



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

January 16, 2007

Thomas M. McNish, M.D.  
Chairman  
Advisory Committee on Former  
Prisoners of War  
3103 Elm Gate  
San Antonio, TX 78230

Dear Dr. McNish:

Thank you for submitting your 2006 report on the work of the Department of Veterans Affairs (VA) Advisory Committee on Former Prisoners of War. Your reports have kept me apprised of the important issues that affect former prisoners of war and other veterans. I apologize for the delay in my response.

Enclosed are VA's responses to the Advisory Committee's recommendations. These recommendations continue to enhance VA's outreach and training programs. The Committee's assistance is invaluable to VA in achieving our common goal — better services to all veterans, especially former prisoners of war who sacrificed so much defending our country. Thank you for your contributions.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jim Nicholson".

R. James Nicholson

Enclosure

## **Advisory Committee on Former Prisoners of War VA's Response to the Committee's Recommendations**

**Recommendation #1:** Conduct regional training seminars (which include participation by former POWs served by or residing near the hosting VISN or VARO) as needed to ensure that all personnel directly involved in FPOW care and rating decisions have received this training opportunity.

**VA Response:** Regional training seminars are held on a continuing basis and incorporate local FPOW veterans when available. A recent VHA training session, held in July in VISN 23, included former prisoners of war who contributed significantly to the training. The Compensation and Pension Service conducts centralized training for new Veterans Service Representatives under the Challenge Program. As part of this program, participants are taught the evidentiary requirements and development procedures for disability claims of veterans declaring former POW status and the steps necessary to adjudicate those claims.

**Recommendation #2:** Within the context of Recommendation 1, further develop in-person training modules of interest and use to both medical and rating personnel. Such training should include adequate time for facilitated crosstalk combined with candid exchange of issues and ideas between the two professional communities.

**VA Response:** VA currently provides regional training sessions with FPOW participation, giving these veterans time to share their personal experiences as FPOWs. The following discussions help VA personnel, both medical and rating specialists, gain an understanding of FPOW special needs. We will continue to incorporate FPOW participation when training is held in locations where FPOWs are available.

**Recommendation #3:** Develop a questionnaire, or some other feedback mechanism, through which trainees can comment on the usefulness of the particular training module or seminar, as well as how much they have been allowed/encouraged to initiate improvements in their local FPOW program. Such a questionnaire might be web-based, with appropriate tabulation of trainee inputs and a required report to the appropriate VACO office and a copy to this committee. This survey should be accomplished within one year of receiving the training, but no less than 6 months after, in order to evaluate local support for techniques and concepts taught in the seminars.

**VA Response:** The Compensation and Pension Service maintains a training staff dedicated to providing the best training possible for service representatives and rating officials. This program has a comprehensive evaluation, which solicits feedback from trainees throughout the training process. Trainees evaluate courses at the end of each module by answering basic questions and providing write-in comments. The training staff also conducts monthly calls with station training coordinators to provide updated training information. During these calls, the staff gathers recommendations for future training and for revisions to training materials. A summary of training feedback was provided to the Committee at their Spring meeting.

**Recommendation #4:** We recommend that training be provided to appropriate DVA personnel to ease the burden attendant to the completion of DIC paperwork. Such training should include guidance as to the minimum requirements, as well as a full understanding of what must be done to gain the maximum benefits for the survivor. Among the factors to be emphasized by VHA (sic) personnel is that of the duration of the marriage as it related to DIC payments. We have found that this is often not fully explained to the survivor. Dr. Tellez, of our committee, along with other members of his FPOW group in California, has developed a well organized packet to consolidate the data needed to ease the stress on a widow/widower in case of the loss of a loved one. We recommend that this tool...or one similar...be made available to anyone who might find it useful throughout the VA.

**VA Response:** VA revised its rating manual (M21-1MR, Part IV, Subpart iii, Chapter 1, Part 7) last year to provide specific guidelines for the special handling of FPOW death claims. The claims folder is given directly to the POW Coordinator; and if the application for DIC is not included or fully completed, the POW Coordinator contacts the survivor and makes a personal visit, if possible. The POW Coordinator assists with the completion of the appropriate paperwork and a flash is attached to the outside of the claims folder to easily identify it as a FPOW case. We have requested a copy of the package developed by Dr. Tellez and his FPOW group and will review it to see what additional information might be helpful for survivors.

**Recommendation #5:** Recognizing the demand for accurate account of time spent on particular medical procedures, and since it does not appear to be possible for the "system" to allot the needed time for these exams, we recommend that physicians qualified to conduct C&P exams on FPOWs be instructed to "unbundle" the various aspects of the exam and report the individual clinical elements included in the exam in order to appropriately justify to the "system" the total time spent on the exam.

**VA Response:** VA agrees that adequate time is needed to complete an appropriate compensation and pension exam for an FPOW. Time is needed to develop trust between the examiner and the veteran, to understand the complex FPOW experiences and multiple medical risks and problems that the veteran may be facing, and to consider other factors affecting his or her health due to capture and confinement during a war. It is not clear, however, how an “unbundled” tracking approach would be more efficient or useful in achieving the goal of a thorough and accurate FPOW examination. VA is considering incorporating guidance into the current revision of the American Ex-Prisoners of War Veterans Health Initiative module to address the length of time needed to complete a FPOW exam, by theatre, based on data collected at the Portland VA Medical Center.

**Recommendation #6:** We recommend that physicians certified to conduct C&P examination of FPOWs be instructed as to the legal nature of the examination and its attendant documentation as well as the effects of certain reporting nuances on the ability of the rater to best serve the veteran. This would greatly improve the ability of that rater to provide the best possible rating for the FPOW.

**VA Response:** VA agrees and will incorporate this information into the next revision of the FPOW Veterans Health Initiative, which is used widely as a source of instructional material for regional training.

**Recommendation #7:** We recommend that the spouse be encouraged to attend as much as possible of the former POW’s C&P examination. This should be a matter of routine for physicians certified to conduct C&P exams of FPOWs.

**VA Response:** VA agrees and encourages spousal attendance during examinations because their presence can foster a more comfortable exam setting. The spouse can also help verify the nature and functional impact of certain symptoms that may be minimized by the FPOW. Encouraging the spouse to accompany the veteran to exams has been a key theme in FPOW assessment and care training sessions, and will be added to the FPOW Veterans Health Initiative.

**Recommendation #8:** If there is a reasonable need for the FPOW to be seen by mental health professionals, we recommend in the strongest possible terms that they be invited to the C&P examining physician’s office, rather than having the FPOW sent to “the psych ward” to be seen.

**VA Response:** The FPOW compensation and pension examination is, in almost all cases, conducted as an outpatient activity at the examining physician's office. The only reason an examination would be conducted on an inpatient unit, such as a psych ward, would be if the veteran's medical condition warranted inpatient hospitalization. Specific cases needing review because of how they were handled should be referred to VHA.

**Recommendation #9:** Given the association between PTSD and osteopenia/osteoporosis, the committee strongly recommends that all former POWs, particularly those with PTSD, be screened for bone loss using the DEXA scan method.

**VA Response:** Data from the Robert E. Mitchell Center is suggestive of an association of PTSD and osteopenia in former POWs, but it is not clear if a DEXA scan for all FPOWs is the best approach to identifying those with this problem. At this time, VA is actively studying the issue of osteopenia in male veterans. A status report was given to the Committee at its October 2006 Field Meeting advising them that VHA is working on clinical guidelines for diagnosis and treatment of osteoporosis in men. The process involves synthesizing evidence and review by an expert panel, followed by guidance being written and submitted to the field. An update of this process will be presented at the Spring meeting.

**Recommendation #10:** The committee recommends that osteopenia/osteoporosis in former POWs with PTSD be established as a presumptive disorder.

**VA Response:** VA will review the research that the Committee has identified to determine if it meets the guidelines for consideration of diseases associated with detention or internment as an FPOW. These guidelines, established in response to the Committee's recommendations, are set forth in 38 CFR 1.18. If the results of the research meet the guidelines, VA will take further action.

**Recommendation #11:** The concept of regionalization and centralization in the processing of FPOW claims, from C&P exam to rating, should be considered a matter of highest priority. For years, this committee has recommended such regionalization and centralization for exams and ratings of former POWs. Calling them "centers of excellence," we have advocated that Jackson, MS, Seattle, WA, San Diego, CA and perhaps, other equally qualified, be certified for treatment and processing FPOWs as a "special population." The population of this group is shrinking and the urgency of correct, expeditious handling of their needs is rapidly increasing due to the fact that they are dying at an exponentially increasing rate...now estimated at 3000 annually.

**VA Response:** VA believes that FPOWs are best served through local VA regional offices and medical centers. Successful service to FPOWs in the Jackson and Seattle areas is due in large part to the proximity of the facilities to the veterans served and the strong partnership between the regional offices and their corresponding medical centers. Centralization is not currently in VA's plans, but will be reconsidered if the need arises.

**Recommendation #12:** The committee recommends consideration of any and all means by which the staff of the Robert E. Mitchell Center can be woven into the fabric of care supporting the DVA. Among those mechanisms should be consideration of certification as VA providers and "work without pay" status for REMC employees within VISN 16.

**VA Response:** Staff at the Robert E. Mitchell Center (REMC), personnel at VISN 16 and local leadership of the new Pensacola Outpatient Clinic are sharing resources and information about health concerns and treatment of FPOWs. VA expects joint VA/REMC collaboration to continue. Certification and pay status are issues best addressed locally by VISN 16.

**Recommendation #13:** The committee requests that we be briefed at our October 2006 meeting as to the status and number of certified FPOW physicians, and that such information be provided at least annually. We also request an update on the plans to maintain adequate numbers of *current* physicians throughout the VA.

**VA Response:** A list of certified physicians, which includes FPOW physicians, is updated on an annual basis with the help of the Office of the Deputy Under Secretary for Health for Operations and Management. At the October meeting, the Committee was informed that the May 2006 list of POW physicians and points of contact is currently posted on the VA Intranet Mental Health website with additional access available from the Primary Care website. VHA is working with VA's information technology staff to modify the data and format so the information can be more readily available.

**Recommendation #14:** Over the years, this committee as well as numerous veterans' organizations, have found very useful the annual report on the numbers of former POWs from each conflict/theater, previously prepared by Dr. Charles Stenger. The availability and concurrency of this report appears to have eroded dramatically since Dr. Stenger is no longer preparing it. We recommend that this report be reinstated, updated, and made available to this committee ASAP. We are aware that several VSOs have also depended on the availability of this report.

**VA Response:** VA was fortunate to have Dr. Stenger volunteer his time to work on this report every year. He asked VA to take over the task a couple of years ago. The report is now completed in May of each year instead of in January, which was when Dr. Stenger formerly completed the report. VA has enhanced the report, both in substance and appearance. It is posted on VA's website every year and is published in the EX-POW Bulletin. The 2005 report was sent to all committee members.

**Recommendation #15.** The committee recommends that all notifications of disability rating changes include a warning to the recipient that there may be tax implications and they should contact their attorney, accountant or tax preparer.

**VA Response:** Currently, if a veteran is in receipt of retired pay and is receiving VA compensation, the award letter includes language explaining that VA compensation isn't taxable and that veterans should contact the Internal Revenue Service for tax information. (See Enclosure A)

**Recommendation #16.** The committee requests that we be briefed on the use and usefulness of tabletop displays used for outreach to former POWs.

**VA Response:** At the October 2006 meeting, Dr. Robert Smith, Employee Education System, provided an update on employee training and outreach. The tabletop displays, consisting of posters and easels providing outreach information to FPOWs, are currently being produced. When completed by late Winter or early Spring, copies will be sent to every VA medical center and regional office.

[Option 1-Retired Pay] [H103]

(Paragraph 109)

You are not allowed to receive full military retired pay and full VA compensation at the same time. The following will provide an explanation of how this works:

- *If your VA compensation is less than your retired pay*, you will receive compensation payments. The military service department will pay you the difference between your compensation and your retired pay.
- *If your VA compensation is greater than your retired pay*, we will pay you compensation, and you will not receive retired pay.

For now, we must withhold [User Entry-Amt of Comp W/H due to Ret Pay-All/Part] of your compensation until [User Entry-Enter Date Withholding Stops]. We must do this to prevent a double payment. By working together with the military service department, we will make sure you get your full combined payment.

*Important Information: VA compensation isn't taxable. Please contact the Internal Revenue Service for tax information.*