



Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

Outreach, Transition and Economic Development (OTED) Spring Advisory Committee on Former Prisoners of War (ACFPOW) Hybrid Meeting – Minutes

Date: Wednesday, April 26, 2023

Time: 8am-4:00pm (EDT)

Facilitators: Julian Wright, Designated Federal Officer (DFO), OTED
E. Maquel Marshall, Alternate DFO, OTED

Attendees: James Stokes, Dr. John Albano, Karen Black, Dr. Kailyn Bobb, Tony Marshall, Norm McDaniel, Yareli Mendoza, Dr. Joseph Milligan, Dr. Marion Sherman, James Williams, Earl Newsome, Detra Giles, E. Maquel Marshall, Julian Wright, Vincent Ng, Ryan Lilly, Wilfredo Melendez, Ena Lima, Ryan Fraine, Christopher Hickey, Krystle Good, Sarah Carnes, Patricia Roberts, Patricia Sarni

Start Time: 8am, meeting not recorded

Business Meeting Opening, Julian Wright, 8:00am

- Mr. Wright opened the meeting by thanking committee members, leadership and giving a brief history of the need for the meeting.
- Introduced members of leadership
- Informed the Committee that fellow member, Harry Corre, will be turning 100 years old on May 1st. Mr. Wright and Mr. Marshall spoke to Mr. Corre a few days prior to the start of the meeting, and he indicated that unfortunately he's not able to travel due to some medical issues. Mr. Corre indicated that he will try to join virtually during the meeting.
- Mr. Marshall thanked Mr. Wright for the introduction and reiterated his appreciation for the meeting in Boston and the purpose of the conference: response to the community's needs.
- Mr. Marshall thanked the attendees and committee members and expressed the hope that the advanced release of presentation slides would facilitate communication and the asking/answering of questions.
- Mr. Wright explained that a photographer is on-site to take pictures throughout the day.
- Mr. Marshall asked that questions be held until the end to respect everyone's time.

Roll Call, Earl Newsome, 8:10am

- Committee Members attending the meeting - James Stokes, Dr. John Albano, Karen Black, Dr. Kailyn Bobb, Tony Marshall, Norm McDaniel, Yareli Mendoza, Dr. Joseph Milligan, Dr. Marion Sherman, James Williams





Official Host Welcome, Vincent Ng, 8:15-8:20am

- Mr. Ng thanked the committee.
- Explained the origin of the Boston space: designed for research.
 - 250 cubicles for people to perform research; had to shut down due to COVID three months after opening.
 - Discovered that researchers enjoyed the efficiency of remote work, moving to a hybrid schedule to support work/life balance.
 - Space is now being reengineered as a meeting space.
- Invited the attendees to enjoy the culture and events while in New England.

Leadership Greetings from the New England Healthcare System, Ryan Lilly, 8:20-8:35am

- Mr. Lilly welcomed all to Boston.
 - Expressed the honor of hosting the event and supporting Veterans, especially FPOWs.
 - Asked for assistance in identifying and including FPOWs around the nation.
- Mr. Lilly explained the system: 8 healthcare systems across 6 New England states:
 - Boston has four campuses and covers a fairly small geography; New England centers are, at most, about 5 hours apart; the vast difference between this and those centers out West allowing New England to “do more.”
- Mr. Lilly explained New England’s vision: to be the “Premier Integrated Academic Healthcare System in New England.”
 - Boston is the most med-school-affiliated VA system around. The same providers work at the VA, school, and private care.
 - This represents the best of the VA’s vision: attracting the best providers to work at VA.
 - Boston has the largest academic and research footprints in the nation, which allows patients to access a higher level of care.
 - New England is prioritizing the planning of healthcare centers in the most Veteran-dense locations.
- Mr. Lilly reviewed New England’s mission: honoring the Nation’s Veterans
- Mr. Lilly reviewed some of New England’s challenges:
 1. Competing within the VA systems for resources as other businesses are growing, but New England is shrinking – there are fewer patients and patients spending part of the year in New England and part of the year in other regions.
 2. #1 challenge is aged infrastructure: 1971 is the most “modern” hospital building.
 3. Average age of private hospital buildings is 13 years; in the VA, it’s 61 years on average.
 4. Standard in the industry is to replace hospitals about every 30 years; this is not being met by VA.





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Mr. Lilly accepted a question from James Stokes regarding homeless Veterans' treatment centers. Mr. Lilly clarified that the slide referenced "domiciliaries" on campus. New England has a number of homeless housing initiatives and long-term treatment centers.
- Follow-up from Mr. Stokes, "Once they complete their treatment, do they go back to [a homeless situation]?"
- Mr. Lilly said they would be admitted to a domiciliary once their treatment was complete.
- Mr. Marshall repeats a request to hold questions until the end.
- Mr. Lilly returned to presenting the history of and the challenges faced by Boston's VA businesses:
 - Boston, MA is the "healthcare mecca" of the country; Brigham, Mass General both represent competition for the VA centers, which do not have the same curb appeal.
 - Bedford, MA (1st of 8 HC systems) Largest community living center in the country. This center is very old with significant infrastructure challenges, including condemnation of centers where Veterans cannot safely be cared for. This area has a fairly small FPOW footprint.
 - CT- Boston and CT are 1A, tertiary referral center facilities. This area has a significant academic footprint, with Yale being the medical partner; the facility is 10 minutes from Yale Med School and hospital, both of which share staff with the VA. Infrastructure is a challenge. New England is currently seeking a hospital replacement project; they are in the design phase.
 - ME- this is the only medical center in the state despite the state being larger than the other states. This is also the oldest VA hospital in the country (1866). Full-service, outpatient clinics.
 - Manchester, NH- This facility does not have an inpatient component; long-term and outpatient services only. Veterans can get their care in the civilian sector. Veterans are still choosing to come to VA.
 - Providence, RI- This is RI's only facility. This is a full-service hospital affiliated with Med Hospital.
 - White River Junction, VT- This facility is affiliated with Dartmouth. It is the most rural medical school in the country.
- Question: Mr. Newsome - "[with respect to] VHA directive 1650, care for FPOWs. Current patient density doesn't lend itself to the current organization of the care and benefits teams as described in the directive. There were approximately 15k living FPOWs in 2015 according to the VA factsheet at that time; the last count [2019] there were less than 3k in the VA system. Have you seen challenges with this one special population (FPOWs) to provide care for these individuals? Need data on "lessons learned" from this generation to serve future generations of FPOW Veterans."





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Answer: Mr. Lilly - "Not so much care; identification of FPOWs is the issue. Any time you're dealing with a small population, it's a challenge to coordinate all resources and care. How do we know? How do we connect to resources and care? We need this info to be aware of status and address needs."

Welcoming Remarks from the ACFPOW Program Management Office, Detra Giles, 8:35-8:40am

- Ms. Giles introduced herself and welcomed the attendees and speakers.
- Ms. Giles indicated that OTED serves 14 Special Emphasis Programs (SEP); FPOW is one.
 - Military Sexual Trauma (MST) is another group. OTED is providing internal training to increase awareness of resources and emotional intelligence for employees interacting with the population.
- Ms. Giles emphasized the importance of demographic/geographic needs over a nationwide approach.
- Ms. Giles identified the goal of increasing the number of "touches" per Veteran to increase awareness of services.
- Ms. Giles encouraged the attendees to be transparent and ask questions, as these will help the OTED identify the needs of Veterans.

VBA Outreach Engagement, E. Maquel Marshall, 8:40-9:00am

- Mr. Marshall added to Ms. Giles's emphasis on OTED Outreach's importance.
- Mr. Marshall hopes that the committee will find value in seeing the shared information and efforts of OTED. The committee members are valuable advocates for sharing metrics to bridge the untouched Veteran populations.
- Mr. Marshall highlighted two upcoming events:
 - Asian Pacific Month will celebrate service to the military and contributions to the nation. Symposium is coming up in early May.
 - June virtual LGBTQ symposium. Resources and caregivers available for the demographic. OTED POC is Ms. Deshaun Sewell.
- Mr. Marshall opened the floor to questions:
- Question: Mr. Newsome – Has the FPOW Outreach letter been sent out?
- Answer: Mr. Wright – We are working on that and will provide an update on the letter.

Overview of the VA Boston Healthcare System, Vincent Ng, 9:00-9:15am

- Mr. Ng speaks about Outreach as a whole for the VHA, VBA, and NCA not just as the hospital.
- Mission of VA:
 - Education
 - Research





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Care for Veterans,
 - Emergency preparedness
- 3 main campuses and 6 additional campuses provide easier access to health and mental care.
- Mr. Ng goes over how the Boston VA has 100 active academic affiliations.
- 3300 trainees for residency programs
 - Largest in the VA residency program
- Trains in different fields (not all listed)
 - Medical Residency
 - Nurses
 - Pharmacist
 - Social Worker
- Hospital Affiliations for program outreach
 - Harvard South Shore
 - Residency program to give 4 years' experience to medical students.
 - 1 of 3 being run by the VA
 - 40 residency's that are strictly based with the VA
- Boston VA Health Care system has the first affiliated nursing program
 - 6 nursing school affiliations
 - Gives them 1 year experience
 - 18-20 nursing residents
 - Retention rate after graduation is 100%
- Mr. Ng speaks about the challenges in attracting medical staff outside of the Massachusetts area
 - Cost of living in Boston is high
 - Salary not enough to attract additional staff compared to other areas
- Mr. Ng goes over possible Solutions
 - Continue outreach programs
 - Revise compensation packages
- Success in retention comes from integrating the missions, research programs, and affiliations
 - Harvard and Brown are major affiliations that help retain physicians
- Mr. Ng. Speaks about Boston VA Health Care system being the largest funded
 - Budget is \$130M
- Reviews the research that the FPOW group has already benefited from
 - Research with the Harvard research center on long term captivity and imprisonment effects from FPOWs from the Vietnam War





- Research on captivity stress and the long term impacts
 - PTSD studies
 - Suicide prevention and risk factors
- Through this research, educational and outreach material has been developed
- Boston VA Health Care system has the only women's PTSD treatment center in the country
- Mr. Ng reviews the Two Major Programs
 - Million Veteran Program
 - FPOWs can donate genetic samples
- Mentions the 8 storage facilities and notes that the committee will be touring them tomorrow (4/27)
- There are currently 950k samples
 - This is a nation wide program
 - The Boston VA is the coordination site for this program
- FPOWs contribute to the samples
- There are only 3 countries who contribute to genetic samples
 - USA
 - China
 - U.K.
- Mr. Ng closed by discussing "My Life, My Story"
 - Program that started in VA Wisconsin
 - Asks Veterans to tell their stories with the treatment team
 - These stories are entered into their treatment record so they can have better understanding of the need of the patient
 - There are currently 1600 stories in the Boston VA
 - This is a part of the training program, and it is a graduation requirement to participate in the My life, My story program.
- Shared an FPOW story from an online video.
- Question: Chaz Williams: You mentioned the Million Veteran program and that you have 950k samples. Do you know how many are FPOW samples?
- Answer: Mr. Ng - We don't because we cannot identify FPOW from the samples. We could ask the research team tomorrow if there is a way to flag the samples for FPOW, but I am not an expert in this area.
- Question: Earl Newsome - There should be a way to opt into the Brain Program when families are filling out forms for cremation.





- Answer: Mr. Ng – There is an effort to reach out and ask for consent to do this. They ask for an agreement to harvest the brain ahead of the time of passing, similar to organ donation.
- Question: Dr. Sherman - With the decline of the FPOW population, how are you preserving the focus on this important population through service and education?
- Answer: Mr. Ng - That's why I mentioned trying to identify FPOW and Wilfredo will speak to how they continue to network to preserve this group in the next presentation.

VHA FPOW Program Advocate Roles and Responsibilities, Wilfredo Melendez, 9:15-9:45am

- Wilfredo Melendez is introduced as the VHA FPOW coordinator.
- Explained that his program helps outreach to Veterans that are new to VA and works with them to get integrated into the VA system.
- They are a national program.
- He is the designated FPOW advocate in the Boston VA
- Mr. Melendez is a Veteran of the Iraq and Afghan war and retired after 22 years of service.
- Mr. Melendez goes over the partnerships he currently has in the Boston VA
 - Works with Dr. Sprague who is the medical director of CMP Compensation and Community Care.
 - Dr. Sprague is also a certified FPOW CMP examiner, and the group will meet him tomorrow.
 - Mr. Ryan Fraine who is here today is also someone Mr. Melendez works closely with
- Provides FPOW population numbers in Boston. 7 active patients in Boston VA and mentions there has been an update and they have lost one of the vets from WWII.
 - 3 From WWII
 - 3 from Korea
 - 1 From Vietnam
- Six of the local FPOWs are receiving VBA health care benefits and one is not.
 - He has sent letters and reached out to the care giver of the one not receiving benefits to make sure the Veteran knows the benefits are available.
 - Out of the 7:
 - 3 have home based primary care services.
 - 3 engage in PCP at the VA clinics in person and 1 virtual.
 - 1 sees a PCP in the community through private insurance.





- Mr. Melendez has been working with VBA to identify the total FPOW population in Boston.
 - They currently count 20 throughout MA.
 - They are not all registered, but they are receiving VBA benefits.
 - They continue to work to get them all registered.
- The benefits of being registered and the services they provide as a medical facility are:
 - Home based primary care.
 - Nursing Facilities.
 - Payments that can be covered through eligibility.
- Mr. Melendez is working with the area's FPOW coordinators to let them know about Veterans in their area who are not registered so they can attempt to reach out and set them up.
- In 2020 when he was assigned this role, he tried to figure out the best way to identify FPOWs in the Boston VA system.
- Mr. Melendez has identified over 117 from World War II, 1 from Yugoslavia, 17 Korean War, 21 Vietnam, and 2 "Other" FPOWs
- He to go through each chart to determine if some of them were put in the system by error or verified, which was only possible because his position allows him to have access to do chart reviews and see if Veterans are receiving benefits and if they are flagged as FPOWs.
- Mr. Melendez works continuously with the eligibility department to make sure that Veterans are being accurately flagged as a FPOWs where appropriate.
- 92% of identified FPOWs had service-connected conditions.
 - That list had Veterans from Arizona and other areas around the country.
 - 118 were living as of 2019.
 - These numbers reflect all the FPOWs that were seen at least once in Boston.
 - As of March 2023, 116 of those had passed away.
 - Out of the 161 total, 43 are still living.
- The number of living FPOWs in the Boston system is going down every year
 - Between 1990 and 2011, 11 passed away.
 - 2000 to 2010, that number doubled to 20.
 - From 2010 to 2020, 36 passed away.
 - Since 2020, 59 have passed away.
- Mr. Melendez highlighted some current outreach efforts.
 - Coordinated with Boston VBA to identify these patients so that the FPOW status was accurately listed on their medical record.
 - Removed Veterans who were entered erroneously.





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Mailed outreach letters to 45 FPOW's widows and family members.
 - Continuously reviews records to make sure Veterans are getting the appropriate level of benefits they deserve.
- Mr. Melendez shared several stories about Veterans and family members who he recently assisted in gaining VA coverage.
- There will be a FPOW recognition day event in September.
- Question: One of the things we have as a challenge, is to see what the VA says they're going to do for FPOW's and then when they come out on the ground. Our first guy on the ground is a director. There is no cemetery director. What we tend to find is whoever is the coordinator for the special group that we represent is also the coordinator for three or four others. Are we getting to the point of the directive needs to be modified to account for the decreasing population? Do you see the guide being something that helps?
- Answer: It is something that helps. The population is declining; there are 8 people. I would like to have someone dedicated to working with this population full time. The guide is there to help. One of the biggest changes is the care giver support program.

Break 9:45 – 10:00am

Overview of the Boston Regional Office (RO), Ena Lima, 10:00-10:15am

- Ms. Lima introduced herself and her professional history.
- The Boston RO has 233 employees, 40% of them are Veterans.
- 3 Veteran service centers.
- 3 Offices
 - Compensation.
 - Veteran readiness and employment.
 - Catalyst “port of entry” for other benefits.
 - 1.9 mil Veterans across the domain.
 - 3300 Veterans 1000 reach job ready status.
 - 408k Veterans received support.
- 886M in compensation- readiness and employment.
- 237 reached job ready status.
- 773 national claims pending.
- Discrepancies between VHA and VBA. How do we create a data-sharing platform to ensure that all data is as accurate as possible? There are a lot of entry points for this information not just from claims. One being Veteran participation.
- Discussed the Veterans Experience Office project to address Veteran needs.
- Question: Historically, there was a recommendation that all FPOW receive 100% over the age of 55. Does a Veteran really need to meet that age?





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Answer: The VA will always depend on an individual analysis; we don't actively seek people over 55, and we review other factors in medical records.
- Question: Norm McDaniel FPOW – Is there no presumption leading to automatic qualification for disability for FPOWs? Did you say that if it's not reported, you don't look for it?
- Answer: Mr. Marshall - There is no "FPOW" disability, so coverage wouldn't be automatically tied to that, but yes, coverage is based on and individual reporting their disabilities.
- Question: Do Vietnam era FPOWs fall into the Agent Orange category?
- Answer: You would not fall into an Agent Orange category because of your FPOW status but because of an exposure and connected disability.

VBA FPOW Outreach Coordinator Roles and Responsibilities, Ryan Fraine, 10:15-10:55am

- Mr. Fraine introduced himself as a Rating Specialist in the Boston Regional Office, FPOW Coordinator since 2012.
- Mr. Fraine reviewed some of his responsibilities:
 - Attend MA FPOW events.
 - Serves as POC for Veteran Service Organizations, VHA, Social Workers, doctors, FPOWs, and their families.
 - Maintain a list of FPOWs; reach out and follow up to identify needs and assistance required.
 - Process all FPOW claims through our office.
 - Mr. Fraine reviews the records but, as a courtesy to the Veteran, prefers to decide without requesting an exam when possible.
 - Mr. Fraine collaborates with healthcare providers by explaining the situation and what needs to be done.
 - Mr. Fraine's office provides transportation to and from exams.
- FPOW initiatives:
 - For a new claim, Mr. Fraine calls the FPOW, gives POC info, and explains the next steps / what to expect.
 - In the case of an established relationship, Mr. Fraine follows up with the FPOW and their family to report the changes and communicate the next steps.
 - Mr. Fraine emphasized the importance of the relationship between the FPOW, their family, and the Outreach Coordinator, as service can continue posthumously.
- Mr. Fraine shared several stories of the Outreach Coordinator's impact on FPOWs and their families/survivors.
- Question: How do you make sure that you have verified FPOWs and not someone guilty of stolen valor?





- Answer: Mr. Fraine - We use data to identify “certified” FPOWs. They may be vetted by varying factors, such as commendations received due to an imprisonment such as the POW medal.
- Question: Dr. Joseph Milligan, Vietnam FPOW - Vietnam FPOWs are difficult to track down and they shouldn’t be. It’s public knowledge; it’s a DOD list.
- Answer: Mr. Fraine - It’s not only Vietnam. As long as they are properly verified, we can get to them and get them the benefits they need. One issue is that the Veteran does not identify or falsely / incorrectly identify as an FPOW. I would love to get ahold of that list.
- Question: On the presumptive list, have you ever had an FPOW who was in receipt of benefits but, upon review of records, was disqualified due to “presumptive” of anything? According to a previous outreach letter, there were more people receiving care at the VA than there were people receiving benefits.
- Answer: Mr. Fraine - Pertaining to the presumptive list, no. When we work with them, we have them claim all POW-related issues so that the FPOW qualifying exam will look for everything they’re entitled to. Those conditions are established by law, saving the Veteran from having to list all conditions individually. We can streamline the process that way. The only time I’ve seen a condition on the “presumptive” list be denied is if it’s not active - if the condition is not diagnosed.

Committee Open Discussion, Earl Newsome, 10:55-11:00am

- As the meeting has run over somewhat on the schedule, open discussion comments will be held until later in the meeting.

11:00am Lunch Break, Return by 1:00pm

Meeting resumed at 1:00pm

National FPOW Outreach Updates, Julian Wright, 1:00-1:45pm

- Mr. Wright opened the second half of the day’s proceedings.
- Provided an overview of the FPOW fact sheet and outreach letter.
- Outreach is directed at both FPOWs and surviving spouses.
- Mr. Wright talks about coming up with new ideas shows that the fact sheet and outreach letter needs to be updated.
- The fact sheet can be found online.
 - It includes a list of disabilities associated with FPOWs.
 - All benefits surviving spouses are eligible for are outlined.
- The outreach letter was going to be mailed out, but the process is taking longer than expected. The outreach letter should be mailed out in May or June at the latest.
- Issues have been with the template of the letter.
- This outreach letter and fact sheet we will be updated on a regular basis.





- Question: James Stokes - Newer members may have not seen the outreach letter, correct?
- Answer: I am not sure if the new members of the committee have seen it. I will email everything to the group tonight.
- Question: Dr. Joseph Milligan - Is the fact sheet just going to show what the diagnoses for FPOW or will it also include presumptives for Agent Orange?
- Answer: The only presumptives included are for FPOW, not for agent orange, but we will consider putting that into the fact sheet. We can consider this as a committee.
- Prior to moving to the following session, the group discussed the pros and cons of a targeted outreach letter, what information/messaging such a letter should contain, and which offices could manage the letter and any respondents.
- A major point is that it needs to be as easy as possible for the Veteran to make a claim.

Overview of the Massachusetts National Cemetery, Christopher Hickey, 1:45-2:30pm

- Burial is a benefit under 38 CFR for anyone who honorably served their country or was married to a service member who qualified for this benefit.
- The cemetery is expanding their site to continue to serve Veterans and their families for the next 50 years.
- Provided a review of new programs as well as highlighting some ongoing programs.
- Reviewed several stories of FPOWs and their families who are honored at the MA National Cemetery.
- Question: Dr. Marion Sherman - Have you found that people are using the option to place "POW" on their headstones?
- Answer: Mr. Hickey - When we notice the designation of 'POW' on discharge paperwork, we code that in our system, Burial Operations Support System. This allows us to ensure that 'POW' is inscribed on the headstone.
- Question: Karen Black – Did [Mr. Hickey] say that the family does not get to choose what goes on the deceased's headstone?
- Answer: Mr. Hickey - The family does get to choose. We have an automated system that ensures the family doesn't have to make an additional claim, but they get to choose what goes on the headstone. We never order a headstone without speaking to the family.
- Question: Karen Black - What if the widow remarries? Does that make her right to be buried in a National Cemetery obsolete?
- Answer: Mr. Hickey - It does not. As of a recent 2009 law, remarrying does not remove this benefit. The benefit is for 'one grave.' The non-Veteran spouse is buried with the Veteran.





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

ACFPOW Discussion, Earl Newsome, 2:30-3:15pm

- Mr. Newsome recapped the sessions that had occurred so far in the meeting and asked the group if they had ideas of what they'd like to bring up in their subcommittee meetings.
- The group began discussing FPOW status as it relates to individuals pretending to be FPOWs. Ancestry.com allows individuals to claim to be FPOWs without verification and can cause confusion when descendants are researching their family history.
- Identifying verifiable ways to determine who was an FPOW is an ongoing challenge.
- At the local level, new Veterans who identify themselves as FPOWs are researched by local employees to verify their status. VCA's process can circumvent that verification. The group discussed whether this practice should be authorized or revised.
- The committee discussed a recent recommendation that was made to fly the POW/MIA flag at every cemetery. The committee's recommendation has recently been gaining traction and has seen a lot of success in participation from cemeteries.
- Question: Are wills part of the benefits available to FPOWs? A will could have resolved some of the issues we discussed today.
- Answer: In my experience, this isn't something that's happening. Liability is a concern in the case a will is done incorrectly. Retirees can go to an installation and have JAG assist them with a will, but not individuals who did not retire.
- Question: Should we open discussions to consider adding will assistance as a benefit?
- Answer: Our primary concern is the FPOWs, so we would need to ask if that benefit should be added for them specifically. Another attendee stated that as a retired estate attorney themselves, they would recommend not adding that as a benefit and continue recommending Veterans work with estate attorneys to create wills. The liability would be too great for VA to take on.

Fraud Prevention and Awareness, Krystle Good, 3:15-3:35pm

- Ms. Good reviewed methods VA uses to identify potential fraud.
- Listed partner agencies being leveraged to prosecute fraud against Veterans.
- Reviewed examples of common fraudulent messages.
- Discussed the consequences of fraud (for the victim).
- Provided an overview of the types of fraud, including Payment Redirect, Pension Poaching, Romance & Friendship Scams, and Predatory Companies.
- Reviewed the Veterans' recourse to report potential fraud and to check the validity of a "service provider."
- Question: Dr. Kailyn Bobb - Do you have any statistics on how often this happens to Veterans?
- Answer: Ms. Good - We do have reports of payment poaching and other issues; payment redirect is what we see most often within our team. I can pull those statistics.





- Question: Dr. Joseph Milligan, FPOW - Regarding the ads for Camp Lejeune, which you claimed are 'all over the place', is the VA going to work with the media regarding these ads?
- Answer: Ms. Good - VA, the Federal Trade Commission and the House of Veterans Affairs Committee had a meeting focused on these ads. VA is doing everything it can to send cease and desist letters and go after these entities that are acting illegally. There is legislation being considered by the Senate that would provide for a criminal response to this fraud.
- Question: Norm McDaniel - I've seen those ads and the site. They did talk about filling out a form with your information; we all have to be careful. Has the VA done anything on this particular one or one like this?
- Answer: Ms. Good - Yes sir, the VA is aware and has a precise list and criminal proceedings against a lot of these entities.
- Question: Karen Black - Is there a lawsuit against the government for the damages that were caused at Camp Lejeune. How is it then illegal if these are attorneys that are suing the government?
- Answer: Ms. Good - The illegal aspect is that VA has clear guidelines on how much Veterans can be charged for legal fees. Some are charging as much as 60% of the potential award.
- Question: Karen Black - What is the impetus for this class action lawsuit? Were a bunch of claims denied?
- Answer: Ms. Good - The PACT Act includes the Camp Lejeune Water Contamination Act. That is separate in the fact that one can file legal action against the government. The lawyers in question have been targeting the PACT Act to acquire the big settlement against the government, which is being handled by the Department of the Navy.
- The group discussed that Veterans could file for disability with the VA and questioned whether Veterans could "double dip" by also suing. Ms. Good suggested that a lawyer would be a better person to answer the question but that the government is currently paying both. Disability from the VA, legal settlements from the Department of the Navy.
- Question: Tony Marshall - Does your purview cover [stolen valor]?
- Answer: Ms. Good - That is an interesting question. I do not think it is in our wheelhouse, but I will investigate, and I will get back to you on that.

Statement for the Record from Benefits Delivery Protection & Remediation (BDP&R):

Camp Lejeune Justice Act

From August 1, 1953, and December 31, 1987, drinking water contaminated with industrial solvents, benzene, and other chemicals at the Marine Corps Base Camp Lejeune or Marine Corps Air Station (MCAS) New River in North Carolina potentially exposed Veterans, family members, and civilians. On August 10, 2022, the President signed into law the Honoring our





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

PACT Act (Public Law 117-168). Section 804 of this law is the Camp Lejeune Justice Act of 2022 (“CLJA”), which allows new lawsuits for individuals exposed to contaminated water at Camp Lejeune. The [Camp Lejeune Justice Act of 2022](#) aims to ensure that associated medical conditions from contaminated water exposure receive medical proper care and compensation.

VA is aware of advertisements from lawyers, law firms, or others seeking to represent Veterans in litigation related to this new law. Many lawyers, firms, and private parties are not recognized by VA to assist with obtaining VA benefits or services. The primary concerns with the advertisements include: the advertisements may cause Veterans to believe they need legal representation to receive VA benefits claims, confusion with VA benefits claims versus CLJA legal action, and dissuasion from filing their VA benefits claim directly with VA at no cost.

Additional Information

- VA is aware of aggressive entities targeting Veterans through multiple communication avenues, offering to assist in obtaining benefits associated with [Camp Lejeune Justice Act of 2022](#) presumptive conditions. All Veterans and family members who believe they were exposed to contaminated water at Camp Lejeune between August 1, 1953, and December 31, 1987, should contact VA to understand their health care and benefits options.
- VA is committed to ensuring Veterans and their beneficiaries receive the full compensation they deserve! VA is dedicated to warning the public about the potential of encountering predatory entities that may seek to take advantage of them, by educating Veterans, their families, and all partners about the activity and tactics being used by some entities.
- Veterans Service Organizations (VSO) play an essential role in ensuring Veterans and their families have the support and assistance they need after military service and their partnership with VA is crucial for fraud prevention.
- It is important to know, that if you are awarded relief by the court in a lawsuit brought under the CLJA, the award must be offset by the amount of any disability award, payment, or benefit VA provided to you or your legal representative relating to exposure to water at Camp Lejeune. This would reduce the amount of the award you receive from the court, but it would not affect your VA benefits. Any award must also be offset by benefits provided by Medicare or Medicaid. You should contact the Centers for Medicare and Medicaid for information on how a court award under the CLJA could affect your benefits under those programs.





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Veterans who think they might be eligible should apply for Camp Lejeune benefits should apply directly to VA. If you plan to file a claim, you may submit your application securely [online](#) via VA.GOV or in person at any Regional Office. VA will assist in gathering evidence necessary to support it. Go to [Camp Lejeune Water Contamination Health Issues | Veterans Affairs \(va.gov\)](#) or call 1-800-MyVA411 for more information.
- The Department of Justice set up devoted contact mechanisms that Veterans, family members or anyone can contact on questions regarding the status of cases filed in federal court under the CLJA. The phone number is (202) 353-4426, and the email is camplejeune.pactact@usdoj.gov.
- The Camp Lejeune Family Member Program covers out of pocket costs for 15 conditions for Family Members who lived at Camp Lejeune between August 1, 1953, and December 31, 1987.
- **Do not sign a contract agreeing to pay an unauthorized company** a fee to help you with your VA claim. There are [accredited](#) VSOs, agents, and attorneys that can help you.
- **Only VA-accredited agents and attorneys** may charge you for assistance on your VA claim, and only when they provide you with assistance in connection with a proceeding after VA has made an initial decision on your claim. No individual or organization may charge a claimant a fee for filing an initial VA claim.
- **Be cautious of companies claiming to be contacting you on behalf of VA.** Contact VA directly at 1-800-827-1000 if you are unsure about the authenticity of a message you've received.
- **Be cautious of media advertisements** from companies who provide information about the recent changes in law for toxic-exposure benefit claims and suggest you can only obtain VA benefits with their help. These companies may not be recognized with VA and may be trying to charge you illegal fees.
- **Review all documents thoroughly.** Never sign a blank form for someone else to complete later. Always review the completed form before signing and retain a copy of the completed form for your records.
- Whether you decide to seek relief under the CLJA is entirely your decision and will not influence VA's decision to provide you benefits or health care based upon your exposure; it also will not affect the amount of benefits or health care VA can provide you.
- When can fees be charged:





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- **VA Benefits Claim** A fee may only be charged to a claimant by a VA-accredited attorney or agent, and only for services rendered after VA makes an initial decision on the claim.
- **CLJA Claim** A fee may be charged at the administrative level and at the District Court level.
- Accredited Veterans Service Organizations (VSO), attorneys and agents are available to help you file your claim. Click on the link to find [accredited representatives](#) to support you. Use the VA Office of General Counsel (OGC) [Accreditation Search](#) to confirm and validate the credentials of law firms offering claims assistance before retaining their services.
- A VA Accredited individual or law firm *cannot commit* the following actions:
 - Evade a rule of conduct “through the actions of another;”
 - Engage in deceitful, fraudulent, misrepresentative, or dishonest conduct
 - Violate any provisions included in Title 38 United States Code, or Title 38, Code of Federal Regulations
 - Receive or solicit funds related to services provided prior to when VA issues its initial decision
 - Hinder the processing of a claim
 - Deceive, threaten, mislead, or coerce a claimant about benefits or rights
 - Act or encourage a claimant to act in a manner that is detrimental to the conduct of VA proceedings
 - Disclose any information provided by VA for representation purposes without the claimant’s permission
 - Take part in unlawful or unethical conduct
 - Charge excessive fees. If you believe the fee called for in your fee agreement with your attorney or claims agent was not earned, VA provides a [process](#) for you to file a motion with VA’s Office of General Counsel for review of the fee.
- File a complaint with the [Federal Trade Commission](#) and the [Better Business Bureau](#) if you suspect a company is using predatory practices or has questionable business practices regarding VA entitlements.

To report suspected fraudulent activity, Veterans can:

- Contact VA directly at 1-800-827-1000.



U.S. Department
of Veterans Affairs



Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Use the Office of General Counsel Accreditation tool to confirm and validate. accredited representatives at a Veteran Service Organization, agent, or attorney credentials at www.va.gov/ogc/apps/accreditation/index.asp.
- Report suspected fraudulent activity by contacting VA's Office of Inspector General at vaoighotline@va.gov.
- Contact the Department of Justice with questions regarding legal action filed under the Camp Lejeune Justice Act (CLJA) at camplejeune.pactact@usdoj.gov or 202-353-4426.
- Report attorneys misrepresenting their VA-accreditation status to their respective state attorney [disciplinary commission](#).
- Contact your [state Attorney General](#) for possible violations of state laws.

Fee for Service: It is important to know that VA-recognized VSOs, and their representatives, always provide their services on benefit claims free-of-charge. Unlike VSOs, VA-accredited attorneys and agents may charge you a fee for their representation in appealing or requesting additional review of an adverse VA decision. Only VA-accredited attorneys and claims agents may charge you fees for assisting in a claim for VA benefits, and only after VA has issued an initial decision on the claim and they have complied with the power-of-attorney and the fee agreement requirements.

For information on what to do if you believe you were charged an unreasonable fee by a claims agent or attorney, see the fact sheet on [How to Challenge a Fee](#).

Legal fee amount: "When a claimant and an agent or attorney have entered into a fee agreement described in paragraph (2), the total fee payable to the agent or attorney may not exceed 20 percent of the total amount of any past-due benefits awarded on the basis of the claim."

References: M21-1, Part I & CFR 38 USC 5901-905. [Representation of Department of Veterans Affairs Claimants; Recognition of Organizations, Accredited Representatives, Attorneys, Agents; Rules of Practice and Information Concerning Fees, 38 U.S.C. 5901–5905](#)
<https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFRe2d861683c66a39?toc=1>





Outreach Transition *and*
Economic Development
VETERANS BENEFITS ADMINISTRATION

Discussion and Takeaways from Day 1, Advisory committee Members, 3:35-4:00pm

- The group was asked for any final questions or comments from the day.
- The group discussed logistics of the meeting schedule.
- The committee needs to ensure that enough time is allotted for subcommittee meetings on the next meeting day.
- The schedule for Day 2 was reviewed, including FPOW special guests who will be present.

4:00pm Adjournment for the Day



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

Advisory Committee on Former Prisoners of War (ACFPOW) Hybrid Meeting – Minutes

Date: Thursday, April 27, 2023

Start Time: 8:00am

Coffee Cup Discussion with Local FPOWs, Advisory Committee Members, 8:05-9:05am

- Mr. Earl Newsome introduced three FPOWs to the Advisory Committee.
 - Explained the purpose of the testimonies the Committee is about to hear: to verify that care is comprehensive, or to identify gaps in care and determine methods of filling those gaps.
 - FPOWs and their families in attendance included:
 - Mr. Bob Daniels
 - Mr. Bradford Holmes and his son, Mr. Richard Holmes
 - Mr. William James Skipper
 - Mr. George Wanat
 - Mr. Tim Sullivan
 - Historically, the Committee identified a gap in service regarding the choice to place “FPOW” on the Veteran’s headstone. The Committee requested that the option to include “FPOW” on the Veteran’s headstone be added to the form the family fills out when commissioning the headstone.
 - The Committee has also requested that VA periodically check in with identified FPOWs to ensure that care is being provided and address any needs the FPOW may have.
 - Since WWII, the number of surviving FPOWs has been dwindling. In 2005, there were an estimated 17,000 surviving FPOWs. As of 2019, there are an estimated <3000 surviving FPOWs in the VA System.
 - This data is being used to justify the committee’s request of urgency to VA to identify/provide/improve services to surviving FPOWs. The testimonials of surviving FPOWs are essential to furthering this request.
 - The testimonies of surviving spouses of FPOWs are also essential, as the Veteran can no longer advocate for themselves.
 - Requested specific stories on ease of receiving care.
 - Mr. Newsome asked FPOWs and their families follow-up questions about their access to care, the level of care, and the impact on the Veteran/outcome for the Veteran.
 - Mr. Skipper added that Veterans often don’t know what they don’t know. This lack of essential awareness of programs and support available makes it impossible for the Veteran to answer the questions, “What do you need?” or “How can I help you?”





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Mr. Newsome briefed the attendees on the Committee's next steps to address the issues FPOWs and their families identified.
 - Thanked Mr. Ng and his team for providing the platform for this Advisory Committee meeting.
 - Brought attention to representatives from the Million Veteran Program and the Brain Bank.
 - Called Mr. Ng to the stage.
- Mr. Ng welcomed FPOWs individually and thanked them for sharing their stories.
 - Introduced Dr. Keane and Dr. Galovski
 - Handed the floor back to Mr. Newsome
- Mr. Newsome released the audience for a break before the next section commenced: a presentation on the National Center for PTSD and the Women's PTSD program by Dr. Keane and Dr. Galovski

National Center for Post-Traumatic Stress Disorder (PTSD): Women's Program, Terence Keane and Tara Galovski, 9:05-10:00am

- Mr. Terence Keane, Ph.D.
- Ms. Tara Galovski Ph.D.
- Dr. Keane introduced himself and gave his experience with FPOWs.
 - Began interacting with combat Veterans and FPOWs in 1977 while focusing on addiction and substance abuse.
- Dr. Galovski introduced herself and reviewed her professional history.
 - Reviewed the issues women Veterans encounter post-service.
 - Resilience, strength-based approach to battling PTSD.
 - Identifying what is different for this population (vs. the male Veteran population)
 - Dr. Galovski invited the audience to ask questions about the program.
- Question: Dr. Kailyn Bobb - Have you noticed unique nuances for the geriatric populations regarding mental health and trauma? I'm curious how this presents in the population.
- Answer: Dr. Galovski - PTSD is all about avoidance. The person's world gets smaller and smaller because of avoidance. Exposure is a common treatment for PTSD.
- Dr. Keane responded, "We have geriatric studies center here in Boston. We initiated a program that combines the normative aging study with the National Center for PTSD. This group has been writing about PTSD / aging psychological trauma in the aging population."
- Dr. Keane discussed the impact of PTSD and various stressors on the Veteran population.
- Question: What is being studied in this population about genetic markers and PTSD?
Unique protective factors - we have members who have survived incredible experiences.





What has allowed these gentlemen to survive; what is in their blood? How can we help you get there?

- Answer: Dr. Keane - We don't know the questions that must be posed. Genetics is in its earliest stages. We're hoping treatments will come out in the next several years. Sign up for the "Million Veteran Program." We will have teams at 80+ VA installations. We will have access to interviews, genetic materials we need, and the ability to ask questions we don't know to ask now. We may discover the cure. This may help us understand why some people are more resilient than others. Be sure to identify as an FPOW.
- Question: Norm McDaniel - What are you doing? What is the medical profession doing to accelerate the movement, research, and investigation of people that need that help? What is being done to accelerate that transfer?
- Answer: Dr. Keane - Specialty care, a significant component is to figure out the evidence base and pilot a way to get health care professionals to implement the science/treatment. New ways of delivering care for people. We want it to be in our mentorship program, encourage transparency, and help to deliver the best possible care. 'Implementation Science' is what you're asking about, and we are trying to add that to our care.
Answer: Dr. Galovski - How do we get the information into the hand of clinicians? The VA allowed my predecessor to roll out an evidence-based therapy she had developed: Cognitive Processing Therapy (CPT). For CPT, in the VA alone, we have trained 6k providers. We do 2-day workshops, and the providers work with us for months. They're learning the new therapy, not just reading about it. This is a state-of-the-art way of treating those who have PTSD.
- Question: Dr. Kailyn Bobb - How much of the research includes the geriatric population affected by PTSD? Do you feel the MVP has an adequate sample size that includes this population?
- Answer: Mr. Keane - Jennifer and Annika can give you a sense of what's happening with the aging population. The Million Veteran Program does not have restrictions on age and reflects these demographics.

Brain Bank, Ann McKee, Bertrand Huber, and Mary Brophy, 10:00-10:40am

- Ms. Ann McKee MD
- Bertrand Huber MD, Neuropathologist
- Ms. Mary Brophy MD
- Participants were offered PPE.
- The tour involved observing human brains which had been donated to science, the researcher warns that the subject material was sensitive.
- Explained the process of preparing and preserving the brain for future study.
- Showed the "control" brain (63-year-old male) - no CTE or other brain injuries.





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Showed “experimental” brain (56-year-old male), with some information known.
- Demonstrated the apparent physical differences between the control and experimental brains and identified sections of the brain and their functions.
- Gave examples of differences one might see in a “PTSD” brain instead of a “typical” brain.
- Participants were taken into the freezer room and showed the facilities used to store donated specimens.
- Question: How do you back it up in case of a power outage?
- Answer: Emergency power and emergency generators are on site.
- Question: Is that the temperature range?
- Answer: Yes. The temperature is monitored constantly and alarms will go off if the temperature falls outside of this range.
- Question: How many can you keep there?
- Answer: About 30. When we get more, we add more freezers. We do have a space issue when we have many donations.

Neuroscience Building and Translational Research Center for TBI and Stress Disorders (TRACTS), William Milberg, Ann McKee, and Bertrand Huber, 10:40am-11:20am

- Mr. William Milberg, Ph.D.
- Ms. Ann McKee, MD
- Bertrand Huber, MD
- Dr. Milberg led the tour, showing attendees the “hybrid” setup designed to get multiple people together. Thanked the hospital administration for sharing the vision that made this building and its focus (helping Veterans) possible.
- Demonstrated structural features that were included to create a quiet space. Showed networked computers, the largest VA computer connecting the workstations for researchers to work remotely.
- EEG is used to study brain function.
- MRI suite: showed the attendees the MRI and the lab while researchers set up a current study with a Veteran subject present.
- Explained the TRACKS Project for returning service members with TBI / survivors of explosions.
 - Studies include follow-up at set increments.
 - First-of-its-kind study.

Million Veteran Program Biorepository, Mary Brophy and William Milberg, 11:20am-12:00pm

- Ms. Mary Brophy, MD
- Mr. William Milberg, Ph.D.



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

- Dr. Brophy led the tour.
 - Discussed the effect genetics can have on one's health.
 - Attempting to match genetic profiles and identify causation/correlation of common diseases.
 - Explained the process of harvesting and storing DNA samples.
 - Took the group to the lab, where a technician demonstrated the processing of blood samples.
 - Dr. David Cassidy demonstrated a DNA extraction machine.
 - Jason Hue explained the storage of the "Million Veteran Program (MVP)" samples.
 - Jason, Annie, and Nkechi escorted the group through the "big freezer," explaining that half of the MVP samples are stored here, while the other half is stored in AZ in case of a natural disaster.
- Question: Norm McDaniel - Was this [blood processing] originally done manually?
- Answer: Yes

12:00pm Lunch Break with Local FPOWs, Return by 2:00pm

Meeting resumed at 2:00pm

Committee Discussion, Advisory Committee Members, 2:00-2:30pm

- Mr. Earl Newsome announces the discussion session will be starting.
- Mr. Earl Newsome goes over agenda for Friday 4/28.
- A committee member asks to confirm whether a topic is on the agenda.
- Mr. Earl Newsome speaks on how they will be making updates to eligible patients care.
- The focus will be on local VA population.
- Houston runs a similar program.
- Mr. Earl Newsome talks about the benefits team that meets to discuss improvements to the care available at the hospital.
- When Veterans go into the community, they don't have the same level of care as they would in the VA hospital.
- FPOW's would benefit from having access to the hospital.
- Mr. Earl Newsome mentions the key thing is for the hospital to focus on the staff required to effectively meet the clinical and economic needs of FPOWS and their spouses, by providing clinical care and ensuring receipt of benefits.
- There needs to be an easy way to update directive 1650 to effectively accomplish its goals and address the rapidly dying FPOW population





- Mr. Earl Newsome discussed a story about a Veteran that went 40 years without looking over his benefits.
- He hasn't seen any gaps in the information with the cemetery.
 - Discusses spouses being buried in the VA cemetery.
- It was commented by an attendee that VA does nothing to help spouses.
 - Example: The COVID shot was not available to spouses through VA
 - Mentions it would be helpful if there was at least one spouse coordinator in each hospital to help with paperwork.
- Mr. Earl Newsome thanks commenter for mentioning this and they want to come up with a handbook on how to help spouses as a recommendation.
- The committee discusses strategies to get information to spouses.
- Commenter reiterates that there is no spousal support.
 - Widows oftentimes didn't drive or know anything about the family financial affairs.
- The DC special advisory office might be able to help with situations like these.
 - The advisory office is part of the office of the secretary now.
 - The location of the office has changed.
- Mr. Earl Newsome speaks about getting an FPOW coordinator involved to help with spouses.
- Mr. Earl Newsome has stated that the FPOW population has a need to expand benefits information to the spouses.
- Commenter indicates that up until 2 years ago, the retirement pay was 55 percent and then it was reduced.
- Commenter discusses how there is a gap in information on the website with spousal benefits, further complicating these issues.

Subcommittee Meeting, Subcommittee Members, 2:30-3:30pm

- The group discussed that when a service member passes away, their spouse is entitled to DIC in some cases.
- Mr. Earl Newsome recommends that there be focuses on targeted outreach for spouses to provide them with information on benefits available to them
- A story was brought up by a commenter about a Veteran who had passed. The local office learned of the Veteran's passing and sent someone to help the surviving spouse with getting her benefits and signing her up for DIC.
 - The group agreed that this is a positive example to follow.
- Mr. Earl Newsome asks what would happen if a Veteran walks into an office and says 'I need help'.
 - They would fill out the forms and ask the Veteran if he is getting any other treatment or have outside doctors.
 - VA would go through the Veteran's medical records.





- VA would encourage the Veteran to obtain their medical records if they are unavailable.
- If a Veteran could not get their medical records, VA would assist in that process.
- Question: What would happen if a spouse walks into an office and says, 'I need help'?
- Answer: Someone would help them file a DIC claim.
- Mr. Earl Newsome asks if spouses know they could walk into an office and get help.
 - Indicates they have identified the need to educate spouses on their benefits.
- VA has done some outreach to let spouses know they can get help in regional offices.
- Question: How many Veterans and surviving spouses even live near an office or know where their local office is?
- Answer: Mr. Earl Newsome - This is part of our ongoing outreach efforts, and will continue to be, because it's an important point.

Open Session, Earl Newsome, 3:30-5:00pm

- Comments which were brought up during the Subcommittee Meetings were discussed in further detail.
- There are issues with how updates and benefits are communicated to Veterans.
 - If a Veteran asks 'how can I find information' and a VA representative responds 'look on the website', that is unhelpful to the Veteran and a failure of the system.
 - Most Veterans want a hard copy of the explanation of benefits.
 - Veterans are not notified of updates to the website.
- Mr. Earl Newsome highlighted the fact that there is a factsheet available to Veterans, but indicated that it is an ongoing outreach effort to distribute the fact sheet.
- The group discussed outreach efforts via mail. One member of the meeting stated that they receive one update per year in the mail.
- This is only one method of outreach but could be improved on.
- The group discussed scheduling for the following ACFPOW meeting.

5:00pm Meeting Adjournment





Outreach Transition and
Economic Development
VETERANS BENEFITS ADMINISTRATION

Julian A. Wright

Julian A. Wright, Designated Federal Officer (DFO)
Advisory Committee on Former Prisoners of War (ACFPOW)

Earl S. Newsome III

Earl S. Newsome, III, Chairman
Advisory Committee on Former Prisoners of War (FPOW) Chairman



Choose **VA**

VA



U.S. Department
of Veterans Affairs