

**October 2007 Report of the  
Department of Veterans Affairs  
Advisory Committee on Former Prisoners of War**

The Committee met at the Malcom Randall VA Medical Center, Gainesville, FL on October 22-24, 2007.

Chairman Thomas M. McNish, MD, opened the meeting with a brief background of the Committee. He also emphasized the urgency of need for action on POW-related issues/initiatives, citing the rapidly increasing rate of death of POWs, especially those from WWII.

The Committee was welcomed by Mr. George Gray, Jr. the VISN 8 Director; Mr. Thomas A. Cappello, Director, North Florida, South Georgia Veteran Health System; Mr. Jerry Pruitt, FPOW Coordinator and Chaplain Glen Busby. They relayed to the Committee that there were 2400 FPOWs in VISN 8, with 443 in the North Florida, South Georgia catchment area. Mr. Pruitt noted that POW duties are collateral duties within the medical center.

Chairman McNish introduced the members of the committee, with each giving a brief summary of their biography. The Chairman explained that one member, Captain Giles Norrington, was absent due to his wife's recent injury and Mr. Robert Fletcher was delayed in arrival because of transportation problems

Chairman McNish introduced Mr. Barry Barker, Director VA Regional Office, St. Petersburg, FL, the largest regional office in the country. Mr. Barker reported that POW claims were processed in less than an average of 90 days, that there is one rating specialist dedicated to POW claims and that at the present time there were 20 POW and 1 DIC claims in process.

Mr. Larry Brown, the FPOW Coordinator at the VA Regional Office, St. Petersburg stated that the average processing time to develop and rate claims was 81 days. He noted that 1440 POWs and their spouses were currently being compensated and that the Regional Office was reviewing all claims made prior to 7 October 2004 when cardiovascular disease and stroke were added as presumptives.

During the open forum, topics discussed included the need for continuing regional and national learning seminars for physicians, coordinators and raters who deal with former POWs. Mr. Jerry Pruitt, FPOW Coordinator at the Malcom Randall VAMC stated that he felt that distance learning seminars were not sufficient to convey the information needed to the target audience. He recommended regional meetings that would include all who deal with FPOWs. It was suggested and supported by the committee that attendance at these seminars be made a performance monitor for VAMCs and Regional Offices to insure attendance at these seminars. Mr. Chuck Johnston of the Employee Education System stated that the EES could fund these learning seminars. He also stated that physician availability had been a problem at previous seminars.

Carrie Ann LaBelle, MD, Head of the Compensation and Pension Service at the Malcom Randall VAMC discussed how this VAMC had established a defined Compensation and Pension Service with 3 physicians plus midlevel providers. She stated that there is a need to know who POW contacts are at other regional offices and medical centers. She also supported the concept that all C&P exams should include the development of specific claims as well as any other conditions that are found during the interview and examination.

The committee again emphasized the need to have a clinical reminder or flag in FPOW records that will specifically and positively identify FPOWs when they present at any VA facility.

The committee once again emphasized the need for an annual report on the numbers of surviving POWs sorted by their service and the conflict and theater in which they served.

Paul Galanti, committee member and Vietnam FPOW, reported that TURBOVET, a software program for which he had spearheaded the development, has finished its pilot phase and that the Veterans Service Officers in Virginia who have used this product are advocates for its system-wide adoption. (TURBOVET is a program that prompts examiners to develop histories from veterans based on their service, theater and military experiences, thereby leading to more complete historical information and more accurate documentation on which to base a rating.)

Dr. Fernando Tellez, committee member and World War II, European FPOW read a proclamation from the Governor of California and presented a California POW Medallion to each POW member of the committee.

Dr. Robert Hain, MD, Director of the Robert E. Mitchell Center for POW Studies in Pensacola, FL, reiterated the previously released study results in which the Center had shown evidence of a link between the POW experience and the development of Osteopenia/Osteoporosis. Based on the center's research he recommended and the committee concurred that all FPOWs should be screened with DEXA Scanning to rule out or document Osteopenia or Osteoporosis. The committee once again recommends that Osteopenia/Osteoporosis be designated as a new Presumptive.

The committee supports official recognition of the efforts of Jo Harbour, MD and Nancy Mullins, Rating Officer (both of Jackson, Mississippi), in establishing one of the gold standard programs for serving former POWs.

The Committee notes with pleasure the efforts of Dr. Carrie Ann LaBelle, Medical Director, Compensation and Pension, North Florida/South Georgia Veterans Health System, and her team of physicians and support staff. By establishing a clinical service that specializes in the performance of C & P examinations they have raised the bar for the provision of this service for all veterans and especially the former POW population.