CONCLUSIONS AND RECOMMENDATIONS

OBJECTIVE

> Public Law 95-479, Section 305 (b) - ". . . . Such report shall include recommendations for such administrative and legislative action as the Administrator considers may be necessary to assure that former prisoners of war receive compensation and health-care benefits for all disabilities which may reasonably be attributed to their internment."

INTRODUCTION

This study of former POWs includes the following: a description of the repatriation procedures, including physical examinations, for former POWs and an analysis of the adequacy of such procedures and the resultant medical records; a review of the types and severity of disabilities of former POWs in various theaters at various times; an analysis of former POW health care and compensation procedures; and a survey of the medical literature on the health problems of former POWs. Original data (in the form of a data comparison and claims folder review) and published information were used to arrive at certain findings concerning each of these study areas.

MAJOR FINDINGS

One finding which is essential for understanding this entire study is that the POW experience - characterized by starvation diet, poor quality or nonexistent medical care, "death marches," executions, and torture - has historically been an extremely harsh and brutal experience.

The major finding derived from the description and analysis of repatriation procedures was that the comprehensive administrative and medical repatriation procedures written for World War II and Korea POWs were not fully implemented in the medical area. Evidence of this comes from a physician review of a representative sample of former World War II POW claims folders, which revealed that many of these records lacked repatriation examinations. Thus, the Congressional concern about the lack of repatriation examinations and resultant medical records among these former POWs is well founded. The claims folder review also demonstrated that while the medical processing of Korea POWs, as indicated by their repatriation examinations, was better than that of former World War II POWs, it was still not completely adequate. The inadequate medical processing which apparently characterized the repatriation of many former World War II and Korea POWs is not an issue among former Vietnam POWs, as they received the most thorough repatriation medical examinations and followup care of any POW group.

The principal finding from the review of the types and severity of former POW disabilities is that former POWs have a significantly higher incidence of service-connected disability. The data comparison demonstrated that former Pacific Theater POWs are the most disabled of the POW groups under study, followed closely by former Korea POWs. While not as disabled as Pacific and Korea ex-POWs, former European Theater POWs are still significantly more disabled than other World War II veterans. While conclusions about the relative disability of former Vietnam POWs must await the outcome of currently ongoing studies, it is apparent from the available morbidity and mortality data on World War II and Korea POWs that those POWs interned by an Asian captor generally received harsher treatment and suffered from more disabilities than other POWs.

The review of the types and severity of former POW disabilities also points out that the most prevalent service-connected condition of the former POWs under study, from the time of their repatriation to the present, is anxiety neurosis. A comparison of service-connected anxiety neurosis among former European Theater POWs with length of internment revealed that anxiety neurosis appears in a significantly greater amount among these former POWs than among other service-connected wartime veterans. This relationship persists regardless of the length of time in captivity.

The central finding of the analysis of law and procedures concerning former POWs is that in determining eligibility for health care benefits or in adjudicating disability compensation claims, the VA generally accords former POWs the special consideration to which they are entitled under current statutory and regulatory provisions.

The survey of the medical literature used a wide variety of sources such as national and international medical journals, followup epidemiological studies, personal accounts, and discussions of family and social issues to point out that the POW experience affects their current health status. The published medical literature indicates that many of the present physical problems of former POWs may be attributed to the malnutrition and brutality suffered during captivity, just as many of their present psychological problems can be attributed to the stress of internment.

The conclusions presented below are based on the abovementioned principal findings. Each conclusion provides the supporting rationale for a corresponding recommendation. The recommendations include both legislative and administrative actions considered necessary to assure that former POWs receive compensation and health-care benefits for all disabilities which may reasonably be attributed to their internment. The first recommendations discussed are the legislative ones; the next are the administrative ones.

Expanded Eligibility for VA Medical Care

Conclusion: The data comparison conducted as part of this study shows that a significantly greater proportion of living former POWs have service-connected disabilities than do other living veterans who served during the same period of time. Living former European Theater POWs are more than four times as likely to have service-connected disabilities, and former Pacific Theater POWs are more than five times as likely to have them as other living World War II veterans. Living former POWs of the Korean Conflict are more than 11 times as likely to have service-connected disabilities than are other living veterans of that conflict.

Our data comparison also indicates that a significantly higher proportion of living former POWs are more severely disabled - i.e., rated 50% disabled or greater - than other living veterans. Living former European POWs are about as likely to be severely disabled, but living former Pacific POWs are more than twice as likely to be severely disabled, as other living World War II veterans. Living former POWs of the Korean Conflict are almost one-and-a-half times as likely to be severely disabled as other living veterans of the Korean Conflict.

This finding of a significantly greater amount of disability among former POWs relative to other veterans is supported by the medical literature, especially the NAS/NRC epidemiological studies. The NAS/NRC data shows that former POWs generally have higher mortality and morbidity rates than their veteran controls.

The fact that former POWs have a significantly higher incidence of service-connected disabilities indicates that the former POW generally receives the benefit of the doubt when claims for service-connected disability compensation are adjudicated. However, two factors make the adjudication decisions extremely difficult: one is the frequent absence of medical information at the time of repatriation and the second is that medical science cannot, at this time, conclusively determine on an individual basis the origins of some disabilities particularly prevalent among former POWs.

In recognition of the higher incidence of disability among former POWs and the difficulties faced when adjudicating claims by former POWs, the VA Department of Medicine and Surgery recommends that former POWs be authorized eligibility for VA hospital care and medical services (other than dental care) for any disease or neuropsychiatric disability, with the same priority as is granted a service-connected veteran seeking care for a nonservice-connected disability. This would assure that former POWs receive health-care benefits for all disabilities which may be attributable to their internment.

The effect of such a proposal would be to allow all living ex-POWs to receive comprehensive inpatient and outpatient VA medical care for all service and nonservice-connected disabilities. This proposal would remove access barriers to VA medical care for those former POWs currently classified in a lower than 50% service-connected priority category, many of whom are presently authorized to receive treatment for service-connected disabilities, and for nonservice-connected disabilities for which they cannot defray the expenses. This can occur even when nonservice-connected disabilities are their most significant medical problems. The expansion of eligibility would be only for purposes of receiving VA health care benefits, and not for purposes of eligibility for VA disability compensation.

Recommendation: That Title 38 U.S.C. be amended to authorize eligibility to former POWs for VA hospital care and medical services for any disease or neuropsychiatric disability.

Service-Connection for Psychosis at Any Time After Service

Conclusion: Besides creating a presumption concerning service-connection for certain malnutrition and tropical diseases related to the POW experience, Public Law 91-376 also qrants a presumption of service-connection for a POW related psychosis which becomes manifest to a degree of 10 percent or more within two years from the date of separation from service. The evidence presented in this study's medical literature review indicates that psychosis related to the POW experience frequently appears years after service, and not just immediately after separation. Beebe's follow-up morbidity study noted that as of 1965, former American POWs of the Japanese and Koreans had significantly higher hospital admission rates for psychosis (schizophrenia). This is understandable in view of the psychological torture and "brainwashing" to which these POWs were subjected. Beebe also observed that while as of 1965, European Theater POWs did not have quite as high an admission rate for psychosis as the other POW groups, they did not go "unscathed." Further evidence of a significant amount of psychosis among former POWs many years after repatriation comes from the NAS/NRC follow-up studies published between 1946 and 1980, which suggest that the significantly higher amount of POW deaths from the time of repatriation to the present attributable to suicides, accidents, and other forms of trauma could well be due to the extreme psychological stress of the POW experience.

Recommendation: That title 38 be amended to eliminate the requirement that psychoses suffered by POWs must become manifest within two years following service separation before the rebuttable presumption of service-connection arises.

OTHER RECOMMENDED LEGISLATIVE ACTION

National POW/MIA Recognition Day

Conclusion: P.L.95-349 designated July 18, 1979 as National POW/MIA Recognition Day. A 1979 Presidential proclamation announced this event and asked federal government agencies, state and local officials, and private organizations to observe this day with appropriate ceremonies. The VA and DOD commemorated this day with special activities throughout the nation. A special service was conducted at the National Cathedral in Washington, D. C. with participation by the Administrator of Veterans Affairs and the Joint Chiefs of Staff.

Recommendation: That a specific date be designated as an annual National POW/MIA Recognition Day to honor and recognize the extreme sacrifice made for their country by this special group of combat veterans.

RECOMMENDED ADMINISTRATIVE ACTIONS

Service-Connection for Neurotic Disorders

Conclusion: Former POWs have experienced a wide range of psychological problems. The medical literature indicates that former POWs have many of the same symptoms as the concentration camp survivor: general anxiety and nervousness, startle reaction, insomnia and nightmares, phobias, psychosomatic complaints, memory lapses, moodiness, inferiority complex, obsession with the past, depression, apathy and survivor guilt. The literature also suggests that psychological problems might be the underlying cause of death from such primary causes as accidents, trauma and cirrhosis. Anxiety neurosis, also known previously as anxiety reaction and anxiety state, has been the most prevalent service-connected disability among former POWs from the time of repatriation to the present. Both the Cohen-Cooper and Beebe studies provide epidemiological evidence, and current VA compensation data confirms, that anxiety neurosis not only has been the most prevalent disability of former POWs but it occurs at a significantly greater rate than among other veterans of the same periods of service.

An analysis of anxiety neurosis with length of internment reveals that it remains a statistically significant service-connected disability among former POWs relative to other veterans regardless of the amount of time in prison camp. This is indicated by the fact that the percentage of former POWs of the European Theater with service-connected anxiety neurosis is significantly higher than that of all service-connected veterans of World War II regardless of the POW's length of internment.

Reports of epidemiological studies, other medical literature, and this study's comparison of current VA compensation data all identify psychological problems as the most prevalent disabilities affecting former POWs and demonstrate that they occur at a significantly higher rate than that experienced by other wartime veterans. However, these types of disabilities may be difficult to link to the POW experience in some cases, especially when the condition first becomes noticeable many years after repatriation. The stress experienced as a POW can predispose the former POW to later psychological disorders. The disorders can appear long after the POW is repatriated, with no manifestly apparent connection to the POW experience. Often there is no recorded history of the disorder in the intervening years. Clinically, it may be difficult to conclusively determine whether the disorder is the result of the stress of the POW experience.

In an effort to address the issue of internment or combat related anxiety and stress, the VA Departments of Veterans Benefits and Medicine and Surgery are preparing guidelines on how to diagnose, treat, and rate anxiety neurosis appearing among former POWs and other combat veterans, especially those returned from Vietnam. These guidelines presently do not include a specific reference to former POWs, although they generally refer to stresses induced by combat or "internment under inhumane conditions." These guidelines use the term "post-traumatic stress neurosis" (a term due to become part of the VA's official diagnostic classification system October 1, 1980) to describe such anxiety neurosis. The draft DM&S guideline describes "post-traumatic stress neurosis" in terms of many of the same symptoms used to characterize the "K-Z syndrome" - e.g., startle reaction, insomnia, survivor guilt, memory lapses. The draft DVB guidelines point out that when such symptoms are found to be present upon examination, they are to be diagnosed and accepted for rating purposes as "post-traumatic stress neurosis" and coded as "anxiety neurosis," using the VA rating schedule. The draft DVB guidelines also note that when "post-traumatic stress neurosis" or a similar disorder is recorded in combat veteran military medical records, the disability should be service-connected even though it does not become clinically apparent until long after military service.

Recommendation: That the VA's forthcoming guidelines on "post-traumatic stress neurosis" include an explicit reference to former POWs as well as other combat veterans, and that these guidelines specifically be used to diagnose, treat, and rate former POWs with anxiety neurosis or similar neurotic disorders as well as other combat veterans.

VA Medical Treatment and Research of All Former POWs

Conclusion: The previous report to the Congress on former POWs, Effects of Malnutrition and Other Hardships on the Mortality and Morbidity of Former United States POWs and Civilian Internees, dated January 12, 1956, declared that "in conformity to the stated policy of the VA and

the Bureau of Employment Compensation each eligible claimant who has developed, or who develops, a disease or disability which appears to be a consequence of the malnutrition or other hardships suffered during World War II should receive a thorough examination and evaluation, medically, physically, mentally, and functionally. Particular attention should, of course, be paid to possible disabilities resulting from prolonged malnutrition and to other conditions shown by the NAS/NRC study to exist in higher incidence in Pacific POWs than in the control group. Attention should also assuredly be given to the group of complaints which cannot today be evaluated by objective measurements or test, although this is admittedly a very difficult area."

Many former POWs have complained that their VA medical treatment does not include such a thorough examination. They have attributed such allegedly inadequate treatment to the lack of a uniform, special examination procedure for former POWs. (The Air Force and Navy currently use their own standard protocols for examination of former Vietnam POWs.) These former POWs also attributed such treatment to VA physicians who are allegedly unfamiliar with or unsympathetic to former POW medical problems.

The review of a sample of former World War II and Korea POW claims folders revealed that VA examinations for compensation were thorough for specifically claimed medical conditions. However, when asked if the information from VA examinations permitted a reasonable judgment of whether the medical conditions found may be attributable wholly or in part to the POW experience, the physician reviewers noted that the information was adequate or very good in approximately three-fourths of the cases reviewed.

Further, the 1956 report recommended that the VA engage in clinical research as well as treatment of former POWs. "Psychological and psychiatric studies should be made to determine the extent to which mental adjustment, physical efficiency, present and past physical illness can be explained on a psychologic basis, and to separate organic and functional complaints. . . a study should be made of a group with the frequent, troublesome vague complaints such as easy fatigability, mental inefficiency, and irritability by complete medical examinations and the group should be followed to determine the evolution of such conditions . . ." This clinical research, which was to involve actual medical examinations, rather than questionnaires or interviews of former POWs, was never performed by the VA or its agents (e.g., NAS/NRC).

Recommendation: That the VA adopt a standardized protocol for disability compensation examinations for all former POWs similar to that developed by the military for the former Vietnam POWs, and that each VA Medical Center designate certain physicians knowledgeable about former POWs and their medical problems to conduct or supervise such examinations for purposes of followup treatment and research.

Conclusion: With the repatriation of the bulk of Vietnam POWs in 1973, there arose a need to not only provide for their followup medical care, but to conduct epidemiological research similar to that accompolished by the NAS/NRC on repatriated World War II and Korea POWs. Followup medical care for former Vietnam POWs is largely provided in military health care facilities, since most of these former POWs are still on active duty. Research on the former Vietnam POWs still on active duty has been performed at the Naval Health Research Center, San Diego, Calif. and the Air Force School of Aerospace Medicine, Brooks AFB, Texas. The Naval Health Research Center has conducted a five-year followup study of a group of Navy aviator former Vietnam POWs and a matched comparison group. The results of this study, which was based on annual examinations of the POW and comparison groups at the Naval Aerospace Medical Research Laboratory, Pensacola, Fla., will be released soon. The Air Force School of Aerospace Medicine has collected data on those Air Force former Vietnam POWs who have voluntarily submitted to physical examinations at the School.

While the above efforts have provided for medical treatment and research of the former Vietnam POWs still on active duty, there is presently no VA or DOD plan in effect which would provide such treatment and research on those former Vietnam POWs who have separated from the military. In 1973, DOD authorized medical care for separated former Vietnam POWs in military medical facilities for the years immediately following repatriation. However, this authorization ended in 1978.

Since 1973, periodic interagency meetings have been held to discuss former Vietnam POW medical treatment and research. The most recent of these meetings was held in 1979 at the VA Central Office, and was attended by representatives of the VA, DOD, and the NAS/NRC. Those present agreed in principle to a VA Department of Medicine and Surgery proposal for followup treatment and research on those former Vietnam POWs who have separated from active duty. This proposal called for the military services to notify the VA of those former Vietnam POWs who have separated or are separating from active duty. The VA would then invite these former Vietnam POWs to a VA Medical Center for a followup examination using medical protocols provided by the military. The VA would furnish the results of individual examinations to the military, and publish and disseminate the epidemiological findings derived from all examinations. The proposal also called for the VA and DOD to designate representatives to attend a workshop on implementation of this followup medical treatment and research plan.

Recommendation: That followup medical treatment and research of former Vietnam POWs still on active duty be continued by DOD, and that followup treatment and research of former Vietnam

POWs separated from the military be conducted at VA Medical Centers using military protocols, with the individual results of such examinations furnished to DOD and the statistical results published and disseminated by the VA.

Formation of a POW Advisory Committee

Conclusion: The review of the literature on the health related problems of former POWs indicates that there are still unanswered questions on the service-connected nature of many alleged former POW disabilities (e.g., are significantly higher ex-POW mortality rates due to trauma and cirrhosis related to the malnutrition and stress of internment? Is a relatively higher amount of arteriosclerotic heart disease in former POWs caused by the stress of internment?) The review of the types and severity of former POW disabilities also raises the question of whether the most recently published NAS/NRC morbidity data on former POW disabilities is still valid in light of currently available VA data on former POW disabilities.

In 1978, the VA Department of Medicine and Surgery proposed that a "blue ribbon" panel, composed of widely respected authorities in such fields as psychiatry, psychology, internal medicine, nutrition, and epidemiology, be formed which could assess the medical evidence on these and related questions and render expert advisory opinions to the Administrator of the VA and his staff concerning these issues.

In 1979, the VA submitted a request to the General Services Administration for formation of an Advisory Committee on Repatriated Prisoners of War. This request noted that such a "blue ribbon" panel was necessary not only because VA medical professionals needed the assistance of such a committee in assessing the medical evidence on former POWs, but also because the convening of such a body of experts would lend considerable credibility and prestige to the VA decisionmaking process concerning former POWs. The request stated the purpose of the committee would be to draw conclusions on existing information concerning the residual effects of internment, review new statistical and clinical information on former POWs (such as the latest POW morbidity study currently being conducted by the NAS/NRC) and identify for the Administrator and his staff those areas where changes in former POW policy might be warranted. The VA is currently negotiating with the OMB to form such a committee.

Recommendation: That the VA take such action as is necessary to establish the proposed advisory committee of authorities in the types of disabilities prevalent in former POWs, use the expert opinions of the panel to assess the medical evidence on former POWs and advise the Administrator and his staff on agency policies and procedures concerning former POWs.

Pathological Materials Registry

Conclusion: The previous report to the Congress on former POWs, Effects of Malnutrition and Other Hardships on the Mortality and Morbidity of Former United States POWs and Civilian Internees, dated January 12, 1956, included a search made at the Armed Forces Institute of Pathology (AFIP) for former POW autopsy protocols. Autopsy records were found for only nine Pacific and two European POWs. In no case was the autopsy record indicative of possible residuals of the effects of imprisonment other than tuberculosis. As a result of these limited findings, the 1956 report recommended that "a centrally directed systematic program be initiated to obtain, whenever possible, complete autopsies in all future deaths, accidental or otherwise, of these former prisoners." This central registry was envisioned as a source of data for former POW mortality studies which might determine if death due to accidents or other causes (e.g., cirrhosis) was related to the POW experience.

In response to a 1978 inquiry from a group of former POWs, the AFIP indicated that it would be willing to serve as the central laboratory for the collection and registration of autopsy examinations on former POWs. In 1979, the VA and the AFIP held meetings which resulted in an agreement for the AFIP to act as the central laboratory for the collection and registration of all pathological material (surgical, cytological, autopsy) on former POWs. DMS Circular 10-80-11, issued January 18, 1980, outlined the autopsy and clinical tissue examination procedure to be followed at VA facilities. This circular called for pathological materials examinations to be as complete as possible, with particular attention directed toward evidence of disability related to stress, malnutrition, or parasitic diseases. Whenever possible, the examination is suppose to include the brain, spinal cord, retina, peripheral nerves, skeletal system, and digestive tract. Such examinations are important to those wives and dependents of former POWs who must rely on the results of such an examination in many instances to prove service-connection for former POW disabilities.

Recommendation: That the VA implement procedures for conducting thorough pathological material examinations (surgical, cytologic, autopsy) of former POWs whenever possible, conduct special mortality studies when sufficient data is available, and provide such data as evidence in individual cases for determination of whether the death was the result of a service-connected disability.

POW Indicators in VA Manual and Computerized Records

Conclusion: Certain VA actions have already been taken, or are currently underway, to accomplish the following objectives: 1) identify a veteran as a former POW, 2) notify VA

staff that special consideration should be given to the veteran because of his POW status, and 3) collect data for further research on former POW health related problems.

Actions that have already been initiated or accomplished by the VA include indicating former POW status on VA medical folders, revising VA health care and compensation forms to include a POW indicator and producing listings of former POWs eligible for VA dental care benefits and establishing a POW indicator in VA computer systems. According to DM&S Circular 10-80-7, published January 15, 1980, a computerized listing of former POWs from each VA Medical Center who were discharged from that facility, as well as a set of "POW" labels (VA Form 10-5558) have been prepared. This listing will be used to identify those VA medical folders on which a "POW" label is to be placed. In 1979, the Application for Medical Benefits, VA Form 10-10, was revised to include space for indicating if the veteran applying for admission to a VA medical facility was a POW, and if so, of what conflict. Furthermore, the POW indicator in the computerized Patient Treatment File has been expanded to identify period of conflict. The Application for Pension or Disability Compensation, VA Form 21-526, also indicates POW status, so that the veteran's status is apparent at the time he files a disability claim. According to DVB Circular 20-72-94, published December 8, 1972, the VA claims folders of former Vietnam POWs are to be identified with a "POW/MIA" label.

The above actions have partially enabled the accomplishment of the three objectives listed above. However, there are certain actions which still need to be taken to completely fulfill the objectives. One such action would be to identify former World War II and Korea POW claims folders with a "POW" label identical or similar to that being placed on all VA medical records of former POWs or that has already been placed on former Vietnam POW claims folders. An inspection of the sample of former World War II and Korea POW claims folders used in this study's claims folder review determined that virtually none of these claims folders had any POW indicator on their outside jackets. Further action is also necessary in the medical area, as the VA Gains and Losses Sheet, embossed patient card, and outpatient routing slips currently do not have POW indicators on them. POW identification also needs to be included in the computerized Beneficiary Identification and Records Location System (BIRLS).

Recommendation: That the VA review its manual and computerized records and forms to identify those which should be identified with POW indicators, and then take the appropriate administrative actions to ensure that these records and forms are so identified.

Information Program

Conclusion: The 1956 Congressional report recommended that the "appropriate government agencies ascertain that their employees, and in necessary instances, private physicians, are

informed of the new information contained in the NAS/NRC study and of other pertinent information as it becomes available."

Many former POWs believe that VA medical professionals, adjudicators, and other personnel are still not sufficiently informed of what the POW experience means and what physical health and psychological adjustment problems are likely to have resulted from it. .They believe that this lack of information means that VA personnel do not recognize the need for special consideration for this group of veterans.

Recommendation: That the VA periodically emphasize the special health care and compensation procedures applicable to former POWs through its agency information and education programs, and that a copy of this report be provided each VA Medical Center and Regional Office as a reference on former POWs.

POW Coordinator(s) in the VA

Conclusion: The VA and the DOD have demonstrated their interest in POW matters by designating certain offices or individuals to handle this subject. The DOD currently has an Office of POW/MIA Affairs staffed with several full-time military and civilian personnel which deals with Vietnam Era POWs and MIAs. In the VA Central Office, a coordinator for former POWs of all conflicts was previously located in the Department of Medicine and Surgery (Mental Health and Behavioral Sciences Service). The implementation of recently established VA programs on former POWs (e.g., P.L. 96-22 dental care, labelling of VA medical records and forms, pathological materials registry) and the handling of correspondence between the VA and former POWs or POW organizations will require that VA Central Office coordinator(s) for former POW matters once again be designated. Another important duty of the coordinator(s) would be the monitoring of the recommendations in this study to ensure that they are not overlooked as some of the recommendations in the 1956 report to Congress were.

Recommendation: That the VA designate certain individual(s) to be the VA Central Office coordinator(s) with the responsibility for assisting in the implementation of ongoing VA programs for former POWs; serving as liaison with individual former POWs, former POW groups, and the DOD Office of POW/MIA Affairs; and monitoring this study's recommendations.

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