

**Department of Veterans Affairs  
FPOW Advisory Committee**

**Minutes of the Meeting  
October 16 – 18, 2006**

**Present:**

Thomas M. McNish, M.D. (Chair)  
Giles R. Norrington (Executive Secretary)  
Robert W. Fletcher, member  
Fernando A. Tellez, M.D., member  
Paul E. Galanti, member  
\_\_\_ Farmer, member  
Laurent S. Lehmann, M.D., Veterans Health Administration Consultant  
Linda Picquet, title?

**Monday, October 16, 2006**

The meeting was held in Room 2446 at the Jesse Brown Department of Veterans Affairs Medical Center, 820 S. Damen Avenue, Chicago, IL, 60612.

Dr. McNish called the meeting to order at 9:40 a.m., October 16, 2006.

Dr. McNish explained the purpose of the committee and its reasons for meeting in a different city each year to interface with former prisoners of war throughout the country and let them know this committee has been tasked with supporting former POWs.

Dr. McNish welcomed Mr. \_\_\_ Farmer as the committee's newest member. Mr. Farmer is a survivor of the Bataan Death March and internment as a POW in Japan.

The first speaker was Ms. Michelle Blakely, Associate Director, Jesse Brown VA Medical Center.

Ms. Blakely gave an overview of the medical center. It is one of the busiest in the VA system, serving 42,000 veterans each year and accommodating over a half million outpatient visits annually. JBVAMC was part of the CARES pilot and, as a result of its consolidation of inpatient beds from the former Lakeside VA Medical Center, a new 200-bed inpatient tower, with surgical suites, is under construction and expected to be completed in January 2008. JBVAMC has four community based outpatient clinics; one of which it is relocating to an area adjacent to a transitional housing center being built on Chicago's south side by Catholic Charities. The medical center has a very active former POW program.

The second speaker was Mr. Michael Olson, Director of the Chicago Regional VBA Office.

Mr. Olson said Chicago has the fourth largest number of former POW's in the country receiving benefits. The office has an aggressive outreach program through its POW Coordinator, Mr. Ray Toczek, and utilizes the services of local former POWs to reach out to those who have not filed or upgraded their claims. Mr. Olson introduced Mr. Robert Roenna, national service officer for the American Ex- Prisoners of War service organization, and wife Marianne Roenna, who often visit other former POWs in their homes to provide claims assistance. Mr. Roenna's name and phone number is included in outreach mailings for those former POWs who are more inclined to speak to a peer rather than VA.

The Chicago RO has three designated rating specialists and claims from former POWs are flagged for special attention. This complements the medical center having a designated physician for providing C & P exams to former POWs. The Chicago RO is located next to the Jesse Brown VA Medical Center and Mr. Olson communicates closely with Dr. Lewis Coulson, the medical center's former POW Coordinator, as well as rating specialists located at nearby Hines VAH and North Chicago VAMC. In addition, a physician from Hines VAH travels to the RO each week to answer medical questions from rating specialists. The RO is also very supportive of training opportunities for its rating specialists.

At present, the RO has 14,200 claims pending. That number has been growing over the past year since Illinois was identified as being last in the amount of benefits paid and veterans have been encouraged to re-file their claims. Presently, there are 23 claims from former POWs that are under six months and several that are over six months.

As expected, the RO has been impacted by the tightening of cyber security following the issue of the stolen laptop from VACO this summer. Laptops were recalled and have been encrypted. Care is taken to assure e-mail messages do not identify veterans. Veterans can still file claims over the Internet, but there are no plans in the future for claims files to become paperless. However, patient files in the medical center are paperless and JBVA was one of the pilots in VA in establishing a computerized patient record system.

Dr. McNish briefly introduced the committee members to the audience, explaining that more detailed introductions would be made during the Open Forum that afternoon. He also explained that several other committee members were not available to attend this meeting.

Mr. Fletcher reported on the National Service Officer training program that was held in Nashville, TN. Many of the NSO's are older and there should be an emphasis made to recruit younger ones. The training program focused on questions that should be asked of former POW's when preparing their claims, without being overbearing. It also emphasized the importance of the NSO writing down the veteran's word verbatim to assist the rating specialist.

Mr. Fletcher says he anticipates several business changes over the next year for the Ex-Prisoner of War. Presently, funds that come in are designated to different areas when they all should go directly to the organization's treasury. He is also looking for more input from the Board of Directors so decisions are not being made autonomously. Another goal is to place a NSO in every state. Attendance at the national conventions illustrate the dwindling numbers of former prisoners of war, with 22,000 ex-POW's attending last year, but only 19,000 present in 2006.

Dr. McNish introduced Mr. Ray Toczek, POW Coordinator for the Chicago VBA Regional Office.

Ray Toczek has served as POW Coordinator since 1982. At that time, there were over 2500 living POWs in Illinois. Currently, that number stands at 1,097. A mailing list has been compiled which is used to alert former POWs about their benefits, any new changes in the laws and to invite them to various POW outreach functions. The state POW license plate list is reviewed annually for updates and corrections to the mailing list. Some of the outreach events include an annual National POW/MIA Recognition Day luncheon at the Jesse Brown VAMC, information booths at state POW conventions and visits to local POW chapter meetings.

All POW claims are personally tracked and identified with special tags and end product codes. Cases are hand carried to each level of processing, from the initial receipt in the mail room up to completion of the benefits. Close liaison is kept with the American Ex-POW national service officers who assist the Regional Office in conducting in-home visits.

At present, Illinois ranks fourth in the Nation in the number of POWs receiving benefits (about 80 percent of the total). A 24/7 voice mail system is in operation for POWs to contact Mr. Toczek and e-mail use is encouraged. The VARO continues to reach out to the 20 percent of POWs in the state who do not have benefits, including sending out personal outreach letters tailor-made to this select group to motivate them to file.

Mr. Toczek has also planned for this eventual retirement by mentoring another VBA employee, Juliette Reynolds.

Following an adjournment for lunch, Dr. McNish announced the beginning of an open forum for former prisoners of war and other guests to speak. Topics addressed during the open forum included:

- If former POWs should be concerned about losing benefits due to "unemployability". The committee advised the audience that VA was not looking to reduce disability benefits for former POWs and that unemployability would not be used as a factor, especially since the majority of ex-prisoners of war are already in their 80's and 90's.
- A former POW with hearing loss who had received a hearing aid, but was denied compensation for the hearing impairment. He was advised by the committee that

- hearing loss is not a presumptive, but has to be tied in with the POW experience (e.g. physical abuse).
- If former POWs could expect to see any new presumptives (e.g. for diabetes) in the future. The committee advised there was solid scientific data to support a presumptive for osteoarthritis and was likely to be added.
  - Several former POWs reported they had been denied eyeglasses at Hines VAH. Their names were taken for follow-up.

Dr. McNish adjourned the meeting for the day at 2:30 p.m.

### **Tuesday, October 17, 2006**

Dr. McNish called the meeting to order at 9 a.m. He introduced Lewis Coulson, MD, JBVAMC's ACOS for Special Programs, who serves as Former POW liaison for the medical center.

Dr. Coulson reported that the medical center places an emphasis on educating its physicians regarding the differences between ex-prisoners of war and other veterans. This is accomplished through online training, physician participation in seminars and through Dr. Coulson's personal discussions with staff physicians. Dr. Coulson also attends national ex-POW conventions and feels that all VA physicians should attend at least one.

Former prisoners of war receive a higher priority for treatment. One of the physicians on staff, Dr. James Cummings, serves as a personal physician for former prisoners of war and also provides C & P examinations for ex-POWs. The medical center also offers a former POW support group that meets monthly through its Social Work Service. In addition, any former POW presenting for enrollment/treatment at the medical center is encouraged to file a claim with the VBA, which is located in an adjacent building. Former POWs with medical complaints that are not included in their claims are also encouraged to re-file. JBVAMC is one of the few VA medical centers in the country that offers the assistance of an out-based rating specialist.

Dr. Coulson also provided his personal opinion that VA could save money by automatically giving former POW's a 100% disability rating, since it costs \$5 – 7,000 per vet to process claims. The committee advised him that such a proposal was unlikely, but that Congress might find it more appropriate to grant compensation equivalents

Dr. McNish thanked Dr. Coulson and introduced Steve Simmons, Deputy Director for Operations in VA's Office of Compensation & Pension.

Mr. Simmons reported that VA has not missed a pension payment in 40 years. Next year, it will be initiating a new payment system – VETSNET. Currently, the claims backlog nationally is at 392,000. A total of 90,638 cases are over six months. The claims backlog is partly due to the large number of employees who have retired and is being addressed by hiring additional staff and expanding training opportunities.

VA is currently exploring the consolidation of survivor benefits claims, as well as consolidating VA's toll-free phone number to better control the quality of responses. In addition, VA has developed fiduciary/accounting systems after legislation two years ago heightened VA's responsibility to assure that veterans who are not in control of their own faculties are not being cheated.

Dr. McNish thanked Mr. Simmons and introduced Dr. Laurent Lehmann of the Veterans Health Administration.

Dr. Lehmann reported that VA had increased mental health funding for assuring PTSD teams are available in every VA medical center and many community based outpatient clinics; OIF/OEF outreach programs; and orientation/rehabilitation for returning veterans and their families. Presently, 588,000 OIF/OEF veterans are eligible for VA care. Approximately a third have enrolled in VA, with about 60,000 reporting a mental health problem and 30,000 identified as having PTSD.

Within the past year, VHA has established a POW point of contact list and has developed a new POW ID card (that does not include a social security number) that is being exchanged for the old ID cards.

VHA is working to develop guidelines for a presumptive on osteopenia to be completed in the summer of 2007. It is currently performing a literary review of publications on that disorder, although there is not a lot of information on POW's in particular.

The military has provided VA with a video on "Battlemind", which focuses on the mindset of someone going into combat. The purpose is to help veterans develop a different mindset to help them readjust to civilian life. The video is being provided to VHA clinicians as a form of exposure therapy to help veterans work through traumatic situations.

Dr. McNish thanked Dr. Lehmann and introduced Dr. Robert Smith of VA's Employee Education Service.

Dr. Smith reported the Veterans Health Institute is developing a series of 24 independent studies/web based training to identify areas common to military service. Among them is a study on Lung Diseases of Military Service, which includes pulmonary diseases afflicting former POWs who were forced to work in mines. The new web site will take advantage of the latest advances in web methodology, including interactive videos and test questions, to make the training more interesting. The courses are offered through VA Learning Online (VALO).

A DVD is being developed for rating specialists to underscore the point that former POWs are more than just file numbers. A section on primary care includes detailed steps on the actions that should be taken by a physician when a former POW comes in for the initial appointment. A section on home care recommends physicians visit former POWs

in their homes. The FPOW Advisory Committee will incorporate recommendations into its report promoting a VA initiative for home care C & P examinations for former POWs.

Although VA has a low turnover for POW physicians and coordinators, it has a very high rate of turnover among rating specialists. It is discussing holding joint training sessions that will include both groups, possibly at a national conference.

Dr. McNish thanked Dr. Smith and introduced Dr. Robert E. Hain, Director of the Robert E. Mitchell Center for POW Studies.

Dr. Hain reported the VA “Super Clinic” in Pensacola, FL, is coming to fruition and veterans living in that area will no longer have to drive to Biloxi, Mississippi.

Studies have determined that POWs held in Vietnam and forced to make coal balls are now developing lung disorders.

Last year, the Mitchell Center performed a total of 526 evaluations, including 226 former POWs, a comparison group of 51 and 144 spouses. The evaluations take 1 – 3 days and include a comprehensive physical exam, lab, x-ray, bone density scan, MRI, pulmonary function, echocardiography, ophthalmology, EKG and treadmill, along with evaluations for neuropsychological, ENT, orthopedics and dermatology. Information developed through POW evaluations are used by VA for presumptive diagnoses.

The Center continues to work with the Joint Personnel Recovery Agency to repatriate prisoners of war upon their release. It also works closely with the Institute of Medicine, including studying orthopedic injuries common to POWs.

Standards developed by the Center on Presumptive Disability Decision Making are used by VA for presumptive diagnoses.

Dr. McNish thanked Dr. Hain and introduced Dr. Fernando Tellez, who played a DVD presentation on (title?).

Dr. Tellez distributed copies of a handbook for other committee members to review. It provides guidance for family members following the passing of a former POW. Ideally, the booklet will be provided to former POW to assist them in compiling information and records to assist survivors in applying for death benefits.

Dr. McNish thanked Dr. Tellez for his efforts and adjourned the day’s meeting at 3:30 p.m.