



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 19, 2006



Commemorating 75 Years of Service

Thomas M. McNish, M.D., M.P.H.
3103 Elm Gate
San Antonio, TX 78230

Dear Dr. McNish:

Thank you for the January 12, 2006, report and recommendations of the Advisory Committee on Former Prisoners of War. Our response to the recommendations is enclosed.

Please express my appreciation to all of the members of the Committee for the time and effort they continue to commit to helping us serve former prisoners of war, who sacrificed so much in defending our nation.

Sincerely yours,

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

R. James Nicholson

Enclosure

**RESPONSES TO RECOMMENDATIONS OF THE
DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR
Submitted January 2006**

1. POW Experience Recognized as a Stressor Contributing to PTSD

Diagnosis. The Committee is pleased to learn that the POW experience itself has been established as a stressor for the diagnosis of PTSD. It is our understanding that physicians or doctoral level providers whose clinical privileges include the ability to diagnose PTSD may make the diagnosis of PTSD for the purpose of compensation and pension examinations.

Recommendation: Recognize the POW experience as a stressor for PTSD. We recommend that all training curricula related to the treatment of FPOWs and the processing of FPOW claims emphasize the fact of the POW experience itself may be considered a significant contributor to the diagnosis of PTSD and that the diagnosis of PTSD may be made by appropriately trained and privileged providers.

VA Response: By regulation, if the evidence establishes that a veteran was a POW and the claimed stressor is related to that POW experience, the veteran's lay testimony alone may establish occurrence of the stressor in the absence of evidence to the contrary. Information on what POWs undergo and how it affects them later in life is contained in the Former Prisoner of War (FPOW) training curriculum, which includes the Veterans Health Initiative Module, "American Ex Prisoners of War." The module is being updated to provide more current information and will be released later this year.

VA training programs emphasize the special needs of FPOWs, including those with PTSD. The Compensation and Pension Service recently developed an online FPOW tutorial in the Medical Electronic Performance and Support System (Medical EPSS) to help VA personnel understand and evaluate medical conditions of FPOWs. The tutorial explains that PTSD is one of the major mental disorders veterans must deal with as a result of their captivity. It also describes symptoms associated with PTSD and how they develop.

2. Benefits Delivery at Discharge Initiative: The Committee is encouraged by the initiative described by Deputy Under Secretary for Benefits Aument to both consolidate sites for the Benefits Delivery at Discharge (BDD) Program and to make rating determinations in fewer locations.

Recommendation: Establish and Accredit Centers of Excellence for Processing of FPOW Claims: We again strongly recommend the establishment of regional centers of excellence based on the proven model of excellence exemplified by Jackson, MS, Seattle, WA, and other proven centers for the evaluation and/or rating of former POWs.

VA Response: BDD is designed for the fast processing of claims for separating or retiring active duty service members. These types of claims, when sent to the Winston-Salem and Salt Lake City processing centers, are fully developed and ready to rate, which is why the claims can be processed faster at those sites. Development of the claim continues to be the responsibility of the local BDD site. VA believes that FPOWs are best served through local interaction with both VA regional offices and medical centers. Regional offices, such as Jackson and Seattle, which provide excellent service to FPOWs, are successful because of their strong partnership with local VA Medical Centers (VAMC). In order to promote such partnerships and enhance service to FPOWs, VA has conducted Special Care and Benefits Training for VAMC and Veterans Benefits Administration (VBA) regional office personnel since 2004.

3. Review of FPOWs Rated at 50% or Lower: The multiplicity and severity of physical and mental disorders associated with the POW experience in the years following captivity are matters no longer in doubt. However, we are aware that many FPOWs still are rated at or below 50%, often on the basis of ratings done many years ago.

Recommendation: Review All FPOW Records With an Eye to Upgrade Low Disability Ratings: We recommend that any FPOW who is rated at 50% or less be referred for reevaluation to a designated POW center of excellence.

VA Response: On two occasions, in 2003 and 2005, VA conducted outreach to FPOW claimants, explaining the new presumptive conditions. These outreach initiatives came directly from recommendations made by the Committee. In 2003, we contacted all FPOWs (9,154) receiving compensation who were rated below 100 percent; however, only 1,538 of these veterans subsequently contacted our regional offices. In 2005, we contacted every FPOW in receipt of compensation (nearly 20,000, which included those rated 50 percent and less) to inform them that heart disease and stroke had been added to the list of FPOW presumptive conditions. VBA also reviewed the files of 1,054 claimants previously rated non-service connected for heart disease and stroke, and, as a result of that review, VA granted service-connection to 636 FPOWs for these conditions. These actions by VA provided extensive opportunities for FPOWs to contact their local regional offices to be reevaluated if they desired. VA is concerned that scheduling reevaluations that are not requested by the veteran would be stressful and confusing. As stated in the previous response, VA has not established POW centers of excellence because VA believes FPOWs are better served by enhancing services at the local level.

4. Recent Presumptives and Future Service-Connected Disabilities in the FPOW Population: VA personnel responsible for treatment and processing of

FPOWs should be fully aware of recently approved presumptive conditions, and sensitive to the development of future additional, service connected compensable conditions in the FPOW population.

Recommendation: Keep Current All Training Related to Treatment and Processing of the FPOW Population: Current VA Educational programs are excellent and improving. These programs and future training modules should continue to be provided and required of all VA personnel who may provide clinical, administrative and/or rating services to FPOWs.

VA Response: VA concurs with this recommendation and strives to provide the best training possible for its personnel. The Compensation and Pension Service has developed an on-line tutorial designed to increase awareness and understanding of the experiences encountered by FPOWs and the associated presumptive disabilities. This application will soon be accessible by all VA personnel. The POW tutorial provides the following information:

- 1) A definition of what type of service and confinement constitutes POW status for VA rating purposes,
- 2) The general health effects associated with confinement,
- 3) The recognized presumptive conditions for confinement of 30-days or more,
- 4) The recognized presumptive conditions exempted from the minimum 30-day confinement, and
- 5) The effects of post-traumatic stress disorder on FPOWs.

Medical Electronic Performance and Support System will assist VA personnel in the development and evaluation of disabilities associated with the POW experience. This new training tool has recently been incorporated into training programs for VA personnel.

5. Robert E. Mitchell Center: A National Resource Enjoying Increasing Cooperation With VA Facilities: The Committee is pleased to acknowledge the progress and cooperation between VISN 16 and the Mitchell Center as reported by Mitchell Center Director Dr. Robert Hain. The Committee also wishes to acknowledge the contributions of Dr. Hain to this Committee's work, and the FPOW population at large.

Recommendation: Continue Cooperation Between VISN 16 and REMC: The complementary resources of the REMC and regional VA instrumentalities make clear the mutual benefits of continued and enhanced cooperation between the two, and we recommend continued emphasis on this cooperation.

Recommendation: The Committee once again recommends Dr. Hain for Committee membership.

VA Response: VA will continue to emphasize cooperation between VISN 16 and the Robert E. Mitchell Center. VA thanks the Committee for its recommendation. We are well aware of the excellent record Dr. Hain has established at the Mitchell Center. To ensure diversity of representation on the

Committee, generally only one member is permitted to represent a specific organization or war period. A current member of the Committee, Dr. Michael Ambrose, is a retired director of the Mitchell Center and has kept the Committee informed of the Center's important work. Dr. Hain will receive every consideration as future vacancies arise.

6. Osteopenia/Osteoporosis: A Possible New Presumptive: Research conducted by the Mitchell Center suggests with reasonable scientific certainty that PTSD as a result of the POW experience contributes to the onset and development of Osteopenia/Osteoporosis.

Recommendation: Establish as Presumptive Conditions Osteopenia and Osteoporosis: We recommend that Osteopenia/Osteoporosis in FPOWs with PTSD be established as a new presumptive condition.

VA Response: VA will review the research that the Committee has identified to determine whether to convene the Workgroup on Presumptive Medical Conditions in Former Prisoners of War for further evaluation. The Workgroup was originally established in response to the Committee's recommendations, and one of its missions is to recommend to the Secretary any conditions it believes warrant designation as a presumptive condition for POWs or further study. VA promulgated 38 C.F.R. § 1.18(b) in 2004, which states that the Secretary may establish a presumption of service connection for POWs for a disease if there is "at least limited/suggestive evidence that an increased risk of such disease is associated with service involving detention or internment as a [POW] and an association between such detention or internment and the disease is biologically plausible."

7. Direct Contact and Communication Between C&P Physicians and Rating Personnel: A Continuing Problem: We recognize yet again the systemic information and communication gap between examining clinicians and rating professionals. This situation contributes in large part to continuing difficulties in the development of rating packages.

Recommendation: Cross Talk should be a Matter of Course: We strongly recommend that, whenever possible, POW C&P physicians personally observe the rating process and that rating officers (with the approval of the FPOW) observe the recording of patient history and appropriate portions of the physical examination process. Done even once, this practice will allow each party to become more familiar with the entire C&P/rating procedure. Direct lines of communication between physicians and rating officers are essential to improving the process.

VA Response: VA concurs with this recommendation. At the behest of the Committee, the Special Care and Benefits Training was established to develop this type of interactive experience. Previous Committee recommendations have

also led to the development of training modules offering a more comprehensive view of the examination and rating processes. VA is also promoting collaboration between local regional offices and VAMCs to provide opportunities for rating and medical personnel to discuss FPOW issues.

8. Kansas City VAMC: Local Concerns and Kudos: Between forty and fifty FPOWs and their spouses attended the open session on our first day of deliberation. Clearly, there was no failure to “get the word” out, such as our experience in Boston a year ago. We were exposed to both concerns and kudos, both of which are elaborated on as follows:

Concerns: The majority of concerns expressed by the FPOWs attending the open forum session dealt with access to care. Specific areas included access to dental and podiatric care and obtaining non-formulary medications.

Recommendation: Clinical and Pharmacy Guidelines Need Clarification: We encourage the clinical and pharmacy staffs to develop written guidelines to explain the policies and procedures concerning non-formulary medications and access to care.

Kudos: We wish to recognize and applaud the superb efforts of Carolyn Wright as the POW Coordinator in supporting the varied needs of the FPOWs. The high regard in which she is held by the FPOWs is evident. Ms. Wright conducts weekly meetings of the FPOWs in the area, and oversees a number of creative, productive and obviously enjoyable activities among the FPOWs and their families. Among her most notable efforts was the creation of a self-published booklet with photos, biographies and anecdotes of the FPOWs. Finally, there was almost universal praise for the director and clinical staff of the Kansas City VAMC by all attending. The Committee agrees that the leadership and working staffs are well regarded by the FPOWs, and that the standards for treatment of FPOWs are acceptably high.

VA Response: The comments of the Committee about the leadership and staff of the Kansas City VA Medical Center (VAMC) are appreciated.

VA has issued national policies addressing “access to care,” and directed field facilities to develop local policies concerning VA medical care, including dental, podiatry care, and non-formulary medications. The Kansas City VAMC recently reported that they are actively addressing the problems cited by the POW patients at the Committee meeting. For podiatry care, a draft service agreement is under review to enhance the efficiency of services. A review of wait times for podiatry appointments for established patients in January 2006 showed that 99 percent of patients were scheduled within 31 days. For dental care, a dental hygienist has been hired for routinely scheduled cleanings and to help reduce the backlog. In addition to the existence of these written policies, the Kansas City VAMC POW Coordinator has initiated discussions with the FPOWs served by the facility to explain the policies and respond to questions about them.

9. Widows, Widowers and DIC Forms: An unnecessarily daunting process: At the time when emotional turbulence is greatest, surviving spouses are confronted with administrative processes which are unnecessarily burdensome. Our understanding of the requisite forms for entitlement to DIC suggests that only one or two pages are essential to the process, rather than the voluminous package presented to the surviving spouse.

Recommendation: Require Completion Only of Forms Essential to the DIC Process: We recommend that either the forms be revised and made simpler, or that local offices be directed to provide only the required portions to the surviving spouse for completion.

VA Response: The Compensation and Pension Service has established a working group to review ways to streamline processing of Dependency and Indemnity Compensation claims. An update on this initiative will be provided to the Committee at its fall 2006 meeting.

10. Non-Presumptive Disorders: An Opportunity for Expanded Research: A number of disorders not presently considered presumptive may in fact be attributable to the POW experience. Among the candidate disorders might be, for example, Parkinson's, diabetes, next-generation birth defects, etc.

Recommendation: Conduct a Literature Search and, if Appropriate, Refer to Blue Ribbon Panel Consideration: We recommend that the baseline criterion be, at a minimum, "limited suggestive" relationships between the disorder(s) and the POW experience.

VA Response: With regard to the Committee's recommendation about a "baseline criterion" for evaluating a relationship between a disorder and the POW experience, under 38 C.F.R. § 1.18(b), VA may establish a presumption of service connection for a disease if the following criteria are satisfied: (1) "there is at least limited/suggestive evidence that an increased risk of such disease is associated with service involving detention or internment as a [POW];" and (2) "an association between such detention or internment and the disease is biologically plausible." The requirement that the association be biologically plausible does not require proof of a causal relationship, see 38 C.F.R. § 1.18(d), but rather requires only a determination that there is a possible biological mechanism, consistent with sound scientific evidence, by which the POW experience could lead to the health outcome. With regard to the candidate disorders cited in this recommendation, VA will review any medical research provided by the Committee regarding the prevalency of these conditions among FPOWs and decide whether to convene the Workgroup on Presumptive Medical Conditions in Former Prisoners of War to review the research in accordance with the regulatory criteria.

11. Inconsistent Treatment and Ratings Within the FPOW Population: A Continuing Regional Concern: We acknowledge that ours is a very narrow focus: FPOWs and their ratings and treatment. That said, and laying aside our previously stated concerns about the FPOW population vis-à-vis other populations (Agent Orange, among others), we are very concerned about significant disparities within the FPOW population. Virtually without exception, such disparities may be tracked, whether unusually good or unusually bad, to certain VAMCs and VAROs. On the "very good" side of the ledger are, of course, Jackson, MS, Seattle, WA, San Diego, CA, and more recently, Cleveland, OH. On the "not-so-good" side of the ledger continues to be St. Petersburg, FL. Our observations are based on both matter-of-record cases and preponderant anecdotal evidence. *We consider this disparity between and among installations as a gross disservice to both the FPOW and the Department of Veterans Affairs.*

Recommendation: Conduct A Macro-Level Evaluation of St Petersburg Treatment and Ratings Records Among FPOWs as Compared With VAMC and VARO Considered Centers of Excellence. *We Request a Briefing on the Findings of This Appraisal at Our Spring 2006 Meeting.*

VA Response: If the Committee would provide specific examples of the inconsistencies, VA can determine if a review is needed and what issues need to be examined.