Statement of William B. Jones, M.D.
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Before the
House Committee on Veterans' Affiars

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Congressmen of the Committee on Veterans' Affairs

Let me begin by stating what a privilege it is to be able to testify before this august body on this very memorable day, Pearl Harbor Day. I feel that in this endeavor I am speaking not just for myself but all the thousands of veterans who have experienced similar or greater frustrations and challenges in attempting to deal with the Veterans Administration. To no significant avail, I have spent the past 6 ½ in an attempt to have the Veteran's Administration recognize my claims, and it seems that we are now at a point where we are beginning the process all over again. The experience that I will outline for you today, highlights a system that promotes second-class medical care in a bureaucracy that is uninformed about military matters, programmed to procrastinate and inefficient and non-caring with whom you cannot communicate.

A brief comment about myself – I was born in 1928 in Florida, and raised there. I graduated from the Citadel ("the Military College of South Carolina") in 1950 with a regular commission in the U. S. Air Force. That summer, the onset of the Korean War, I was on active duty working in the hospital at Shaw Air Force Base, SC. In the fall of 1950, I began my studies at the Duke University School of Medicine in Durham, NC, and graduated in June 1954 as a Doctor of Medicine. Then followed internship and Orthopedic Surgical Residency at Duke Hospital, where I concluded my residency in June of 1962 at the Shriners Hospital for Crippled Children in Greenville, SC. Interspersed during that timeframe, I also sailed as a merchant seaman during two summers and accomplished a three year tour of active duty with the Air Force, serving with the 50th FBW of F86 and F100 fighter aircraft at Toul Air Base in France.

Subsequent to finishing orthopedic residency, I returned to active duty with the Air Force at Keesler USAF Hospital in Biloxi, MS, and then spent two years at Hunter Air Force Base in Savannah, GA. Since 1966, I have been practicing orthopedic surgery in Greenville, SC. During these years, I have maintained my affiliation with the air force. Tours of active duty I served were in Japan; Alaska; Wiesbaden, Germany; Madrid, Spain; and Greenham Commons in the UK. Additionally, I have spent time in Libya, Korea, Vietnam, and on my last tour of active duty at Andrews Air Force Base in Washington, DC, and at Dhahran Air Base in Saudi Arabia during the first Gulf War. I have logged combat time both in Vietnam and the first Persian Gulf War. All toll, this has amounted to 33 years of Air Force service, concluding as a Chief Flight Surgeon and Orthopedic Surgeon with over 3000 hours of flight time with the rank of full Colonel.

Upon commissioning as an Air Force Officer in 1950, statements were made to the effect that one who served until retirement in the military could expect to be rewarded with a retirement income and medical care at military facilities for the remainder of his life.

In France from 1955 through 1958, our aircraft and flight personnel, including the Flight Surgeon, spent considerable time in the deserts of Libya and North Africa for gunnery and bombing training. There, we experienced frequent exposure to devastating sand storms, at times closing down all flight operations and blasting all personnel with coats of sand in the eyes, ears, and mouth, as well as blowing into Quonset hut quarters around the doors and windows.

Arriving in France in excellent health in 1955 with a completely normal physical exam, by 1957 I had developed a pterygium (overgrowth of veins of the eye covering portions of the cornea) of each eye, diagnosed to be secondary to the irritation of the sun and sand storms in North Africa. The worst eye was operated upon not once, but twice at the U. S. Air Force Hospital in Germany in late 1957. These facts are documented in my physical examination records. Unfortunately, the growth recurred and over the years my local ophthalmologist has monitored these growths closely. I have used a variety of drops to attempt to control the irritation, which creates an itching of the eyes with tearing. Sometimes blurring of vision accompanied by diminished visual acuity occurs with reading or night driving.

The Veteran Administration has requested exams, which have been conducted at the hospital in Columbia, SC, by a resident in training on two occasions. The V. A. board has referred to it as "no evidence of onset during active duty," in the right eye, which is completely false and contrary to the documents, including my physical exams in all of my records. Had the evidence presented been appropriately reviewed and accepted this grossly incorrect judgment should not have occurred. Both eyes experienced simultaneous trauma in the desert and simultaneously developed pterygium.

Jet engine noise levels experienced during flight line operations to which aircrews, including the Flight Surgeon, are exposed can be of levels very hazardous to hearing. At that time, this was not recognized and the measures now used for protection were not in effect. Also, the seat on the flight deck of the C141 and C124 transport aircraft utilized by the flight surgeon has been noted in medical research studies in more recent years to be exposed to especially hazardous noise levels of a high pitch whine of the port inboard engine. This is the seat that I occupied in accumulating in excess of 3000 hours of flight time. These facts are all corroborated and verified by scientific research data I presented at the hearing. In the data accumulated for the Regional Office, I presented a great deal of research material pointing out the unhealthy nature of this exposure. This was from the medical research publications of many authors from medical school faculties, textbook authors, and air force research labs, especially those at Wright-Patterson Air Force Base. All recognized authorities in their field. Again, the V.A. evaluators at the Board of Appeals commented upon this as "Evidence of minimal exposure to aircraft engine noise." Clearly the statement was contrary to the research material and data I quoted and presented relating to jet engine noise. Three thousand (3000) hours of flight time can hardly be glossed over as minimal exposure. The substance of my testimony was not given the weight of an expert witness as prescribed by regulations and the Court of Veterans Appeals based on my status as a physician and Flight Surgeon with special training and expertise in otology, or hearing problems. Data was also presented relating to my evaluations by Dr. Joseph C. Farmer, Professor and Chief of the Otolaryngology Department at Duke University Medical Center. His summarizing statement of September 2001 visit was, "Bilateral sensory hearing loss secondary to excessive noise exposure during air force duty, and I recommend hearing aids." The board-hearing officer referenced this as "minimal exposure." This is a marked contradiction of the opinions regarding medical information between a judge and recognized outstanding scientific authorities and medical professors.

Flying cargo from Savannah, GA, and Charleston, SC, to Vietnam frequently required three days to get there and three days back while in the company of bombs, tail fins, and Agent Orange. This was one of the primary missions of the 63rd Military Airlift Wing at Savannah as well as the 437th Airlift Wing in Charleston. From 1964 to 1975, I developed an enlarged prostate that eventually produced urethral stenosis and the inability to void. This required a TUR operative procedure of the prostate. Since then, the prostate has continued to enlarge with multiple surgical biopsies in an attempt to rule out a tumor because of an accompanied considerably elevated PSA. This has also been accompanied by several episodes of extensive urethral bleeding and, on occasions, requiring hospital admissions to control. Now, the situation has progressed to that of urinary incontinence and dysfunction with dribbling requiring the wearing of absorptive devices. This, you can imagine, is a real problem and bother. The last urologic evaluation requested by the VA was performed by a junior general surgical resident who told me that he did not care about my post exam grossly bloody urine specimen. As a junior general surgical resident he is unqualified for evaluating the complex urinary dysfunction and prostate problem. If the VA desires a valid opinion of a problem they must have a qualified specialist evaluate the situation. This inadequate treatment is an insult and something that most veterans resent. This medical issue is thought to be most likely due to Agent Orange exposure, and I am hopeful that it is not an indication of an impending prostate cancer development. Medical literature and research studies were also presented to the Regional Office and the Appeal Board supporting this conclusion. The comments of the board was, "manifest during R.C. with no evidence during ADT," which is also false. True, the episode of urinary retention occurred while in Greenville and not in Vietnam, but the enlargement was occurring over the preceding several years, which was noted on digital examinations over a timeframe when multiple periods of active duty were served.

Now, my internist points out with a blood sugar approximately 140, he considers me a type-2 diabetic. Exercise and diet have so far not accomplished any resolution of the problem. I now understand that this has been recognized as a complication of Agent Orange exposure, and Congress has passed a resolution relating to such. This was published in a recent issue of the DAV magazine.

While on active duty in Charleston and during Desert Storm, it was recognized that my cholesterol and lipids were elevated and increasing on routine physical examination lab studies. I was placed on cholesterol lowering medications in Charleston, probably during the early 1980s, obtaining my medication at the Charleston AFB pharmacy. This has controlled the elevation of these harmful levels to some degree as long as I remain on the medications, though the V.A. will not provide me with the most recently developed and most effective medication prescribed by my internist. It seems that veterans were good enough to go to war with the best equipment, but not to get the best medications for the promotion of good health.

Because of the elevated cholesterol, I have developed considerable plaque formation and narrowing of the carotid arteries and these now require frequent monitoring with ultrasound screening. Should these continue to progress, cerebral ischemic episodes or strokes are likely. Dizziness and vertigo with instability are provoked by transient and brief episodes of ischemia and risk prone surgical intervention is a consideration.

Working with the system for consideration of these medical problems beginning with the Regional Office in 1999, through the Veteran's Board of Appeals and the Court of Appeals, has gotten nothing accomplished.

At the Regional Office, it is impossible to talk with the Director or any of the evaluators. Apparently, this is the hard and fast rule. You present yourself at the office and someone is called to come down from "upstairs" to talk with you, but cannot answer any questions or take any new information. It is impossible to find out what is going on or if they have the correct or most recent data and information. This recently has been improved with the addition of a receptionist who can at least tell you if they have the records but nothing else.

After a period of six to twelve months, you receive a letter that you must reply to or report for an additional examination that in my case was performed by a surgical resident in a training status, without regard to training in the applicable specialty.

Finally, a "judge" was provided in October 2002 that the Disabled American Veteran's (DAV) representative and I appeared before and presented my case. The judge insisted that all duty conducted while a reservist was inactive duty status. As most military personnel are aware, I tried to explain to her that reservists could be called to active duty for periods of time from a few days to several months or years. Crews flew all our overseas missions, which were numerous, on active duty, which was a requirement by NATO. Active duty was also required on any mission when possible exposure to hostile fire or flying in the combat zone, such as in Vietnam and the Persian Gulf was required. This information was never accepted as fact by the judge. Due to the lack of the judge's understanding of the facts, the nature of my medical problems was not addressed and the hearing wound up accomplishing nothing. I was directed to contact the Air Force Personnel Center at Randolph for further confirmation of my facts. With the lack of understanding of the facts presented, what faith can one have in the fairness of the system or the accuracy of the judgment?

When the matter, after appeal finally got to the Board of Appeals some six months later, I had a very well prepared slide and document presentation. Judge Joy McDonald dismissed this and I was allowed only a hurried verbal presentation. I had documents and medical research treatise from literature as well as copies of my physical exams supporting my case. Again, the medical facts and the authoritative research evidence were treated with casual disregard. Judge McDonald did not consider my testimony that of an expert as required by V.A. regulations and as directed by the Court of Veteran's Appeals. I do not understand how Judge McDonald could ignore the VA regulations and the direction of the Court of Veteran's Appeals. A Chief Flight Surgeon is a physician with special training in aerospace medicine, emphasizing ear, eye, and cardiopulmonary physiology. It would appear self evident that she was dealing with a veteran with medical expertise.

The judge also requested that a cardiologist review my case involving the carotid arteries. Again lacking medical expertise, she obviously is not aware of the difference between coronary and carotid arteries. The coronary arteries are in the heart and the carotid arteries are in the head. A cardiologist is not a physician to make a determination on a carotid artery but should require a neurologist. This certainly does not reflect with credit upon the board nor give one any sense of security that they know what they are doing and one can be judged correctly and fairly.

The case was then appealed to the Court of Veteran's Appeals. There, I had the good fortune of having an attorney representing me who pointed out the unfairness of the board and glaring error on their part in not properly considering my testimony. With his assistance in pointing out this mistake, the court referred my case back to the Board of Appeals. This remand has now taken 2 ½ years (03/19/03 to 10/11/05) for my records to go from the location of the Board of Appeal to the Court of Appeals and then back to the Board of Appeals, about five blocks across the city of Washington, DC.

I was at the Board of Appeal's office in DC on 10/11/05, and met with the DAV representative who was most knowledgeable and helpful. He was able to locate my records in the offices of the board almost immediately. He pointed out that as a patient over age 75, they should expedite my case and marked the records accordingly. Feeling that we would be given prompt attention by the Board of Appeals as directed by the Court of Appeals, upon returning to Greenville, I underwent a re-evaluation by my internist of my cholesterol and vascular stenosis status. I also had a re-evaluation by my urologist of my renal dysfunction and prostate status, and had copies of each sent to the Board of Appeals. Here are copies of my internist's 11/2002 report and copies of my urologist's re-evaluation, which the board should have in my case file.

Unfortunately on 11/23/05 I was informed that the case has been referred back to the R.O. for further development of data. Having previously spent 3 ½ years in its initial development, this appears as a measure designed to further delay resolution of the situation. On November 28th, I was at the Regional Office in Columbia and the records had not arrived there. Recent correspondence indicates no evidence of the R.O.'s intent to expedite the claim as indicated in the October 11 visit to the Board of Appeals. Perhaps it may also deflect attention from the Board's initial severe mishandling of the case. Additionally, a process of such a prolonged and inefficient nature may prevent a Veteran from receiving the appropriate resolution prior to his demise.

Furthermore, in the board's comments and decision to remand the case to the Regional Office, the judge refers to inactive duty, indicating the lack of understanding of the fact that of all duty the reservist performs is not inactive duty. I am certain the 100,000 reserve and guard troops who have served or are currently serving in Iraq would have a serious objections to the judge's incorrect and inappropriate comments.

In conclusion, I feel manipulated by a system of bureaucratic maneuvers. As described in my testimony, my case has gone from the Regional Office to the Board of Appeals and the Court of Veteran Appeals over the course of 6-1/2 years, only to be returned from to the Regional Office. I am appealing to you today to hold this system accountable for ensuring that the Veterans who have fought for our freedoms have an adequate and efficient means to resolve these problems in a timely manner. Soldiers, sailors, marines and airmen in harms way in Afghanistan and Iraq, and other far flung parts of the globe and their families are enduring a great deal of hardship and grief in the various areas of conflict. They have been led to believe that our country will stand behind them and take care of them when they return home many with broken bodies and mangled minds and are not able to take care of themselves.

The V. A. needs a change of attitude. It would very definitely be a great step forward if V.A. employees and especially those in high positions should be chosen from the ranks of those who have had military and combat experience. Their attitude, judgment, compassion and understanding in dealing with such matters could not help but be improved. The employment of greater numbers of military retirees who understand the military system and are more knowledgeable in intricacies of military operations and procedures would enhance the accuracy and efficiency of the system. They need to understand that communications, accurate analysis and interpretation of data and efficient processes are most important.

My presence here today and testimony is likely to do little to advance my case or eliminate my justifiable frustration, but if it improves the inadequate system presently in place for our veterans then my objective has been accomplished.

I have not received any funds from any government agency, federal grant, or contract from the government relative to the subject matter of this testimony during the current year or any other previous physical year.

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