

## REPATRIATION PROCEDURES AND PROCESSING

### OBJECTIVE

P. L. 95-479, Section 305 (a) (1) - . ."descriptions and analyses of the repatriation procedures, including physical examinations, for former prisoners of war and the adequacy of such procedures and the resultant medical records of former prisoners of war.. "

### INTRODUCTION

Recognizing the circumstances under which American prisoners of war of World War II, Korea, and Vietnam were interned, the military services established special procedures for their administrative evacuation from prison camps, their administrative disposition upon return to the United States, and their physical examination both overseas and stateside. These procedures - in the form of regulations, instructions, or directives - were beyond those applicable to all other veterans of those conflicts, and will be discussed here.

This discussion also includes a description of the administrative and medical processes which implemented these written repatriation procedures. The description of medical processing largely consists of an enumeration of the disabilities suffered by repatriated POWs at the time of repatriation. The disabilities suffered by POWs before repatriation are described in the chapter on conditions of captivity, while the health problems suffered by POWs since repatriation are mentioned in the chapter on the types and severity of former POW disabilities.

The Congress reflected the concern of this chapter in the Senate Committee on Veterans Affairs report on this study:

It appears that, because of the inadequate state of medical knowledge of various hardships suffered during internment, including the long-term effect of dietary deficiencies and unsanitary conditions, and because of the strong desire of former prisoners of war to return home as quickly as possible after World War II, those repatriation camps may have discharged veterans without thorough examinations and without close attention to their potential health problems. A major problem appears to be a lack of adequate records, necessary at a later date in order to establish service connection for ailments possibly related to internment. Also, conditions which may have seemed relatively minor at the time of repatriation may have become progressively debilitating. Thus, thirty years later, a former POW suffering from a debilitating disease that may have resulted from his or her internment, may encounter extreme difficulty in proving service connection.

The issues raised in the Congressional report apply especially to former World War II POWs. However, in keeping with the P.L. 95-479 mandate this chapter will also discuss these issues as they apply to former POWs of other conflicts - e.g., Korea, Vietnam. Such a discussion will offer the opportunity to compare and contrast repatriation procedures and processing among POW groups.

## WORLD WAR II - EUROPEAN THEATER

### GENERAL INFORMATION

There was a group of American POWs in the European Theater as early as August, 1942, when 44 American soldiers were captured by the Germans during the abortive Dieppe invasion.<sup>2</sup> From 1942 to 1944, several thousand American airmen later fell into the hands of the enemy when their planes were shot down during the bombing of Germany.

Some of the air crew members managed to evade the Germans entirely, while others escaped from the POW camps where they were interned. In the 1942-3 period, several thousand other Americans were also captured during the North African and Italian campaigns. These "Mediterranean Theater" POWs were initially transported to camps in Italy and then to camps in Germany and elsewhere in Central Europe, where they joined their European Theater comrades.

The largest number of European Theater POWs was captured after "D-Day". The Battle of the Bulge in late 1944 resulted in the capture of thousands of American POWs.

The average length of internment for European Theater POWs is estimated at 347 days/.95 years. This reflects the fact that most European Theater POWs were captured in the 1944-45 period. The average age at capture for European Theater POWs is estimated to have been 25 years, with the average age at release, 26 years. The table below gives the estimated average length of internment and average age at capture and release of the European Theater as well as the Pacific Theater and Korea POW groups.

TABLE 2 Estimated Average Length of Internment and Average Age at Capture and Release

	WWII <u>Europe</u>	WWII <u>Pacific</u>	<u>Korean Conflict</u>
Average Length of Internment (days/years)	347/.95	1,148/3.15	737/2.02
Average Age at Capture (years)	25.0	26.7	23.2
Average Age at Release (years)	26.1	29.4	25.4

Of the 95,532 American POWs captured and interned in the European Theater, 1,124 died in captivity and the remaining 94,408 were eventually returned to United States military control.

## DESCRIPTION OF REPATRIATION PROCEDURES

### Administrative Repatriation Procedures - Evacuation and Disposition

The repatriation regulation covering the evacuation, disposition, and physical examination of all World War II POWs was the War Department "Procedure for Processing, Return, and Reassignment of Recovered Personnel," dated April 21, 1945 (revised August 17, 1945.)<sup>3</sup> The War Department procedure specifically applicable to European Theater POWs was entitled "Repatriation, Recovery, and Rehabilitation of American POWs in Europe."<sup>4</sup> This document, dated October 3, 1944, was the basis for the discussion of European Theater POWs in the April 21, 1945 procedure.

These War Department regulations were implemented in the European Theater by the Supreme Headquarters Allied Expeditionary Force (SHAEF) procedure entitled "ECLIPSE Memorandum No. 8", dated March 19, 1945.<sup>5</sup> This Anglo-American instruction was further refined by the U. S. Army European Theater of Operations Standard Operating Procedure No. 58 (ETO SOP No. 58), dated April 3, 1945.<sup>6</sup>

The War Department procedures assigned primary responsibility for the evacuation of American, British, and other Allied POWs interned more than 60 days to theater commanders in SHAEF and the U.S. Army. These POWs were officially called "Recovered Allied Military Personnel" (RAMPs).<sup>7</sup> The above instructions did not apply to those POWs interned less than 60 days. The primary directive pertaining to this group, who were mostly evaders and escapees, was the War Department procedure entitled "Military Personnel Escaped From Enemy Territory." dated July 11, 1944,<sup>8</sup> and "Publicity in Connection with Escaped, Liberated or Repatriated POWs, to Include Evaders of Capture," dated March 29, 1945.<sup>9</sup> These instructions emphasized security, prohibiting the release of intelligence information obtained by evaders and escapees to other than military sources.

In April, 1945, the Allies and Germany concluded a "standfast" agreement, in which American POWs would no longer be transferred further into Germany with each Allied advance but would remain in their camps, with the understanding that they would not be returned to combat once recovered.<sup>10</sup>

ECLIPSE Memorandum No. 8 outlined the procedures to be followed by the liberating army before the POWs were to be evacuated from their prison camps. The liberating forces were to prepare a roster of all POWs in the camps they overran, and were to provide an identification card to each newly liberated POW. Former POWs were also encouraged to write home as soon as possible, although mail was to be censored to prevent the release of unauthorized casualty or intelligence information.

ECLIPSE Memorandum No. 8 provided that sick and wounded former POWs would have first priority for evacuation from forward areas, followed by the remaining former POWs. All former POWs were to be evacuated by air, or if air was not available, by train.

ETO SOP No. 58 also outlined the procedures for former POWs once they were evacuated from the battlefield. Former prisoners were to be supplied with food, clothing, bedding, and toilet articles at reception camps, and then transported as soon as possible after receiving these articles to embarkation staging areas. Intelligence screening was one of the primary functions to be performed at the staging area. This screening consisted of interviews designed to determine if there were any Nazi spies or sympathizers among the liberated POWs. Other functions to be performed at the staging area included establishing a personnel record on each former POW and providing him with advance or partial payments until final payment could be arranged. ETO SOP No. 58 also stipulated that no former POW would be allowed to embark by ship or air for the United States without presenting his I. D. card.

The War Department POW regulation dated April 21, 1945, outlined the administrative procedures to be followed by military authorities between the time the former POWs first returned to the United States and the time when they were finally discharged or reassigned. This instruction required all former POWs who did not need further medical care to report to "reception centers" near their homes. Those former POWs requiring medical treatment were supposed to report to reception centers after receiving medical care at debarkation hospitals.

At the reception stations, former POW intelligence and casualty reporting was to be completed. In this regard former POWs were directed to sign a statement agreeing not to divulge security information to parties outside the military. The former POWs were also supposed to complete forms identifying and reporting on any of their comrades who they believed died or became disabled in captivity. They also were to complete questionnaires on any atrocities they had witnessed during internment. These questionnaires were intended for use in the German war crimes trials. Another function to be performed at the reception centers was promotion processing. A form was to be completed by each ex-POW on his service history. This form was to be used as the basis for consideration for promotion, which was granted on an individual, case by

case basis for both officers and enlisted men. Other functions to be performed at reception stations were the award of any decorations and final payment of all salary to which POWs had become entitled during their internment.

After reception station processing, the War Department procedure provided that former POWs could take up to 60 days leave for recuperation and recovery, which could be extended if necessary. At the end of the recuperation period former POWs were to report to "redistribution stations." The redistribution stations were to complete any administrative records needed for discharge or reassignment. Former POWs were also to be advised of their right to make any claims for personal property lost or confiscated during their internment. Finally, promotion processing was completed. Data provided on the reception center promotion forms was frequently supplemented with interviews of former POWs by redistribution station administrative personnel. The information provided by the forms and/or interviews was used to determine qualification for promotion.

#### Medical Repatriation Procedures - Physical Examinations

ETO SOP No.58 called for POWs to be provided with necessary first aid immediately upon liberation. This procedure also called for the newly liberated POWs to have their bodies, clothing, and baggage disinfected by spraying. This spraying was to be accompanied by a brief medical inspection to determine if the newly liberated POW was free of all infectious diseases and was ready to be moved. The spraying and inspection was to be accomplished in the forward area or at the reception camp. ETO SOP No. 58 also required a "triage" of former POWs which was to separate them into those to be evacuated through medical or nonmedical channels. Medical channels were designed for those former POWs who were litter patients or who had been hospitalized in prison camp hospitals. Nonmedical channels were designed for all ambulatory ex-POWs who did not require immediate hospitalization.

ETO SOP No. 58 also specified that all former POWs would be given a thorough physical examination "at the earliest practicable moment."<sup>11</sup> ETO SOP No. 58 also provided that the physical examination for all ex-POWs was to include a detailed medical history, X-rays, urinalysis, blood test, and such other laboratory tests and diagnostic aids as deemed appropriate with the facilities available. However, chest X-rays were not supposed to be taken routinely, but only when the POWs pulmonary condition - as determined by physical examination - warranted it. Particular attention was to be given to the psychiatric portion of the POW physical examination. This exam was to focus on the following areas: depression, resentment, guilt, apathy, attitude toward authority, attitude toward further military service, anxiety, self-confidence, concern over health, and domestic trouble. The psychiatric portion of the examination was to be emphasized

because it was believed that "the majority of recovered POWs suffer from significant psychological or attitudinal disturbances which make subsequent adjustment difficult."<sup>12</sup> The psychiatric examination was to be performed by a psychiatrist, when available. The remainder of the examination was to be accomplished by medical officers (physicians) with the assistance of other health professionals. The original repatriation physical examination form was to be filed in the ex-POW's medical records and a copy was to be forwarded to European Theater headquarters. The October 3, 1944 War Department procedure called for such records to include any necessary references to the existence of "infectious or contagious diseases and mental afflictions."<sup>13</sup> Appropriate reference was also to be made to "treatment furnished by the enemy and to any illnesses or injuries suffered while in captivity."<sup>14</sup> The ex-POW examinee was also supposed to be classified by the examining physician as a patient or as a nonpatient for future medical processing in the United States. Former POWs classified as patients were those individuals who required further medical treatment at debarkation hospitals in the United States. Former POWs classified as nonpatients were those who did not require further hospitalization. Nonpatient POWs included those individuals manifesting psychiatric disorders not sufficiently urgent to classify them as patients. The April 21, 1945 procedure specified that nonpatient POWs would receive the appropriate immunizations before transfer to the United States.

The 1945 War Department procedure also outlined those medical procedures to be followed once former POWs returned to the United States. Former POWs classified as patients overseas were to be sent to the debarkation hospital nearest their home for further treatment, and then ordered to report directly to redistribution stations for final disposition. Nonpatient former POWs were to report to redistribution stations for final disposition. For both patient and nonpatient POWs, the physicians at the redistribution stations were to complete those portions of the repatriation physical examination which were not completed overseas. These physicians were also supposed to render a final medical determination on the former POW's health status - i.e., whether he was qualified or unqualified for further military service. Another feature of redistribution station medical processing was a psychological rehabilitation program. The 1945 procedure stipulated that "Consultation with a qualified psychiatrist should be provided if indicated"<sup>15</sup> prior to discharge or reassignment.

## DESCRIPTION OF REPATRIATION PROCESSING

### Administrative Repatriation Processing - Evacuation and Disposition

The few POWs who were repatriated prior to the end of the war were primarily evaders and escapees from German prison camps. These individuals were sent to London and Paris, where they underwent intelligence interrogation at Allied headquarters. After their intelligence processing, they were reassigned.

Almost all American POWs were evacuated from POW camps during the closing months of the war - i.e., April through June 1945. Before V-E Day, the Allies interpreted the "standfast" agreement with Germany to mean that POWs recovered in camps that had been overrun were to remain in place under the command of their already appointed leaders. The reason for this policy was to allow the Allies enough time to prepare for an orderly evacuation. After V-E Day, the "standfast" agreement was interpreted to mean evacuation from the forward area as soon as possible. Reception camps to handle this new inflow of POWs were established at Reims and Epinal, France, and Namur, Belgium. The primary staging area for American POWs was Camp Lucky Strike, which was near the embarkation port of LeHavre, France.

Most of the American POWs recovered at the end of the war, were liberated by American forces and were evacuated through American reception camps and staging areas. The remainder of these American POWs were evacuated by the Soviet, British, or other allied forces. These POWs were sent to American reception camps and staging areas. American forces, in turn, returned the British and Soviet POWs they recovered to their respective forces.

Once stateside, former POWs were processed as expeditiously as possible, as the goal of administrative disposition was to return the POW to civilian life as soon as possible.

#### Medical Repatriation Processing - Physical Examinations

An American medical board of inquiry accompanied the advancing Allied armies to determine if the Germans had abided by the Geneva Convention in their handling of POWs. The results of their investigation clearly showed that the Nazis had either intentionally or unintentionally failed to give decent treatment to their prisoners. Some American and other Allied POWs were found to be so malnourished as to resemble the living skeletons ("Mussulman")<sup>16</sup> discovered in the Nazi concentration camps. The board of inquiry received sworn statements and other testimony from the newly liberated POWs. This evidence was intended for use at the German war crimes trials. The newly liberated POWs were evacuated through medical and nonmedical channels. Approximately 10 percent of European ex-POWs were evacuated through medical channels.<sup>17</sup> The physical examiners discovered that almost all these POW patients had severe malnutrition (avitaminosis) as a primary or secondary diagnosis. Weight loss in these POWs averaged approximately 20 to 40 pounds from the last recorded weight prior to capture.<sup>18</sup> Malnutrition-related diseases among hospitalized POWs included inflammation of the tongue (glossitis), the lips (cheilosis), and mouth (stomatitis), swelling of the extremities (edema), diarrhea, gastroenteritis, and pellagra. There was also evidence of tuberculosis and other pulmonary diseases in these POWs.

The remainder of these newly liberated POWs were evacuated through nonmedical channels. The physical examination of European Theater POWs evacuated through nonmedical channels revealed that the average weight loss was 14 pounds.<sup>19</sup> Of these POWs, approximately 43 percent showed evidence of some form of malnutrition, approximately 43 percent had nutritional edema, and approximately 26 percent complained of night blindness.<sup>20</sup> Outbreaks of jaundice and hepatitis were frequent. In fact, these two diseases were observed to be even more severe than in the Pacific Theater. Gastrointestinal problems - diarrhea, gastroenteritis, nausea, vomiting - constituted a major problem immediately after liberation and shortly after arrival in the staging areas. This was in large part due to the ingestion of rich foods - doughnuts, peanuts, etc - offered to the repatriates by well-meaning Red Cross and Army personnel. Camp authorities reacted to this situation by issuing warnings and directives which called for dietary restraint after so long a period of malnutrition, and the establishment of a "bland" diet in the mess halls, which was supplemented by vitamin capsules.

Those former POWs classified in patient status at the staging area were sent to debarkation hospitals upon return to the United States for further medical treatment and then to redistribution stations to complete medical processing. Those former POWs classified as non-patients at the staging area reported directly to redistribution stations to complete medical processing.

## ADEQUACY OF REPATRIATION PHYSICAL EXAMINATIONS AND RESULTANT MEDICAL RECORDS

### Former POW Physician Analysis of the Adequacy of the Repatriation Examination

Twelve former World War II POWs who were prison camp physicians were contacted in the course of this study to obtain their professional opinion of the adequacy of the repatriation procedures and physical examinations for former POWs. The one European Theater POW physician who replied merely indicated that his repatriation examination was "adequate", but did not elaborate on this opinion.<sup>21</sup> However, he did not specify whether the repatriation exam given his fellow POWs was "adequate".

### Physician Reviewer Analysis of the Adequacy of the Repatriation Examination

The physicians who reviewed the sample of former European Theater POWs claims folders found that less than one fifth of those who had filed one or more claims for VA disability compensation had evidence of a repatriation examination. (Approximately one fourth of the sample had never filed a claim.) Of the few that were found, the reviewers generally thought they were satisfactory. However, the number found was too small to enable a statistical analysis.



Although there are several possible explanations for the absence of repatriation examinations, the actual causes are unknown. The examinations could have simply not been conducted, the paperwork could have been lost or the paperwork could be located elsewhere. Undoubtedly, the sheer number of POWs being repatriated (approximately 94,000), the wide geographical dispersion of the POWs and the confusion that existed in Europe in the last stages of the war all contributed to the absence of the repatriation examinations in the former POWs records.

#### ADDITIONAL SOURCES OF MEDICAL RECORDS

The VA claims folders normally contain the service medical records for former European Theater POWs who have filed claims for disability compensation with the VA. In addition to these VA claims folders, VA Medical Centers maintain medical records for treatment received at VA facilities for European Theater POWs. The VA Medical Centers also provide medical information to VA Regional Offices for filing in former POW European Theater claims folders.

For those former European Theater POWs who have not filed claims for disability compensation with VA, the primary source of medical information related to the POW experience are the military personnel records maintained at the National Personnel Records Center, St. Louis, Mo.

There are also several other sources of medical information related to the European Theater POW experience which can be accessed by the individual European ex-POW or his veterans service organization when VA and NPRC sources fail to yield the necessary repatriation physical or other desired medical records. For example, there are several series of records at the Modern Military Records Branch, National Archives, Washington, D.C. and the Washington National Records Center, Suitland, Md. that relate specifically to European Theater POWs. One such records series is the "Collection of Seized Enemy Records" which includes an alphabetical card listing, in English and German, of all American aircrew members shot down over Europe and North Africa between 1942 and 1945. Approximately 10,000 cards were prepared and maintained by the German High Command.<sup>22</sup> Each card has such entries as name, prisoner number, date of birth, rank, army serial number, date and place of capture, height and hair color, fingerprints, photograph, and pay record. Most importantly, this listing contains a brief statement of the POWs health status when captured and the hospital or camp to which he was taken. Another records series contains interrogation reports of American POWs completed by Army legal and intelligence officers. This series contains occasional references to medical care given the POW during escape or while interned in prison camp.

## WORLD WAR II - PACIFIC THEATER

### GENERAL INFORMATION

The first group of American POWs captured by the Japanese was taken in December 1941, shortly after the attack on Pearl Harbor. These POWs were mostly United States Marines guarding diplomatic missions in China. Within the next few months, the Japanese had overrun Wake Island, Guam, and other Pacific territories and had captured many more American POWs. The largest number of Pacific Theater POWs was captured at the surrender of American forces on Bataan and Corregidor, in April-May, 1942. Many of these internees were Regular Army forces. This was different from Europe, where most POWs were draftees. Many of the Pacific Theater POWs captured after 1942 were aircrew members who were shot down in air raids over Japan.

The average length of internment for Pacific Theater POWs was 1,148 days/3.15 years. The average age of these POWs at capture was slightly over 26 years and the average at repatriation was slightly over 29 years. Of the 34,648 POWs captured and interned in the Pacific Theater, 12,935 died in captivity and the remaining 21,713 were eventually returned to United States military control. Approximately one third of the 21,713 Pacific Theater repatriated POWs were believed to be Filipinos who had fought alongside American forces during the war.<sup>23</sup>

### DESCRIPTION OF REPATRIATION PROCEDURES

#### Administrative Repatriation Procedures - Evacuation and Disposition

The 1945 War Department procedure set forth the general instructions for evacuation, disposition, and physical examination of Pacific Theater as well as European Theater POWs. The War Department directive specifically for Pacific Theater POWs was entitled "Handling and Disposition of Recovered U.S. Military Personnel Who Formerly Served on Wake, Guam, and the Philippines."<sup>24</sup> This procedure, dated February 19, 1945, was the basis for discussion of Pacific Theater POWs in the April 21, 1945 document.

The April 21, 1945 regulation assigned primary responsibility for the evacuation of Pacific Theater POWs to theater commanders. Pacific Theater POW evacuation procedures largely resembled those used for European Theater POWs. For example, newly liberated Pacific Theater POWs were to be listed on a roster, provided with food, clothing, bedding, and toilet articles, and encouraged to write home as soon as possible. Initial intelligence screening was to be performed. Advance and partial payments were authorized, and a personnel record was to be established as soon as possible. Theater commanders were supposed to automatically promote all POW officers

below Colonel and all enlisted POWs below Master Sergeant one grade above that held during captivity. This general promotion policy differed from the case-by-case method applicable to European Theater POWs. Finally, the War Department evacuation procedure called for Pacific Theater POWs to be sent home by ship, or if administratively or medically necessary, by air.

The April 21, 1945 procedure outlined the procedures to be followed by Pacific Theater POWs once they arrived in the United States. Within the first two or three days after arrival, all Pacific Theater POWs were supposed to be sent to debarkation hospitals for medical processing. Those POWs who did not require further hospitalization after their visit to the debarkation hospital and who had completed reception center processing, were to be granted 60 days home leave for purposes of recuperation and recovery, which could be extended if necessary. After this rest period, these former POWs were to report to redistribution stations for administrative disposition. Those POWs who required further hospitalization after their initial physical examination at the debarkation hospital were permitted up to 90 days of recuperation and recovery upon completion of further hospitalization, before they were required to report to reception, and then redistribution, centers.

The reception stations completed former POW intelligence processing (e.g., War Crimes questionnaires). The reimbursement of all back pay and the awarding of decorations was also performed at reception centers. The filing of claims for lost or confiscated property, as well as the completion of all personnel records prior to discharge or reassignment, was supposed to be accomplished at these redistribution centers.

#### Medical Repatriation Procedures - Physical Examinations

The April 21, 1945 War Department directive outlined the former POW physical examination procedures to be used in the overseas theater. Emergency first aid was to be provided upon recovery of POWs, followed by a physical examination which was to be conducted at the "earliest practicable moment". The extent of this physical examination was left to the directive of theater commanders. However, it usually consisted of at least height and weight measurements, an eye-ear-nose-throat examination, and dental examination. On the basis of these examinations, the medical officer was to conduct a triage of former POWs into patients or nonpatients for purposes of further medical processing. The November, 1945 "Report of the Health Survey of Repatriated American Prisoners of War From the Far East" documented the medical procedures used by the Army Surgeon General Board which was to arrange for the physical examination of Pacific Theater POWs once they arrived in the United States.<sup>25</sup>

The "Morgan Board" (named after its chairman, General Hugh Morgan, M.D.) report stated that its purpose was to perform a health survey of Pacific Theater POWs which would determine the best future care for these POWs, detect and prevent their diseases from spreading to their communities, and study the physical changes which occur after exposure to such harsh conditions as those endured by the Pacific Theater POWs. Thus, research as well as treatment were to be the aims of the survey. A special physical examination form was created for the survey. The original was to be filed in the former POW's medical records, and a copy was to be forwarded to the Surgeon General's office for use in the study. This form, and the instructions accompanying it, specified that the POW examination would include the following areas: medical history, height and weight, blood pressure, eyes, skin, heart, oral and dental, chest X-ray, liver, spleen, muscle, psycho-neurological functions, and laboratory tests (e.g., stool, urinalysis, blood).

The Morgan Board procedures provided that POWs classified as patients overseas would have their health survey performed on the wards of the debarkation hospital, while those classified as nonpatients were to be directed to a processing line. Those POWs discovered to require further medical treatment upon completion of the health survey were to receive this care at the debarkation hospital or the military hospital closest to their homes. After completion of their hospitalization, these former POWs were permitted up to a 90 day period of recuperation, after which they were to report to redistribution stations to complete medical processing. The April 21, 1945 instruction disclosed that those portions of the repatriation physical examination not completed overseas or during the special health survey were to be performed by physicians at the redistribution centers. Like their European counterparts, Pacific Theater POWs were also to be afforded the opportunity for further psychiatric treatment and counseling at the redistribution center.

## DESCRIPTION OF REPATRIATION PROCESSING

### Administrative Repatriation Processing - Evacuation and Disposition

The newly liberated Pacific Theater POWs were transferred from prison camps to depots in Japan and the Philippines for initial administrative processing. After completing those activities required by the War Department procedures, the Bataan-Corregidor POWs at the Philippines depots were allowed to go "treasure hunting" on their former battlefield in an attempt to retrieve the valuables they had buried during the siege. The "treasure hunt" did not yield much, and as a result, the POWs filed claims upon return to the United States for the monetary value of their lost possessions.

Those Filipinos who had fought with American forces on Bataan and Corregidor were also administratively processed. Most of these individuals were released by the Japanese shortly after their capture in April-May, 1942, and were then permitted to either join the local police force or resume their normal civilian occupation (e.g., farming). When the Philippines were liberated in 1945, these Filipinos rejoined American forces. At that time, they were given an intelligence affidavit to complete concerning their activities during the war, were physically examined, and then discharged and allowed to return to their homes.

Upon returning to the United States, American POWs were initially sent to debarkation hospitals, and then on to reception and redistribution centers for final disposition.

### Medical Repatriation Processing - Physical Examinations

In addition to the overseas theater emergency care and physical examination required by War Department procedures, Pacific Theater POWs were also provided medical care during the trip home. This frequently consisted of vermifuging ("de-worming"), chemotherapy and whole blood and plasma transfusions aboard the returning ships.

A total of 4,618 Pacific Theater POWs were physically examined at the "Morgan Board" debarkation hospitals.<sup>26</sup> These hospitals, and the approximate number of POWs seen at each facility, are as follows: Letterman General Hospital, San Francisco, Calif. (3,204), Madigan General Hospital, Ft. Lewis, Wa. (886) and Camp Haan General Hospital, Camp Haan; Calif. (528). The survey began on September 1 and ended on October 22, 1945, with the final report issued shortly thereafter.

The results of this physical examination are described in the Morgan Board report. Malnutrition (avitaminosis) was the most significant finding among Pacific Theater POWs. In an effort to assess the extent of this malnutrition, the survey recorded Pacific Theater POW weights at the time of capture, the time of release, and the time of the survey examination. These measurements showed weight losses from the time of capture to the time of release ranging from 20 to 110 pounds.<sup>27</sup>

The survey report noted that the weight at the time of capture frequently did not reveal normal weight and the weight at time of release did not represent the lowest weight. The weight at time of capture frequently did not reflect normal weight because many POWs had lost from 30 to 50 pounds prior to capture, due to the shortage of food during the siege of Bataan and Corregidor.<sup>28</sup> Furthermore, the weight at time of release did not represent the lowest weight because many of the prisoners reached their lowest weights within the first six months of

imprisonment, while they were still in the Philippines. During the last month before release, many gained weight as a result of food packages dropped by American planes. As in Europe, the ingestion of such a rich American diet so soon after a long period of malnutrition often resulted in adverse reactions. These reactions were quite severe, frequently resulting in nutritional edema. The report also found that a few prisoners actually gained weight between capture and release. This phenomenon was attributed to the fact that they were either very ill at the time of capture and actually became nourished on the prison diet or they were cooks and hence in a position to purloin food more readily than their fellow prisoners.

The weight at the time of the survey often depended on the length of time between the release of the prisoner and his repatriation examination. The first prisoners were flown across the Pacific within a few days of release so their examination weight corresponded more nearly to actual weight at release. However, the remainder of Pacific POWs, who followed on ships were receiving food and medical care for more than a month before reaching the survey line and thus they gained considerable weight in the interim.

The survey report also noted that a former Pacific Theater POW could eventually regain most if not all of his pre-captivity weight without being well nourished. This was because a prisoner's new nutritional state was characterized by below normal muscular development. The regained weight was frequently confined to the former prisoner's abdomen, resulting in a protruberant "rice belly".

The survey found other results of malnutrition besides weight loss. Such conditions included pellagra; fissures around the lips (cheilosis) and mouth (stomatitis); inflammation of the tongue (glossitis) and skin (dermatitis) and severe diarrhea and dysentery. The number of repatriates suffering from some form of "avitaminosis" was estimated to be between 50 and 70 percent.<sup>29</sup> Beriberi was also quite prevalent in the Morgan Board patient population. A medical history of "wet" beriberi, characterized by massive edema, was evident in 77 percent of those examined.<sup>30</sup> A history of "dry" beriberi, characterized primarily by peripheral neuritis, was given by about 50 percent of those examined.<sup>31</sup> Beriberi heart disease was also discovered in many repatriates. Major neurological problems observed included optic atrophy, muscle weakness, and poor reflexes. Surprisingly, recordings of systolic and diastolic blood pressure were found to be quite normal for most Morgan Board repatriates.

The laboratory studies made during the time of the survey were quite extensive. They included stool exams for parasites, stool cultures, blood work, plasma protein, calcium and phosphorus analysis, and urinalysis. As in the case of weight loss, the report acknowledged that these laboratory tests were not truly reliable and valid measures of the severity of the POW

experience. This was because during the ocean voyage home, many Pacific POWs had received medical care, so that their condition had improved considerably by the time of examination. However, the presence of intestinal parasites was one condition that did not significantly improve by the time of the survey. The proportion of Pacific POWs found to be harboring intestinal parasites was approximately 60 to 70 percent, with many yielding from two to six different species of parasites - most commonly, ascaris and hookworm.<sup>32</sup> This was considered to be a conservative estimate, as it was based on only a single stool specimen rather than the standard series of three or more stool examinations. Some POWs at Letterman did not even receive a stool examination for parasites. The report recognized that this was a major shortcoming of the survey conducted at that facility. Stool culture examinations for nonparasitic microorganisms revealed the presence of Shigella and Salmonella. Due to shipboard treatment, the incidence of these particular microorganisms had significantly decreased by the time of the survey.

Blood studies were made on the Morgan Board POWs to detect the presence of malaria and anemia. The number of POWs with active malaria was surprisingly low, although the medical histories taken revealed that most Pacific Theater POW patients had malaria sometime during their internment. Over half of the early arrivals at Letterman and other Morgan Board hospitals were found to have some type of anemia. With shipboard treatment, the incidence of this disease among later arrivals diminished to about a third of those examined.<sup>33</sup> The plasma, calcium and phosphorus analyses, as well as urinary specimen test, did not reveal any significant deviations from a normal population. The survey also disclosed that most Pacific Theater POWs had diarrhea severe enough to be classed as true dysentery. Many still suffered from this condition at the time of examination. Some of the former prisoners showed evidence of jaundice at the time of the survey. The survey also discovered that the incidence of tooth decay was not significant, as there was little sugar in the camp diet.

The psychological picture of the repatriates that emerges from the Morgan Board report was a superficial feeling of well-being mixed with a feeling of insecurity. The feeling of well-being was evident in those POWs examined shortly after release, as they were euphoric and somewhat childlike in their reaction. However, the insecurity emerged later on in feelings of apprehensiveness about being unable to cope with all the responsibilities of civilian life. The report noted that the primary thought of the POWs during imprisonment was of food. Sex was rarely discussed or practiced. POWs interviewed as part of the survey noted that it was an intangible "will to live" that enabled them to survive after so many of their comrades died. The Morgan Board psychiatrists characterized their patients as being possessed of high morale even under the most trying circumstances, as having a never failing hope of rescue, able to repress hostility, physically adaptable to a strange environment, and willing to eat anything.

The report concluded that administrative support for the medical processing of Pacific POWs was quite adequate, except for the limited availability of medical and dental X-ray equipment. This limitation meant that not all POWs who were medically processed at Letterman received chest X-rays. At Madigan Hospital, the Board noted that while eye problems appeared to be a prevalent medical condition, no qualified ophthalmologist was available to properly diagnose and treat optic atrophy and other eye diseases related to the POW experience.

## ADEQUACY OF THE REPATRIATION PHYSICAL EXAMINATIONS AND RESULTANT MEDICAL RECORDS

### Former POW Physicians Analysis of the Adequacy of the Repatriation Examination

Several letters concerning the medical aspects of the World War II POW repatriation examination were received from former Pacific Theater POWs physicians.

One former Pacific Theater POW physician admitted that "some 30 years after the experience my opinions may be clouded with bitterness." He then went on to state that "Repatriation examinations given by the Army to POWs returning from Japan were totally inadequate. The dominant attitude of personnel conducting these exams was that since the war was over everything would be fine, all physical complaints would disappear as we resume a normal American diet. I was medically cleared by two general hospitals prior to being separated from the service and at no time was I interviewed or examined by a senior officer. No follow-up program was established (for me)". He also added that "On return to this country we were amazed that emotional problems were undetected in the fast psychiatric shuffle offered the POWs by physicians only recently graduated".<sup>34</sup>

Another former Pacific Theater POW physician observed that "It appeared to be the consensus that as we were repatriated, the general euphoria of being returned to Armed Forces control caused most of the men to minimize their problems and condition. My first processing was entirely for organization and management with the issuing of identification cards and the superficial question "Do you have any major problems?" We all had as our greatest problem that of malnutrition, beriberi, and gastrointestinal disturbances. Our greatest desire was for "stateside food". . . Our main objective was to "see the town" (San Francisco) and get to our home town as soon as possible. The repatriation exam (at Letterman) was comprehensive but hurried due to the number of men being processed and the tendency of the POW to be AWOL from the scheduled routine . . . When I finally arrived (home), the exam was performed more leisurely and with greater thoroughness . . . the lab investigation was thorough . . . Nowhere along the line can I remember any questioning in regard to psychiatric problems or stress problems".<sup>35</sup>



Yet another former Pacific Theater POW physician, commenting on his repatriation examination, stated that "they asked me a few questions but nothing about malnutrition. They then told me I could go home, however, some of the men were given a better examination than the one I received . . . I don't think (after talking to many of my POW friends) that malnutrition or psychological problems were stressed. Most of the men were so eager to get home that they didn't bother to tell them about any problems they had . . . I think that at our examination, had it been adequate, they would have picked up many cases of stress and malnutrition among our men".<sup>36</sup>

#### Physician Reviewer Analysis of the Adequacy of the Repatriation Examination

The physicians who reviewed the sample of former Pacific Theater POWs claims folders found that approximately three fifths of those who had filed one or more claims for VA disability compensation had evidence of a repatriation examination. (Approximately one fifth of the Pacific Theater POWs had never filed a claim.) The physicians made subjective professional judgements on the repatriation examinations. They judged the overall quality and adequacy good or adequate in approximately three fourths of the exams. They also judged that approximately two thirds of the exams provided an adequate or good basis for evaluating subsequent physical or psychiatric conditions.

As with the European Theater POWs, the actual causes for the absence of repatriation examinations are unknown. The examinations could have simply not been conducted, the paperwork could have been lost or it could be located elsewhere. Filipino POWs, who made up an estimated one third of the Pacific Theater POWs and approximately one fifth of the sample, received an abbreviated examination upon rejoining the American forces that may not have been identified as a repatriation examination.

#### ADDITIONAL SOURCES OF MEDICAL RECORDS

The VA claims folders normally contain the service medical records for those Pacific Theater ex-POWs who have filed claims for disability compensation with the VA. A distinguishing feature of the Pacific Theater ex-POW claims folders is the large number of them belonging to the Manila, P. I. VA Regional Office (18 of 99 Pacific Theater POW folders reviewed). This high figure is understandable, in light of the fact that an estimated one third of Pacific Theater POWs were Filipinos, many of whom filed disability claims through the Manila VA Regional Office.

In addition to these VA claims folders, VA Medical Centers maintain medical records for treatment received at VA facilities for Pacific Theater POWs. VA Medical Centers also provide medical information to VA Regional Offices for filing in former Pacific Theater POW claims folders.

For those former Pacific Theater POWs who have not filed claims for disability compensation with the VA, the primary sources of medical information concerning their POW experience are the military personnel records maintained at the National Personnel Records Center, St. Louis, Mo.

When VA or NPRC records fail to contain the repatriation physical examination or other desired medical information, there are several other sources of former Pacific Theater POW medical records which are accessible to the individual Pacific ex-POW or his veterans service organization. For example, there is a handwritten medical journal compiled by Captain Frank Richardson while he was imprisoned at the Yodagawa POW camp. This diary contains entries pertaining to medical treatment of American POWs in that camp. A cross-reference to this diary has been placed in the military personnel records of those men described in the diary. Other records on Pacific Theater POWs are currently maintained in the Philippine Army Records Branch, U.S. Army Reserve Components Personnel and Administration Center (RCPAC), St. Louis, Mo. These records are collectively referred to as "Recovered Personnel Records". Shortly after World War II, military personnel specialists inventoried the records retained in the Pacific Theater during the captivity of the Pacific POWs. These records included camp rosters and diaries, casualty and death reports, general orders, and other medical and administrative documents, all of which were transferred to St. Louis in 1950-1.

## KOREAN CONFLICT

### GENERAL INFORMATION

A total of 3,745 Korea POWs were repatriated in two major operations - "Little Switch" (April 21 - May 3, 1953) for the 149 seriously sick and wounded POWs and "Big Switch" (August 4 - September 6, 1953) for most of the remaining POWs (3,596).<sup>37</sup> The average age at capture of these POWs is estimated to have been slightly over 23 years old, with the average estimated age at release slightly over 25 years. The remaining 673 Korea POWs managed to evade or escape internment prior to these two major repatriation operations. The average length of internment for Korea POWs is estimated at 737 days/2.02 years.

Of the 7,140 POWs captured and interned in Korea, 2,701 died in captivity and 4,418 were eventually returned to United States military control. There were 21 Korea POWs who refused repatriation, presumably because they had been "brainwashed" by the enemy.

## DESCRIPTION OF REPATRIATION PROCEDURES

### Administrative Repatriation Procedures - Evacuation and Disposition

The U.S. Army handled the repatriation of all Korea POWs. The Army procedure which governed the evacuation, disposition, and physical examination of Korea POWs was "Procedure for Processing, Return and Reassignment of Exchangees in Korea", dated December 20, 1951.<sup>38</sup> This procedure assigned the primary responsibility for the evacuation of Korea POWs to the U.S. Army Far East Command. The command procedure which implemented the December 20, 1951 document was entitled "Standard Operating Procedure for Receiving and Processing Repatriates", dated July 20, 1953.<sup>39</sup>

The December 20, 1951 regulation applied to Little Switch repatriates and those individual Korea POWs who escaped or evaded capture and found their way back to American forces prior to the two major prisoner releases. This instruction initially called for identification of repatriated POWs on a roster as soon as they returned to U.S. military control. These POWs were next supposed to have their personnel records updated. They were then to be interrogated by intelligence officers, and were to read and sign security statements (which were the same ones as those used for World War II POWs) which declared that they would not improperly divulge any casualty and/or intelligence information. Theater commanders were authorized to promote enlisted and junior officer (lieutenant) former POWs one grade above that held during captivity. Former POWs were eligible for promotion only on an individual, case by case basis. After completion of administrative processing in Korea, these POWs were supposed to be flown to military hospitals in Japan for medical examination, and then flown to the United States.

Big Switch returnees were processed under both the December 20, 1951 and July 20, 1953 regulations. The July 20, 1953 SOP outlined the procedures to be followed from the time of the POW's recovery at the receiving point, to his transportation to a reception center, and then to the port of embarkation. At the receiving point, Big Switch repatriates were entered on a roster and then sent by the appropriate transportation (helicopter, ambulance, or truck) to the reception center. At the reception center, former POWs were to provide information to administrative specialists so that their personnel records could be updated. They were then permitted to meet the press for an interview concerning their POW experiences. Chaplains were also supposed to be available to offer prayers on behalf of the former POWs. Finally, POWs were to be issued food, clothing, bedding, and toilet articles.

From the reception centers, the Big Switch returnees were to be transferred to the port of embarkation by either helicopter or train. Intelligence and promotion processing were to occur before and during the voyage home. The December 20, 1951 Army procedures provided for a 30 day period of recuperation and recovery for both Little and Big Switch repatriates upon return to the United States. This rest period was to occur after completion of all hospitalization and prior to reassignment or discharge.

Those POWs who were identified in the overseas theater interrogation as particularly valuable sources of intelligence information were to be sent to Army Headquarters, Washington D.C. for further questioning as soon as medically possible after return to the United States.

#### Medical Repatriation Procedures - Physical Examinations

The December 20, 1951 procedure called for POWs to undergo a medical survey "immediately" upon return to American military control.<sup>40</sup> For Little Switch POWs, evaders and escapees, this medical survey was to be accomplished at American military hospitals in Japan.

The July 20, 1953 SOP required that Big Switch returnees would be given necessary first aid, to be followed by a triage which would sort these POWs into those litter cases requiring movement by ambulance and those ambulatory POWs who could be moved by truck to the reception center. Once at the reception center, the SOP called for returnees to be disinfected by spraying. The former POWs were supposed to proceed to showers and then report to the reception center field hospital in robe and slippers after emerging from the shower house. A medical record was to be initiated on these former POWs as soon as they entered the hospital. The former POWs were then to undergo laboratory tests and a dental examination, to be followed by chest and other X-rays. On the basis of this preliminary examination, the former POWs were classified into patients and nonpatients. Patients were to be treated just like the Little Switch POWs, i.e., aeromedically evacuated to military hospitals in Japan for further physical examinations and then flown to military hospitals in the United States for follow-up care. Nonpatients were to complete their repatriation physical examination aboard ship returning to the United States.

Findings of the repatriation physical examination were to be recorded on standard military lab, X-ray, and physical exam forms. A master form was also used to summarize and supplement the data on the standard forms. Both master and standard forms were supposed to be made part of the individual POW's medical records.

The medical exam was to include the following areas: medical history, neurological function, oral and dental exam, lab tests (i.e., urinalysis, serology and blood analysis, malaria smear, stool test for parasites, stool culture), chest X-ray, distance vision, height and weight measurements, blood pressure reading, skin exam, internal medicine (heart, liver, spleen) exam. The psychiatric examination was to include in-depth interviews. The following exams were not supposed to be routinely accomplished: electrocardiogram (EKG), blood type and Rh factor, refraction and near vision visual test, audiometer test, blood pressure at other than "sitting", "after exercise" and "two minute after" positions.

## DESCRIPTION OF REPATRIATION PROCESSING

### Administrative Repatriation Processing - Evacuation and Disposition

The Big Switch POW receiving point was at the armistice negotiation site at Panmunjon. The reception center located at Munsan-Ni was called "Freedom Village". The port of embarkation was Inchon. The ocean voyage home lasted approximately two weeks. During this period, shipboard intelligence teams thoroughly interrogated the Big Switch POWs. This emphasis on security was due to the fact that 21 Korea POWs were reported to have refused repatriation, which led to allegations that they had been "brainwashed" by the enemy. The interrogations were conducted in order to determine what caused the defection, and how it could be prevented in the future.

An active public information program was also part of the ocean voyage. Former POWs received booklets describing events that had occurred during their incarceration. Films and books were also available for their use.

### Medical Repatriation Processing - Physical Examinations

Little Switch returnees were medically evacuated from Japan to Travis AFB, Calif., and from there to the military hospital closest to their home.

Those Big Switch POWs classified as patients were medically evacuated from Japan to Letterman General Hospital, San Francisco, Calif. for further medical care. Afterwards, these patient POWs were sent to the military medical center or hospital nearest their home for appropriate general or special followup medical care.

Nonpatient POWs were physically examined during the two week ocean voyage to the United States. The psychiatric portion of the examination was emphasized, with both group therapy sessions, as well as the required in-depth individual interviews taking place. The psychiatric examination was conducted in conjunction with the intelligence interrogation as part of a program to identify and prevent any possible future defectors among returning POWs.

These repatriation physical examinations demonstrated that Little Switch returnees experienced 20 to 34 pounds weight loss, while Big Switch repatriates experienced 14 to 45 pounds weight loss.<sup>41</sup>

Furthermore, the examinations showed that most Korea POWs did not have any major eye, mouth, lip, or skin diseases. Among those POWs that did exhibit such problems, bleeding from the lip or mouth (gingivitis), atrophy of the tongue, and skin infections were the principal conditions diagnosed.

Twelve former prisoners had malaria.<sup>42</sup> While the results of chest X-ray examinations were mostly negative, two percent of all Korea POWs did have active tuberculosis and another two percent were diagnosed as having other respiratory diseases at the time of repatriation.

Stool culture examinations revealed that approximately 40 percent of all Korea POWs harbored parasites,<sup>43</sup> which were usually either ascaris, amoebae or hookworms. Shigella and salmonella were the most common nonparasitic microorganisms discovered among these POWs.

Approximately 80 percent of all repatriates were reported to be in good mental health and had high morale.<sup>44</sup> Approximately 19 percent of the repatriates were neurotic with only one percent of returnees diagnosed as psychotic.<sup>45</sup>

## ADEQUACY OF REPATRIATION PHYSICAL EXAMINATIONS AND RESULTANT MEDICAL RECORDS

### Physician Reviewer Analysis of the Adequacy of the Repatriation Examination

The physicians who reviewed the sample of former Korea POWs claims folders found that approximately eighty five percent of those who had filed one or more claims for VA disability compensation had evidence of a repatriation examination. (Approximately one fourth of the former Korea POWs had never filed a claim.) The physicians made subjective professional judgements on the repatriation examinations. They judged approximately ninety percent of the

examinations adequate or good for overall quality and adequacy. They also judged that approximately eighty-five percent of the repatriation examinations provided an adequate or good basis for evaluating subsequent physical or psychiatric conditions.

#### ADDITIONAL SOURCES OF MEDICAL RECORDS

The VA claims folders normally contain the service medical records for Korea as well as World War II ex-POWs who have filed claims for disability compensation with the VA. In addition to these VA claims folders, VA Medical Centers maintain medical records for treatment received at VA facilities for Korea POWs. VA Medical Centers also provide medical information to VA Regional Offices on Korea as well as World War II ex-POWs for filing in former POW claims folders.

For those former Korea POWs as well as World War II POWs, who have not filed claims for disability compensation with the VA, the primary source of medical information concerning their POW experience are the military personnel records maintained at the National Personnel Records Center, St. Louis, Mo.

Other records containing medical information on former Korea POWs are maintained at the Fort Meade, Md., Army Records Center. They are mostly "intelligence debriefing" reports which were compiled by the military intelligence teams accompanying the Korea POWs home on ship. These files are still classified.

### VIETNAM ERA

#### GENERAL INFORMATION

The group of Vietnam POWs was distinct from American POWs of previous conflicts in several respects. First, it was the smallest group of POWs - 653 returned to United States military control, almost all during "Operation Homecoming" (January 27 to April 4, 1973). Second, almost all were career servicemen rather than draftees. Third, most were officers rather than enlisted men. Fourth, most were pilots or aircrew members rather than foot soldiers. Fifth, they were on the average older upon capture - usually in their late 20's or early 30's - and upon release - usually in their 30's - than American POWs of other wars. Finally, they were held longer than any other POW group - up to seven years.

In addition to the American POWs held in Vietnam, the 82 crew members of the naval intelligence ship U.S.S. Pueblo were captured by North Korea in January, 1968.<sup>46</sup> These POWs were released in December, 1968, after a period of internment of eleven months.<sup>47</sup> Although a state of war did not exist between the United States and North Korea at the time of their capture, these crew members are nonetheless considered POWs of the Vietnam Era.

## DESCRIPTION OF REPATRIATION PROCEDURES

### Administrative Repatriation Procedures - Evacuation and Disposition

The evacuation procedures used for Vietnam POWs are summarized in "Operation Homecoming - Medical Report" issued in 1973 by USAF Hospital, Clark AFB, P.I.<sup>48</sup> This procedure called for Vietnam POWs to be taken from Vietnam to Clark by air transport. Physicians and other health professionals were to be aboard the aeromedical evacuation planes to provide emergency first aid. Immediately upon arrival at Clark, the former POWs were to be given the opportunity to telephone their next of kin. Intelligence officers were then supposed to debrief the former POWs.

POWs were promoted based on individual date of rank. The new rank, along with appropriate decorations, were to be issued to the repatriated POWs along with their new uniforms. Former POWs were also to be authorized partial payments of back pay, and were to be furnished with legal and financial counseling. Chaplains were to be available to provide for spiritual welfare. Finally, former Vietnam POWs were to be provided with a booklet which summarized all the major events that had occurred during their incarceration.

The Veterans Administration established a procedure for the administrative handling of former POWs once they had returned to the United States. This procedure was entitled "POW/MIA Returnee Program", DVB Circular 20-72-94, dated December 8, 1972.<sup>49</sup> A special identification card (VA Form 23-8680) was to be completed by the military on each repatriated POW and forwarded to the VA. With the use of this card, Veteran Benefits Counselors were to locate repatriated POWs hospitalized in military facilities, and advise them on how to file for disability compensation or obtain a VA home loan. VA counseling psychologists were also supposed to be available to assist former POWs in establishing an education or rehabilitation training program.

### Medical Repatriation Procedures - Physical Examinations

The physical examination procedures to be followed for former Vietnam POWs were outlined in the Clark Hospital "Medical Report" and the 1972 "Initial Medical Examination Form" and its accompanying instructions.<sup>50</sup> The "Medical Report" noted that upon arrival at Clark, former



POWs were to be "triaged" into patients and nonpatients. Nonpatients were to be initially examined at Clark and sent stateside to a military medical center near their home, where that portion of the treatment form not finished at Clark was to be completed.

Those former POWs classified as patients were to remain at Clark for an extended period of medical care. Family members of these patients were authorized travel to Clark to be with their sons or husbands. The repatriation physical examination was to be conducted using a computer-coded volume called the Initial Medical Examination Form (IMEF). This examination was to include a complete medical history (pre, during, and post captivity), nutritional assessment, height and weight measurements, neck and thyroid tests, eye-ear-nose-and-throat exam, orthopedic exam, chest X-ray, pulmonary function test, cardiac, abdomen, rectum, and skin tests, and psychiatric examinations and interviews. After reporting in to the stateside military hospital, former POWs were authorized liberal leave (e.g. 30 to 60 days) from the hospital to home in order to be reunited with family and friends. As part of stateside medical processing, former POWs, their wives, and children were offered family counseling by military social workers. In a May 22, 1973 memorandum, the Department of Defense also authorized all Vietnam POWs - both those separating from the military and those remaining in the service - the use of military medical facilities for a five-year period following repatriation (1973-1978).<sup>51</sup>

## DESCRIPTION OF REPATRIATION PROCESSING

### Administrative Repatriation Processing - Evacuation and Disposition

Most of the Vietnam POWs were picked up in Hanoi and flown to Clark AFB. After remaining at Clark an average of two to three days (for nonpatients), they were flown to Travis AFB, Calif. and then to their respective stateside military hospitals.

Administrative processing proceeded according to plan. A feature of the process was the clamor for news of the POWs from national and hometown news media, as well as from understandably anxious friends, relatives, and interested citizens. This situation occasionally resulted in difficulties for public affairs personnel, who were handling the release of information on the status of former POWs.

The repatriation administrative procedures and processing for the crew of the U.S.S. Pueblo was not as extensive as that for the POWs held in Vietnam. When they were released in December, 1968, the Pueblo POWs were aeromedically evacuated to the San Diego Naval Regional Medical Center for a repatriation physical examination. After this examination was completed in January 1969, all military crew members were found fit for limited duty assignments. In early

1969, a Naval Board of Inquiry was convened to investigate the Pueblo incident. Upon completion of the Board of Inquiry, the Pueblo crew was reexamined at the San Diego hospital in March, 1969. As a result of this reexamination, four crew members were found unfit for full duty and were placed in limited duty status.<sup>52</sup>

#### Medical Repatriation Processing - Physical Examinations

Emergency first aid was available to those Vietnam POWs who required it during the flight from Vietnam to Clark. The IMEF form was initiated at Clark. During the two or three days nonpatient POWs remained at Clark, the medical history, dental, lab (e.g., stool, urinalysis, blood count, malaria smear), X-ray, EKG, and skin portions of the IMEF were usually completed. The remainder of the IMEF was completed at the stateside hospital.

The POW physical picture that emerged from the IMEF was in some respects similar to that of American POWs interned by other Asian captors in prior conflicts. Most of the POWs were found to harbor some form of intestinal parasite, usually worms. The next most common diagnosis was fractures, caused by either ejection at the time of shoot-down or by torture in prison. Several cases of malaria were evident during the time of repatriation. Nutritional diseases appeared in approximately 12 percent of returnees.<sup>53</sup> Dental disease, related to malnutrition, was also quite evident. Peripheral neuropathy, especially "burning feet" was also present in the patient population, but not to the degree found in the World War II Pacific Theater POWs. The POW psychological picture was somewhat better than in previous conflicts, as only about six percent of returnees were found to be suffering from any type of psychiatric problem, with most psychiatric disorders diagnosed as neurotic rather than psychotic.<sup>54</sup>

Although the IMEF was not used to process them, the Pueblo POWs also had an extensive repatriation physical examination. Principal findings were similar to those of other American POWs captured by an Asian power -intestinal parasites, peripheral neuropathy, respiratory problems, and skin inflammations. After three weeks of examination and treatment, all crew members were found fit for limited duty assignments. When the crew members were reexamined at San Diego, four members were found unfit for full duty due to diagnoses of optic atrophy and obsessive-compulsive neurosis.<sup>55</sup>

#### ADEQUACY OF REPATRIATION PHYSICAL EXAMINATIONS AND RESULTANT MEDICAL RECORDS

The physician review of a sample of former POW claims folders did not include Vietnam Era POWs because of the statistically insignificant number of these POWs who have VA claims folders (64). Most Vietnam Era POWs are still on active duty. Consequently, the primary source of

medical information on Vietnam Era POWs is the active duty military medical record. These medical records are supplemented by the computerized medical data obtained from the IMEF. The IMEF data, as well as other Vietnam mortality and morbidity information, on Army, Navy, and Marine POWs is currently maintained at the Naval Health Research Center, San Diego, Calif. Auxiliary medical information on Air Force POWs is currently maintained at the School of Aerospace Medicine Brooks AFB, Tex.

## SUMMARY

### ANALYSIS OF THE ADEQUACY OF REPATRIATION PROCEDURES

The review conducted of the procedures developed specifically to repatriate the POWs of World War II, Korea and Vietnam found that the procedures were generally thorough and comprehensive. They reflected the objectives of the War Department and the Department of Defense to promptly evacuate the POWs, provide effective medical care, and expeditiously process the POW administratively. They reflected "state of the art" medical knowledge and technique. They demonstrate that, even prior to release, it was anticipated and expected that the POWs would have special physical and psychological problems because of the hardships they had endured. The detailed instructions for physical and psychological examinations attest to this expectation. As early as the Morgan Board survey of Pacific POWs, one objective of the repatriation procedures was to determine the best future care for POWs and provide a base for studying the effect of the POW experience.

The repatriation procedures have placed progressively more emphasis on the psychological aspects of the former POW's health from war to war. The increased emphasis on the psychological aspects in the Korea procedures partially reflect the concern over "brainwashing" and alleged collaboration. Mostly they reflected the increased knowledge of the effects of stress. The Vietnam procedures recognized the effects of separation on the families of the POWs and included family counseling.

Overall, the repatriation procedures appear to have been adequate and, if followed, would have provided the former POWs with adequate records.

### ADEQUACY OF REPATRIATION EXAMINATIONS AND RESULTANT MEDICAL RECORDS

The most important thing from the viewpoint of the former POW is not the adequacy of the procedures but how well they were implemented and the degree to which the resultant medical records were adequate. Adequacy has been assessed in terms of availability, quality and the

degree to which the examinations provide a basis for determining whether disabilities becoming manifest later are the result of the POW experience.

The review of a sample of former POW VA claims folders by physicians found that less than one fifth of the European Theater POWs who had filed one or more claims for VA disability compensation had evidence of a repatriation examination. The figure rose to approximately three fifths for Pacific Theater POWs and approximately eighty five percent for Korea POWs. The physicians made subjective professional judgements on the examinations. The few European Theater examinations found were judged as generally satisfactory but no statistical analysis could be made. The physicians judged that approximately three fourths of the Pacific POW examinations, were good or adequate in terms of overall quality and adequacy. Approximately ninety percent of Korea exams were so judged. The physicians judged approximately two thirds of the Pacific exams as providing a good or adequate basis for evaluating subsequent physical or psychiatric conditions. Approximately eighty-five percent of Korea exams were so judged.

The physicians also found some omissions from the examinations found which either made other portions of the examinations difficult to understand or contributed to the examination being judged less than good or adequate. Over half of the examinations contained either no medical history prior to capture or a poor history. Approximately one third of the examinations had inadequate evaluations of the POWs mental status and psychiatric conditions.

As mentioned earlier, no review of former Vietnam Era POW claims folders was performed. However, there is every indication that the examinations they received were very adequate in terms of quality and each former POW was examined.

While there are many possible explanations for repatriation examinations not being available in the former POWs medical records, the fact is that a review of a representative sample of former POW claims folders found that the examination is often not available for adjudicating claims for VA disability compensation. When the repatriation examination is not available when adjudicating a claim, the decision whether the claimed disability is related to the POW experience has to be made without the advantage of this crucial evidence.

#### FOOTNOTES

<sup>1</sup> U.S. Congress, Senate, Committee on Veterans Affairs, Report to Accompany S.2828: Veterans Disability Compensation and Survivors Benefits Improvements Act of 1978, Report No. 95-1054, 95th Cong., 2nd Session, July 31, 1978, p. 35.

- 2 American Ex-Prisoners of War, Inc., The European Story, Packet No. 8, 1978, p. 4.
- 3 War Department, "Procedure for Processing, Return, and Reassignment of Recovered Personnel (Short Title: POW), Washington, D.C., 21 April 1945 (revised 17 August 1945), pp. 1-52, hereafter referred to as "World War II POW".
- 4 War Department, "Repatriation, Recovery, and Rehabilitation of American POWs in Europe", Washington, D.C., 3 October 1944, pp. 1-8., hereafter referred to as "Europe POW".
- 5 Supreme Headquarters Allied Expeditionary Force (SHAEF), "ECLIPSE Memorandum No. 8", 19 March 1945, pp. 1-20.
- 6 United States Army, "European Theater of Operations - Standard Operating Procedure No. 58", 3 April 1945, pp. 1-20.
- 7 United States Army, Office of the Chief Historian, European Command, RAMPs: The Recovery and Repatriation of Liberated Prisoners of War, Frankfurt, Germany, 1947, pp. 17-18.
- 8 War Department. "Military Personnel Escaped From Enemy Territory", Washington, D.C., 11 July 1944, pp. 1-2.
- 9 War Department, "Publicity in Connection with Escaped, Liberated, or Repatriated POWs, to Included Evaders of Capture", Washington, D.C., 29 March 1945, pp. 1-2.
- 10 RAMPs, pp. 17-18.
- 11 United States Army, "European Theater of Operations-Standard Operating Procedure No. 58", Change No. 4, 24 May 1945, p. 1.
- 12 Ibid., p. 2.
- 13 Europe POW, p. 4.
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