personal information if it contains errors. If you are unhappy with how we handle your personal information, you can file a complaint with the Privacy Commissioner of Canada at 30 Victoria Street, Gatineau, QC, K1A 1H3. Additional information about how VAC handles personal information can be found in the information about Programs and Information Holdings publication found on VAC's website.

I have read or have been read my statement which is correctly and satisfactorily recorded. I solemnly affirm that I am the person represented by this signature.

Member/Veteran's signature	Date (yyyy-mm-dd)
Original signed by (last name, first name)	Date (yyyy-mm-dd)



Fields with an asterisk (*) are required.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.
██████████	██████████	██████████	██████████
			Decision No. 100005573655

Medical examiner's/officer's report

Note - the recorded opinion about an individual is considered personal information about and belonging to that individual.

General appearance and vital signs

Height	Weight	Blood pressure	Pulse	Respiratory rate
<p>Reviewed PEN6261 and PEN68 uploaded 2024-10-30 (both documents signed but not dated), PEN50 dated 2024-09-05, and Table of Disabilities pertaining to Loss of Function - Sexual and Reproductive, and Loss of Function - Lower Urinary Tract.</p> <p>Also noted that the PEN6254 pertains to Pancreatic Conditions and is not applicable and is not necessary for the reassessment of the Veteran's awarded condition of Prostate Cancer.</p> <p>Neither the PEN6261 and PEN68 are fully completed, but the pertinent findings are consistent with the ongoing symptoms noted by the Veteran. The PEN68 noted "erectile dysfunction; unresponsive to treatment", and the PEN6261 noted Incontinent of Bladder with more than 2 incontinent pads used per day. No other symptoms or limitations were noted by the Veteran, therefore it would be reasonable to conclude that all other sections of the MQ's that were not addressed by the physician are not applicable.</p> <p>Based on the Table of Disabilities, the information from the MQ's does provide enough medical details for adjudication to make a determination greater than the initial minimum that was previously granted. Given that additional reports were already requested but not provided, it would be reasonable to proceed with the reassessment at this time.</p>				

Attached Reports

PEN63 completed by Dr. ██████████ PEN6261 completed by Dr. ██████████ PEN50 Medication List

Is the Member/Veteran wearing an artificial appliance for disability due to or aggravated by services? Yes No

Type of appliance	Date of issue (yyyy-mm-dd)
Medical examiner's/officer's name (last name, first name) Park Randy	Title SAMO
Medical examiner's/officer's signature Dr. ██████████	Date (yyyy-mm-dd) 2025-02-07





Benefit of Doubt

Issuing Authority: Director General, Policy and Research

Effective Date: 27 September 2019

Document ID: 1584

Table of Contents

[Purpose](#)

[Policy](#)

[General](#)

[All the circumstances of the case and all the evidence](#)

[Relevant Evidence](#)

[Drawing Reasonable Inferences](#)

[Credible and Uncontradicted Evidence](#)

[Sexual Trauma](#)

[Resolving Doubt in Favour of an Applicant](#)

[References](#)

Purpose

The purpose of this policy is to provide direction to the adjudicator on the appropriate application of the benefit of doubt provisions under the [Pension Act](#) and the [Veterans Well-being Act \(VWA\)](#).

Policy

General

1. The function of an adjudicator is to perform an active inquiry into the basis of a claim for a disability benefit or other benefit pursuant to the *Pension*

Act and Veterans Well-being Act (“the Acts”). This involves reviewing all evidence relating to the claim to determine its relevance and credibility, weighing the evidence and providing a fair and impartial written decision which includes reasons explaining how the decision was reached.

2. When carrying out their decision-making responsibilities, adjudicators must also adhere to the principles set out in the Acts. This includes drawing all reasonable and favourable inferences that can be drawn with respect to the applicant’s case, as well as resolving any doubt as to whether a case (claim) has been established in favour of the applicant.

All the circumstances of the case and all the evidence

3. The adjudicator is to draw every reasonable inference that can be made in favour of an applicant and to do so by taking into consideration all of the circumstances of the case, as well as any evidence provided in support of an applicant’s claim.
4. For purposes of this policy, “all the circumstances of the case” refers to any pertinent factors, events or conditions which affect an applicant’s particular case or situation and which should be taken into consideration when reaching conclusions concerning the applicant’s claim.
5. Evidence is any form of proof that is offered to substantiate a claim and/or to establish the existence or non-existence of any fact in dispute. Evidence may be documentary (written), parol (oral) or demonstrative (physical).
6. Only documentary and demonstrative evidence are taken into consideration during the first level of adjudication of a disability benefit. They may be described as follows:
 - a. Documentary evidence. This type of evidence includes completed disability benefit application forms; military service records; medical/hospital reports; written opinions provided by “experts” such as medical specialists; published information such as books or articles contained in peer-reviewed journals; affidavits or statutory declarations made by an individual (such as the benefit applicant) who swears under oath, as to the truth of the information contained therein; as well as other forms of written correspondence including letters, unsworn statements or government reports; and
 - b. Demonstrative evidence. This includes X-rays; photographs; drawings; maps; graphs; objects; or any other form of physical

evidence that is submitted by either the applicant or which is obtained and/or used by the adjudicator to help prove or disprove a factual assertion being made by the applicant.

7. If an adjudicator uses any information (especially information that is not favourable to the applicant) which was not presented by the applicant or which is not contained in the applicant's Veterans Affairs file or service documents, this must be disclosed to the applicant.

Relevant Evidence

8. Relevant evidence is evidence that relates to the central issue or issues to be resolved. Identifying relevant evidence requires logic and a review of all of the evidence.
9. The following questions may assist in identifying whether or not evidence is relevant for purposes of disability benefit claims:
 - a. Does the evidence assist in substantiating (or refuting) a specific fact that the applicant is trying to establish?
 - b. Does the evidence assist in establishing (or refuting) the main claim that the applicant is making?
10. If there is any doubt about the relevance of any particular piece of evidence, the general approach is to accept it for consideration.
11. The following is an example of the approach that would be taken to assessing the relevance of submitted evidence:
 - a. Mr. X, a Korean War Veteran, submits an application for pension for hearing loss which he claims was brought on as a result of loud gun noises that he was subjected to while serving in Korea. Mr. X's military service records provide documentation that establishes his military service. His service medical records also contain an enlistment medical report that states "Notes no ear trouble or deafness on enlistment. Hearing CV R & L 20. Eardrums intact," as well as a medical report dated July 15, 1953, that pertains to a shrapnel wound that the Veteran received to his face on that same date.
 - b. As additional information in support of his claim, Mr. X provides an audiogram report dated January 27, 2001; an audiogram report dated October 14, 2006; as well as a letter from an audiologist dated November 1, 2006, that states: "Pure tone air and bone conduction

testing reveals a mild-to-moderate high frequency sensorineural hearing loss, worse in the right ear. Mr. X reports a longstanding hearing loss, worse in the right ear. He does have a history of loud gun noise exposure while serving in Korea. He denies any tinnitus or middle ear history."

- c. A determination will have to be made by the adjudicator as to whether the medical report pertaining to the facial wound is relevant to the hearing loss issue. It could be, especially if it indicates that the shrapnel injured an organ or body part that plays a role in the hearing function. But if this medical report provides sufficient information to enable the adjudicator to determine that the shrapnel wound injury is not relevant in any way to the hearing loss claim, the report should not be relied upon as a basis for granting the applicant entitlement to a disability pension for his hearing loss, if that is the decision reached with respect to the matter.

Drawing Reasonable Inferences

12. Drawing reasonable inferences is about reaching favourable conclusions in circumstances where the applicant has not actually provided evidence that directly substantiates his/her fact (or the claim that he/she is making), but has provided such sufficient other reliable evidence that the fact that the applicant wanted to establish can be "inferred" or "deducted" as a logical consequence of the evidence provided.
13. Inferences must be drawn from the relevant information that is before the adjudicator, as well as from the overall circumstances of the case.
14. The following is an example of how reasonable inference might be used:
 - a. A Veteran of World War II is claiming a pension for osteoarthritis of his right knee due to an injury that he claims occurred as a result of falling off a Bren Gun carrier while under fire in France in 1944. In support of his claim, he provides the following.
 - i. documentation to establish his military service during that time period;
 - ii. an army medical report that indicates that his right knee was normal at the time of enlistment;
 - iii. a military medical report dated August 10, 1944, which states, in part: "... [Veteran's] right leg swollen today. Having difficulty

walking due to pain, swelling. Says he fell from a Bren Gun yesterday while under heavy fire near Falaise and hurt his knee...";

- iv. a recent X-ray report from a radiologist which states that the applicant has severe osteoarthritis of the right knee;
 - v. statements from the veteran's wife of over 50 years and his two adult children which affirm that the Veteran has been complaining about pain in his right knee on a continuous basis for many years and that he has always related the pain back to an alleged wartime injury; and
 - vi. a letter from an orthopaedic specialist stating that the Veteran does suffer from osteoarthritis of the right knee and that his condition could have been caused by trauma and/or the aging process.
- b. In this situation, the applicant has provided sufficient, reliable information to establish that he injured his right knee while he was engaged in military service and that he now suffers from a diagnosed disability known as osteoarthritis of the right knee. Although he has not provided evidence that clearly links the cause of his osteoarthritis to his wartime injury, he has, nevertheless, provided information to indicate that his current condition could have, at least in part, been caused by a traumatic injury to the knee.
 - c. Since there is no available evidence to indicate that the Veteran applicant suffered any post-war traumatic injuries to his knee, in this instance, based on all of the evidence provided and all of the circumstances of the case, an inference can be drawn in favour of the applicant that his osteoarthritic condition is related to the knee injury received as a result of falling from the Bren Gun carrier.
15. Whether the inference(s) originally drawn will be displaced by the contradictory evidence is a matter that can only be determined by the "credibility" and "weight" attached to the contradictory evidence.
16. The drawing of "reasonable inferences" will often be necessary in those situations where the claimant has established that certain documentation that would substantiate the claim has been lost or destroyed, or was not created due to war time conditions - e.g. during periods of detention as a prisoner of war.

17. It is important that the adjudicator distinguishes between drawing favourable inferences and reaching unfounded conclusions that are based purely on the absence of evidence that contradicts the claim being made. It is inappropriate to make presumptions in the absence of evidence that the claimant could be reasonably expected to produce.
18. Favourable inferences should be drawn in those situations where the applicant has fulfilled the requirement of providing such sufficient other reliable evidence that the most reasonable conclusion that can be reached by the adjudicator is that which the applicant is trying to establish.

Credible and Uncontradicted Evidence

19. The Acts compel the adjudicator to accept evidence that, in addition to being relevant, is both credible and uncontradicted. In effect, the adjudicator must assess the persuasiveness of all of the relevant evidence that is being considered in the determination of the claim.
20. Credible evidence refers to evidence that is believable. Evidence is not believable where other proven facts do not support the accuracy of the evidence, or where a reasonable person would conclude that the information provided by that evidence is impossible or untrue.
21. Some factors that an adjudicator might take into consideration when assessing the credibility of evidence, include:
 - a. Overall accuracy of the evidence;
 - b. Its consistency with other reliable evidence;
 - c. The date of the evidence;
 - d. Qualifications/expertise of the author of the evidence;
 - e. Whether the author of the evidence has an interest in the outcome of the claim (goes to "weight");
 - f. Whether the information provided in the evidence can be tested objectively against other facts known to be true;
 - g. Whether the information contained in the evidence makes sense;
 - h. In applicable situations, whether the documentary evidence fits with the physical evidence;
 - i. Whether the time-lines add up; and
 - j. Any prior inconsistent statements.
22. It is the evidence that must be credible. The credibility of the person submitting the evidence is not an issue. Even a generally non-credible

person can produce or submit evidence that is credible.

23. “Uncontradicted evidence” means that there is no other evidence refuting the evidence presented. For example, there may be claims submitted where the only evidence is the applicant’s statement and a current medical diagnosis for the claimed disability.
24. The fact that there is no other evidence found in the service documents or nothing reported post-discharge to support or contradict the claim that the applicant is making does not mean that a pension (or benefit) must automatically be awarded to the applicant. Uncontradicted evidence must also be reviewed to see if it is relevant and credible in the circumstances. If the uncontradicted evidence is found to be credible but of no relevance to the issue being resolved, it should not be taken into consideration. If it is found to be relevant but not credible, it has minimal or no weight. Reasons for this lack of credibility must be given in the decision.
25. Uncontradicted medical opinions received as part of a disability pension claim must be reviewed for their credibility. A medical opinion, expressed in his/her field by a recognized specialist who has treated or examined the applicant, should be accepted unless it is obviously or admittedly based only on the history provided by the applicant, or is entirely speculative. On the other hand, individual opinion expressed by even a well qualified specialist is not generally accepted if it is contrary to the medical consensus of the recognized specialists in that field. Some additional factors that may be kept in mind when determining the credibility and, thus admissibility, of medical opinions are:
 - a. Whether the medical report provides an accurate and complete “anamnesis” (i.e. a medical or psychiatric patient history);
 - b. Whether the opinion is based on medical history or the patient’s account of past events;
 - c. Whether the opinions contained therein conflict with the [Entitlement Eligibility Guidelines](#), the [Medical Guidelines](#) (for those conditions where no Entitlement Eligibility Guidelines exist), or the [Table of Disabilities](#);
 - d. Whether the medical evidence is about the applicant or a 3rd party; and
 - e. Whether it is a diagnostic medical opinion or only a report detailing the applicant’s current treatment regime.

Sexual Trauma

26. This section of the policy clarifies Veterans Affairs Canada's approach to adjudicating applications for disability benefits that involve claims of Sexual Trauma. Sexual Trauma includes incidents of sexual assault and/or sexual harassment. While additional elements will be needed to establish entitlement (e.g., the relationship to service), VAC will accept that an incident(s) of Sexual Trauma occurred as described in an applicant's credible statement, provided that it is not contradicted by other evidence. For further clarity:
- a. The occurrence of an incident(s) of Sexual Trauma may be established solely on the basis of an applicant's credible statement;
 - b. The credibility of an applicant's statement will not be adversely impacted by the applicant's decision not to report the incident(s) of Sexual Trauma prior to applying for disability benefits; and
 - c. An applicant will not be required to provide corroborating evidence to substantiate that the Sexual Trauma occurred as described in the applicant's statement, provided that it is not contradicted by other available evidence (for example, information contained in the applicant's service records).
27. For additional information on adjudicating applications for disability benefits that involve claims of Sexual Trauma, see the [Compensation Principle Policy](#) and the [Insurance Principle Policy](#).

Resolving Doubt in Favour of an Applicant

28. The requirement to "resolve doubt in favour of an applicant" is to be applied throughout the decision-making process in the assessment or "weighing" of the evidence. This requirement is particularly important in those situations where the facts of a case are closely balanced and the adjudicator is having difficulty in deciding whether entitlement should be granted. It should never be used as a substitute for lack of evidence.
29. In general, the "weight" of an individual piece of evidence refers to the importance that is to be attached to it. When an adjudicator "weighs" evidence, he/she considers its relevance, its reliability (credibility) and the strength of the inferences that it gives rise to.

30. If - after weighing all of the evidence that is relevant and credible (including questionable and/or uncontradicted evidence) and having drawn all reasonable and favourable inferences that can be drawn from that evidence - the adjudicator is left with a clear “yes” or “no” answer as to whether the applicant’s case has been established, a decision must be rendered in accordance with the facts as determined.
31. In those situations where the applicant has not clearly established his/her case but has provided sufficient credible evidence in support of the claim to create at least a reasonable doubt in the mind of the adjudicator as to the applicant’s entitlement to the claim, that doubt must be resolved in favour of the applicant.

References

[Pension Act](#), subsection 5(3)

[Veterans Well-being Act](#), section 43

[Entitlement Eligibility Guidelines](#)

[Medical Guidelines](#)

[Table of Disabilities](#)

[Disability Benefits in Respect of Wartime and Special Duty Service - The Insurance Principle](#)

[Disability Benefits in Respect of Peacetime Military Service - The Compensation Principle](#)



31 January 2024



Dear 

Subject: Disability Benefit Decision, First Application

We regret to inform you that you have not been granted disability entitlement for the following condition:

- Prostate Cancer

Further details regarding this decision are set out below:

Prostate Cancer – Decision Details – Unfavourable – Regular Force service

- We conclude that your Prostate Cancer did not arise out of and is not directly connected with your Regular Force service. Therefore, we are not able to grant entitlement, under Section 45 of the *Veterans Well-being Act*, Regular Force service.
- You served in the Regular Force service from 1968 to 1997 as a Marine Engineer (MARE 188).
- In your Applicant Statement you indicate that exposure to Tetrachloride, Polychlorinated Biphenyls (PCBs) and Trichloroethylene caused your Prostate Cancer.
- Your Enrolment Medical Examination, dated September 4, 1968 does not identify any pre-existing Prostate Cancer.
- There are no reports in your service health records to indicate that you were exposed to any specific chemicals or substances, including Tetrachloride, Polychlorinated Biphenyls (PCBs) and Trichloroethylene during your military service.
- A Medical Consultation in May 1995 notes that you had persistent low-grade hematuria (blood in your urine) with no other urinary symptoms. Diagnostic investigations did not reveal any abnormalities and your urine cytology was within normal limits.
- The Medical Examination Record dated in October 1995 revealed a normal, non-tender prostate.

Protected B

- Your Release Medical dated March 25, 1997 and Urology Consultation dated April 14, 1997 note your past medical history of hematuria in 1995, and note that all investigations at the time were normal. The consultation report indicates that you were referred for further investigations as an outpatient. These reports do not mention any immediate concerns related to your prostate, nor do they mention any immediate urinary problems.
- The first indication of your Prostate Cancer is found in 2021, over 20 years after being released from the military. A review of the reports, including Medical Reports/ Letters in 2021 and Medical Questionnaire: Urinary, Sexual, Reproductive Conditions in 2022 do not mention any service-related factors or occupational exposures as the cause.
- We have no other information or evidence to relate your Prostate Cancer to your Regular Force service.
- A review of all the available evidence does not support that any service related factors could have caused, contributed to, or aggravated your claimed condition.

Key Evidence

- Enrolment Medical Examination, dated September 4, 1968
- Urology Consultation dated May 3, 1995
- Medical Examination Record dated October 3, 1995
- Release Medical dated March 25, 1997
- Urology Consultation dated April 14, 1997
- Medical Letters/ Reports dated from 2021
- Medical Questionnaire: Urinary, Sexual, Reproductive Conditions

Review and Appeal Options

You may ask the Department to review this decision if you have new evidence. If you do not agree with this decision, you may appeal to the Veterans Review and Appeal Board. The Board is the arm's-length tribunal that operates independently from the Department to provide a fair appeal process for disability benefits decisions.

For advice on your options, you may contact:

- a lawyer, free of charge, at the Bureau of Pensions Advocates at 1-877-228-2250 (toll-free) or, when calling from outside Canada:
 - United States: 1-888-996-2242 (toll-free)
 - United Kingdom, Germany, France, or Belgium: 00-800-996-22421 (toll-free)
 - any other country: 1-613-996-2242 (collect);

Protected B

- a representative, free of charge, from a Veterans' organization;
- a representative of your choice, at your own expense.

Questions

If you have any questions about the information in this letter or other services and benefits we offer, you can contact us:

Through My VAC Account:

- Send us a secure message via My VAC Account;
- Not signed up on My VAC Account yet? Visit veterans.gc.ca/myvacaccount to register and easily access your Veterans Affairs Canada correspondence and services online

Call or visit us:

- Online at veterans.gc.ca
- Call us toll-free at 1-866-522-2122, TTY: 1-833-921-0071
- Visit any of our office locations; locations can be found at veterans.gc.ca

Living outside of Canada:

- United States: 1-888-996-2242
- United Kingdom, Germany, France, or Belgium: 00-800-996-22421
- Any other country: 1-613-996-2242 (collect)

Sincerely,

████████████████████

Disability Adjudicator