1 DEPARTMENT OF VETERANS AFFAIRS

2 ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

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9 Department of Veterans Affairs

10 Advisory Committee on Former Prisoners of War

11 Biannual Meeting, Monday, November 17, 2014

12 SpringHill Suites by Marriott

13 1800 Yale Avenue, Seattle, Washington

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19 Reported by: Catherine E. Black, Certified Court Reporter
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20 State of Washington

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1 FORMER PRISONERS OF WAR ADVISORY COMMITTEE MEMBERS PRESENT:
2
Thomas M. McNish, MD, MHP, FPOW Committee Chairman
3 San Antonio, Texas
FPOW Vietnam
4
5 Michael R. Ambrose, MD, MPH, FAAFP
Former Director, Robert E. Mitchell Center
6 Mobile, Alabama
7
Hal Kushner, MD, FACS, COL (ret) US Army
8 Daytona Beach, Florida
FPOW Vietnam
9
10 Tom Hanton, President, NAM POWS
Mount Pleasant, South Carolina
11 FPOW Vietnam
12
Shoshana Johnson
13 State of Texas
FPOW Operation Iraqi Freedom
14
15 Norman Bussel, National Service Officers
Montrose, Virginia
16 FPOW World War II
17
The Rev. Dr. Robert G. Certain
18 Chaplain, Colonel, USAFR (Retired)
FPOW Vietnam
19
20 Robert W. Fletcher
Department of Veteran Affairs
21 Advisory Committee on Former POWs
Ann Arbor, Michigan
22 FPOW Korea
23
Eric R. Robinson, Analyst, Interagency Data Sharing
24 Designated Federal Officer
Washington, D.C.
25

1 OTHER APPEARANCES ON RECORD:

2
Jeffrey "Boomer" Moragne, Director
3 US Department of Veterans Affairs
Office of the Secretary
4 Advisory Committee Management Office

5
Dave McLenachen, Director
6 Pension & Fiduciary Service

7
Robert L. Kroft, Ed.D.
8 EES Learning Consultant
US Department of Veterans Affairs
9 Veterans Health Administration
Employee Education System
10

11 Chad J. Majiros, Associate Director
US Department of Veterans Affairs
12 Veterans Health Administration
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14 Patricia Benker
Volunteer National Service Office
15 American Ex-POWs Organization

16
Leslie Williams
17 Program Manager
Veterans Benefits Assistance Service
18

19 Stacey Pollack, Psychologist
Veterans Administration Central Office
20 Mental Health Services

21
Kristie Short
22 Project Manager
Veterans Health Administration
23

24 Jocelyn Moses
Chief of Procedure
25 Veterans Benefits Assistance Compensation Service

1 BE IT REMEMBERED that the Department of
2 Veterans Affairs Advisory Committee on Former Prisoners of
3 War Biannual Meeting (Day 1) was held on Monday, November
4 17, 2014, at the hour of 8:30 a.m., at Seattle, Washington,
5 reported and transcribed by Catherine E. Black, Certified
6 Court Reporter, in and for the State of Washington, residing
7 at Tacoma, Washington;
8 Whereupon, the following proceedings were had,
9 to wit:
10 * * * * *
11 DR. McNISH: Good morning, guys.
12 AUDIENCE MEMBERS: Good morning.
13 DR. McNISH: All right. Well, we have -- we've
14 got nine of our twelve here. Has anyone heard from Rhonda?
15 The last I knew, she was coming.
16 MR. ROBINSON: She was coming, but I have not
17 heard.
18 DR. McNISH: Yeah, and that's the last I knew. So
19 I imagine that she will be here. It's not uncommon for her
20 to have travel issues to the meeting. But she usually shows
21 up when she says she will.
22 I would like to start by pointing out that the reason we
23 are here instead of somewhere else is to recognize the
24 Seattle group for the -- to recognize the Seattle group for
25 the outstanding service they have provided to the POW

1 community, particularly Dr. Orsborn, but also the local
2 area. And we may -- who knows? When we meet tomorrow with
3 the local Former POW group, we may hear something different
4 from them.
5 But certainly our perception, for years, has been that
6 Seattle is one of the exemplary locations as far as the way
7 that they handle the Former POW population. So that's why
8 we're here.
9 Dr. Orsborn had surgery recently. I don't know how
10 recently. In the past couple weeks. He is officially on
11 medical leave. But it's my understanding that he is
12 planning to meet with us at the hospital this afternoon when
13 we go. So that's a good thing.
14 And Mike has, as a service to this Committee, has
15 prepared a very nice shadowbox with the POW ribbon. I'll
16 pass it around. So far, Mike's out sixty bucks for it. I
17 hope that the Committee will be willing to chip in.
18 MR. FLETCHER: Oh, yeah.
19 DR. McNISH: A few bucks each or maybe even ten
20 bucks a piece to pay for it so it's not too bad. So that's
21 why we're here.
22 There are several things that I want us to pay close
23 attention to and try to resolve some concerns, particularly
24 about the responsiveness of Central Office to our requests,
25 plans, proposals, suggestions.

1 Our unsigned, unofficial response to our May of 2013
2 meeting is sitting in front of each of you.
3 MR. FLETCHER: You're kidding.
4 DR. McNISH: No, sir. I also understand that, and
5 we can cut them some slack, I guess, because they've gone
6 through three Secretaries, or two Secretaries and a
7 Secretary, an interim Secretary, in the past few months up
8 at Central Office. But it's my understanding that either
9 our May report, which was sent to the Secretary -- and I
10 have a copy of it here. If we need to make copies of it,
11 including the cover letter, which was due to the Honorable
12 Sloan Gibson, Acting Secretary.
13 But it's my understanding that the tasking has never
14 come down from the Secretary's office to our Designated
15 Federal Officer, who is then, as I understand the way the
16 bureaucracy works, is supposed to distribute that out to get
17 responses to the different recommendations.
18 So those things are a major concern to us, things that
19 we will hopefully deal with over the time of this meeting,
20 and then set up a meeting at Central Office next spring.
21 That being said, on a lighter note, it's my privilege to
22 recognize our new Committee member who is -- it's her first
23 meeting with us and much appreciated. Shoshana, welcome.
24 MS. JOHNSON: Thank you.
25 DR. McNISH: Thank you for joining us and we look

1 forward to having you as part of this team. And you will
2 find, unfortunately, it's not a party committee like some of
3 them. But it's a working committee. We try to get
4 something done.
5 As you see, we don't always pick the best weather spots
6 for our meetings. We try to pick places where we can do the
7 most good.
8 So that being said, the other introduction that I would
9 make at this point is Mr. Eric Robinson, who is our new
10 Designated Federal Officer, having replaced Pam. So you've
11 got your work cut out for you, Eric. But if you have some
12 things you'd like to say to the group.
13 MR. ROBINSON: Real quick, I just want to
14 introduce myself again. My name is Eric Robinson, the new
15 DFO for the FPOW Committee. I've been with the VA for about
16 fourteen years. I'm also an Army veteran. And I'm looking
17 forward to working again with you all. A great group of
18 guys here to work with.
19 And like Dr. McNish said, it's a challenge. But I'm
20 looking forward to the challenges here.
21 Just a theme for today, I didn't realize until yesterday
22 that this hotel does not serve lunch. So I did find a place
23 about five minutes away to walk to get lunch. We have menus
24 at the back there on the table.
25 But if anyone is not able to make the walk to get the

1 lunch, I will be more than happy to take your order and
2 bring the lunch back to them if possible, any Committee
3 members here.
4 With that being said, I just want to introduce Mr. Dave
5 McLenachen from Pension & Fiduciary.
6 MR. McLENACHEN: Good morning.
7 DR. McNISH: Good morning, sir.
8 MR. McLENACHEN: Are you ready for me, or do you
9 have some more comments?
10 DR. McNISH: I have a couple more.
11 MR. McLENACHEN: Tell me when you're ready.
12 DR. McNISH: Appreciate it. Appreciate you being
13 here. We have some -- I wanted to take note of a friend of
14 the Committee who we have not had with us for a couple of
15 meetings. Pat.
16 MS. BENKER: Thank you, sir.
17 DR. McNISH: Well, thank you. It's a pleasure to
18 have you here. And we also have several folks that have
19 made the trip all the way from D.C. and it's much
20 appreciated.
21 Boomer, you're brave enough to present yourself to the
22 Committee once again.
23 MR. MORAGNE: Mr. Chairman, if you will allow me.
24 DR. McNISH: Please do. Please.
25 MR. MORAGNE: Good morning, everyone. My name is

1 Jeff Moragne. I'm the Director of the Advisory Committee
2 Management Office. We oversee the 24 advisory committees,
3 soon be 25, that the Secretary is putting into motion and
4 will probably come to fruition in the February or March time
5 frame.
6 The second thing in response to some of the opening
7 comments that the Chairman has made is that the Secretary,
8 through the Chief of Staff, has all tasked us to put
9 together a Chairman Secretary VA Summit. It's where we
10 bring in all 24 VA Advisory Committee Chairman to meet with
11 the Secretary to start building a trusting relationship to
12 talk about his vision of the VA and as to what a smart
13 recommendation looks like.
14 In the past we have had a recommendation, one that would
15 go on for five pages with no specificity, no way to measure,
16 no way to be actionable. It's not realistic. It's not the
17 time. So we'll talk about that during the summit and then
18 to do the summit periodically. Those are some of the things
19 that are on the table.
20 The last I will tell you is we recently completed, as
21 part of the new Secretary McDonald's initiative On the Road
22 to VA Day, a gathering of all recommendations and
23 suggestions from advisory committees, et cetera, et cetera,
24 and so forth. And they were delivered to the Secretary in a
25 prioritized fashion so that he can oversee from his perch

1 the administering of resources, acknowledgement, and
2 providing responses back. So Eric's job has become both
3 difficult and easier at the same time.
4 It's your recommendations. They have visibility, and
5 not just at the staffing level, at the Secretary level, and
6 hopefully that can go back to the Chairman when they come in
7 on the Secretary Summit on Recommendations, and what
8 resources have been or have not been applied against them.
9 The one thing you'll find out from the Secretary is he
10 likes to be called Bob. Now that is a paradigm shift of
11 immense proportions. In fact, his first meeting, he came in
12 and said, "Take those name plates off. My name is Bob.
13 Let's go around the room." And he expects you to call him
14 Bob.
15 I am hopeful, as are most of the VA, that we'll see
16 change that really resonates and grows roots. And I would
17 ask for you to muster from down deep in your soul the same
18 amount of hopefulness, but continue to do the excellent work
19 that this Committee has turned out in the past. And I thank
20 you very much for the time, sir.
21 DR. McNISH: Thanks, Boomer. And that is over
22 twenty years on this Committee, more than that for some,
23 that we've seen words and promises and thoughts. And every
24 one -- every Secretary that I have worked for and this
25 Committee has worked for, has all come in with the

1 recognition that there is two VAs out there and we need to
2 make that go away.
3 We had the one VA program, and we've had everything
4 else. If Bob can make a dent in that bureaucratic
5 separation that works to the disadvantage of our veterans, I
6 think that will be one major thing.
7 Of course, we all read the newspapers and we hear what's
8 going on. And I tell you, I've been very optimistic about
9 most of the stuff that I've heard that has happened in just
10 the brief time that he's had the job. Very encouraged. So
11 we are way ahead as far as on that.
12 Mr. McLenachen is here and has taken his time to be with
13 us. And he's the Director of the -- now, you've got to help
14 me understand. You guys have reorganized. It used to be
15 C&P and now it's P&F. So you're going to help with that.
16 And if you want to just pull your chair up there at the end
17 of the table.
18 MR. McLENACHEN: Are you expecting somebody else?
19 DR. McNISH: No, sir. No, sir. If Rhonda comes,
20 there is a place for her then.
21 MR. McLENACHEN: All right. Let me answer your
22 first question. It used to be the Compensation & Pension
23 Service and administered, of course, the Compensation
24 Program, the Pension Program, Dependency Indemnity
25 Compensation for survivors, burial benefits, accrued

1 benefits from after a veteran died, if there is benefits
2 that need to go out. All that used to be done in one
3 service.
4 In April 2011, the Secretary decided that it would be
5 beneficial to split that service up to give greater
6 attention to the pension, and in particular at that time,
7 the Pension Program for veterans and survivors. Those are
8 needs-based benefits, as you probably all know. And the
9 Fiduciary Program for beneficiaries who can't manage their
10 own benefits.
11 About six months into that, the decision was made to
12 also move over to us certain survivors benefits. So DIC and
13 burial benefits and accrued benefits. We took those. So
14 that was split out of what's now called the Compensation
15 Service.
16 So we now have about three years of history doing that.
17 And I believe I met with the Committee about two years ago
18 and I told you I had some plans and some things I wanted to
19 do, in particular, improving things for survivors. So
20 that's what I came to tell you about today.
21 I think when we last met, I told you that we just issued
22 some guidance to the field on streamlining DIC claims. We
23 did that. That helps all DIC claimants to allow us to
24 basically move claims quicker through the process.
25 But we've gone further than that. And if I don't

1 accomplish anything else, I feel pretty good now that there
2 are some really dramatic changes that we've made just in the
3 last two years since I last saw you. So if I can take just
4 a few minutes to go through those and then answer any
5 questions.
6 The way I want to do this is I want to tell you about a
7 couple of Former Prisoners of War that we learned on October
8 13th this year died, World War II Former POWs. I'm not
9 going to disclose any private information except to tell you
10 a little bit about their story and how we took care of their
11 survivors.
12 Let me start with a survivor, the woman who I'm going to
13 call Pat. She is 94 years old. And I will tell you that
14 she lives in this part of the country not too far from here.
15 Her husband died earlier in October, just a few days before
16 we got notice of his death.
17 In any event, he was held captive by the Japanese in
18 Manchuria for about 1,200 days. And he was captured in May
19 1942 on the Island of Corregidor. He was liberated by the
20 Russians in August 1945. So as I said, we got a notice of
21 his death on October 13th of 2014.
22 The way we usually do that is we usually get a phone
23 call that comes in to one of our call centers. The
24 following day, our computer systems processed what we call
25 Processing of Veterans Death. In other words, in the

1 system, we get the information into the system. He's now
2 identified as a deceased veteran in our systems.
3 That day we issued a letter. We sent a letter to Pat.
4 And we told Pat that we would be sending her a check for the
5 Veterans Month of Death Compensation payment. That was
6 $3,500 approximately.
7 The letter also said that she would be getting a
8 service-connected burial benefits check in the amount of
9 $2,000. And we told her that we had awarded her DIC. And
10 she would be receiving $1,495 a month at the beginning -- at
11 the end of that month.
12 She never filed a claim, and is currently receiving some
13 benefits and received all those payments all based upon
14 simply calling and notifying us of the veteran's death.
15 This is kind of the culmination of what we've been
16 working on over the last two years, which is certain
17 claimants don't have to a file a claim anymore.
18 In this case, the particular burial benefits claim no
19 longer has to be filed by certain surviving spouses. The
20 DIC claim, we don't need a claim -- or the DIC beneficiary.
21 We don't need a claim from certain claimants, in particular
22 if somebody is a Former Prisoner of War, is 100 percent for
23 at least a year prior to death. We are not soliciting a
24 claim. We get a notice of death, we pay the benefit. This
25 is the first time we've done anything like this that I'm

1 aware of.
2 So just to give you an example, those payments are being
3 processed now within seven days, compared to at one point in
4 about the last two to three years, a survivor could be
5 waiting hundreds of days. So from hundreds of days down to
6 seven days. That's for issuing the burial, the Month of
7 Death check. The DIC processes it and it goes out. Because
8 we pay at the end of month, they're entitled to a payment at
9 the end of the month.
10 Another example, the same day we got notice of Mary's
11 husband who died. He was a Former Prisoner of War. He was
12 held captive in Germany for over 220 days. He was captured
13 in 1944 and released in 1945.
14 We did the same thing. We got notice of his death on
15 the same day as Pat's husband. We, the next day, sent her a
16 letter -- the system did, without any human intervention --
17 sent her a letter telling her about the Month of Death
18 check, telling her about the service-connected burial
19 benefits. The payment was processed and deposited, we
20 determined, on October 24th for both of those. And
21 effective November 1st, so at the end of October, $1,495 in
22 DIC was deposited without any human intervention and any
23 claim being filed.
24 So it took us a while to do this. But what we've had to
25 do was revise our regulations and completely redesign, in

1 particular, the burial benefit program to allow us to do
2 this.
3 And it would be great if we could do something like this
4 much quicker. But nonetheless, we were able to pull this
5 off. And that's how we are now processing Former Prisoner
6 of War claims for survivors where the veteran was 100
7 percent prior to death. Okay.
8 That's a huge development for us. But even if it's a
9 paper claim coming in, as I told you before when we met, we
10 process those rapidly as well.
11 In Pat's case, on October 28th she came in and actually
12 filed a paper claim for Aid & Attendance, and we processed
13 that in two days.
14 Are you all familiar with current POW statistics? Would
15 it be helpful if I did a little bit of digging before I
16 came? Would that be helpful?
17 DR. McNISH: Much appreciated. That's going to
18 raise some questions. Go ahead.
19 MR. McLENACHEN: Okay. This is based on the best
20 data we could dig up before I left. POWs in the VA system
21 is 9,077. I would be happy to leave this with you. I don't
22 have a copy.
23 DR. McNISH: I appreciate it. We can make copies.
24 MR. McLENACHEN: So what we did was we took a look
25 at our systems as well as VHA's and came up with 9,077 in

1 the enrollment system. 5,493 World War II only. So those
2 Former Prisoners of War who had service only in World War
3 II, 5,493. Korean War service, 658.
4 DR. KUSHNER: These were living POWs?
5 MR. McLENACHEN: Yes. Vietnam, 761.
6 DR. McNISH: We'll get to the laughing later;
7 okay?
8 MR. McLENACHEN: I was not expecting that.
9 DR. McNISH: Let's be respectful and let him
10 finish, please.
11 MR. McLENACHEN: All right. So pre-911, 37. Post
12 911, 5. And then we have a number for multiple periods of
13 service. So veterans who have service at different periods
14 of war is 2,123. Okay.
15 Let's talk about burial -- or I'm sorry -- compensation
16 of pension benefits. 7,429 are receiving disability
17 compensation.
18 DR. AMBROSE: These are spouses?
19 MR. McLENACHEN: No, these are veterans. Veterans
20 are 7,429 receiving disability compensation.
21 DR. McNISH: Out of the 9,000?
22 DR. AMBROSE: Oh, I thought you said DIC. I
23 apologize.
24 MR. McLENACHEN: Of those, 6,154 are rated 70
25 percent or higher. Of those, 3,544 are receiving total

1 disability based on individual unemployability. Does
2 everybody know what that is?
3 DR. KUSHNER: Would you refresh me on that.
4 MR. McLENACHEN: So if you have conditions that
5 are not rated, they don't have a service-connected rating of
6 100 percent, so if you have a lower rating, but you have at
7 least one that's at a certain level, we can rate you as
8 being totally disabled based upon the fact that your
9 disabilities make it so that you're unable to be gainfully
10 employed.
11 DR. KUSHNER: But what if the individual is
12 employed, like I am?
13 MR. McLENACHEN: No, this is a little bit
14 different. So you can be 100 percent scheduled, in other
15 words, according to our rating schedule, your disability
16 could be rated at 100 percent, and you can be employed full
17 time. It has no impact on your benefits.
18 So for certain individuals where they have a
19 service-connected disability that is so severe that, in
20 their situation, it makes them unable to be gainfully
21 employed. And if we have that evidence of unemployability,
22 we will rate somebody at the 100 percent level. So 3,544.
23 And VA does not restrict that according to age if the
24 person is unemployable. And we determine that and we'll
25 rate them as total disability.

1 DR. McNISH: Do I understand correctly, sir, that
2 the 3,544 are those who are at 100 percent, only based on
3 IU?
4 MR. McLENACHEN: Only based on IU, yes.
5 MR. FLETCHER: If you're 100 percent and you're
6 unable to work, the VA cuts you back to 80.
7 DR. McNISH: No, not going to happen.
8 DR. AMBROSE: Not anymore.
9 MR. FLETCHER: There are lots of people who it has
10 happened to.
11 MR. McLENACHEN: Now, there are situations where
12 if somebody is getting individual unemployability at 100
13 percent and we learn that they are gainfully employed and
14 they sustain it over a period of time, we can reduce it. If
15 it's sustainable, we will reduce it. But that does not
16 happen.
17 MR. FLETCHER: That's probably what it is then.
18 MR. McLENACHEN: Okay. So of those 9,077, 82 only
19 are receiving pension. So they had war time service. They
20 do not have a service-connected disability. But due to
21 their nonservice-connected disability or age, they have a
22 need for some financial support. So they are in our pension
23 benefit.
24 8,242 are enrolled with VA for healthcare. 7,168 have
25 used VA healthcare at least once in the last three years.

1 So just to give you an idea, as far as Tom Murphy will
2 be here to talk about compensation later on in your
3 meetings.
4 DR. McNISH: Yeah, Wednesday morning.
5 MR. McLENACHEN: I just wanted to give you an
6 idea. So from my perspective, those individuals of these
7 9,077 that have survivors potentially, have a future that we
8 need to take care of. That shows you our scope.
9 DR. KUSHNER: So what brought the crowd to abrupt
10 laughter was the number of 761 Vietnam POWs. According to
11 our historian and the record, there are more like 450.
12 DR. McNISH: There were 661 of us released at the
13 end of the war. And of those 661, and I can get you the
14 stats and I can get you the graphs. They've been maintained
15 and there's an absolute clear count. And he gets his data
16 from the DOD database, as well as confirmation through our
17 FPOW organization.
18 But at the current time, I think the last I heard was
19 499 still living. And we've lost one since then, at least.
20 So we're done to 498. So that's why this -- and it has been
21 a continuing struggle to go try to get rid of the
22 "wanna-bes, the would-bes, the claim-to-bes, but ain't."
23 This is something we've taken up, and it's been
24 supposedly researched by the VA and kind of shuffled off to
25 the side. It is a continuing ongoing frustration with the

1 Vietnam POWs, that there are a lot of people that are
2 claiming to be and ain't, and apparently are getting VA
3 benefits for it.
4 MR. FLETCHER: Does this cover the infantry
5 people?
6 DR. McNISH: Everybody. All military from
7 Vietnam.
8 DR. AMBROSE: And some civilians.
9 DR. McNISH: In America.
10 DR. AMBROSE: There are more phony POWs from
11 Vietnam than there were POWs in Vietnam.
12 DR. McNISH: Our concern is that the VA has been
13 reticent to get rid of those folks who have been doing
14 whatever necessary to keep that group from being recognized.
15 And so I apologize for our reaction, however.
16 DR. CERTAIN: It's been going on for a number of
17 years.
18 DR. McNISH: You are aware of it. And it's been
19 one of our greatest frustrations. Boomer, this is one of
20 the things that I will be bringing to that meeting in
21 February.
22 MR. MORAGNE: Mr. Chairman, have you placed this
23 in your reports?
24 DR. McNISH: Yes, yes.
25 MR. MORAGNE: As one of your highest priorities?

1 DR. McNISH: Highest priority? I don't think that
2 we've ever prioritized it as our No. 1 concern because we
3 have been so highly emphasizing the need for proper
4 education of the VA employees as to the POW experience and
5 as to the education program.
6 So that's kind of been our No. 1. That, and the DIC
7 issue, which seems now to have been -- God willing, that it
8 works as well for everybody as it does for those two ladies.
9 And I don't -- it's pointless to dwell in the past.
10 However, we feel that there are a lot of ladies out there --
11 and I say ladies because almost all of the spouses in that
12 age group were ladies -- who waited an inexcusably
13 inordinate amount of time to receive their check when we
14 felt that there was an easy fix.
15 I appreciate the overall true fix to the problem as it
16 appears to this point. And please don't take this as -- I'm
17 not going to dwell on the past any longer. But there was a
18 gap there that could have been easily fixed by just letting
19 the local folks handle it if they wanted to. But "coulda,
20 woulda, shoulda" is pointless. I appreciate where we are.
21 MR. McLENACHEN: There is just a couple slides I
22 put together. I think you have them. I just wanted to
23 quickly -- because I know we don't have a lot of time, but I
24 wanted to point out a couple of things.
25 If you turn to Page 2, the third to last bullet down

1 about Fiscal Year '14. So we took a look at our data for
2 that fiscal year. We received 992 Former Prisoners of War
3 DIC claims during that time in '14. That compares to twenty
4 fewer from the fiscal year previous to that. So pretty
5 consistent. About 900 DIC Former Prisoners of War DIC
6 claims.
7 So to the point that you were just discussing, we do
8 have Former Prisoners of War coordinators in our Pension
9 Management Centers where these claims are worked. During
10 that fiscal year, processing time for Former Prisoners of
11 War DIC claims was 45 days. And that's compared to it was
12 at 74 days on average before we consolidated that work.
13 So I do not disagree with you that it took us some time
14 to get this all under control. Nonetheless, even before we
15 started this automation, which we started in July, we were
16 at 45 days to process these claims.
17 And actually we're getting to the point now where we are
18 really making a lot of progress in the Pension Management
19 Centers on all the DIC claims.
20 The last time I looked, I believe we only had a few
21 hundred that were over 125 days old. So we have made a lot
22 of progress. I think we've reduced the average time to
23 complete those by about sixty percent. So a lot of good
24 work being done in the Pension Management Centers.
25 And as our last bullet says, since we've consolidated

1 that work, it's 99 percent accurate. So we have, just like
2 the compensation world, we have a quality assurance program
3 where we look at how we are working those claims. Some of
4 the highest quality assurance, and it's 99 percent accurate.
5 DR. AMBROSE: Is information like you told us,
6 about these two recent claims being simply processed
7 overnight, being shared with the Regional Offices? Because
8 one of the biggest concerns of some of the Regional Offices
9 is that they were feeling that the Former Prisoners of War
10 spouses were having to wait too long to have the death
11 benefits addressed. And the folks at the Regional Offices
12 had taken personal ownership of their POW populations and
13 would have a claim processed and ready to be paid in less
14 than 24 hours.
15 It seems like with the program that you have now, that
16 the P&Cs are able to do that type of thing. But the folks
17 at the Regional Offices who still feel ownership of the POW
18 cases are not getting this information.
19 My recommendation would be to try to get input from the
20 Regional Offices who did feel ownership of the POW cases and
21 let them know that it has been taken seriously and their
22 concerns have been heard. Because we are still hearing from
23 rating officers, concerns about length of time of POW
24 spouses' claims being paid.
25 MR. McLENACHEN: Well, this was such a dramatic

1 change. It was discussed quietly in VA to include in our
2 leadership conference we had recently. And these type of
3 innovations are discussed. Whether every person in VA is
4 familiar with the process, it really hasn't even been
5 happening on the side of the VA employees anymore.
6 Our focus is how do we get it done as quickly as
7 possible without using any resources and get the benefits in
8 the survivors' hands?
9 DR. AMBROSE: And again, this would alleviate a
10 lot of the anxiety that different Regional Offices feel
11 about the POW claims. That again, they have taken ownership
12 for this population and are very dedicated to this
13 population.
14 And their -- one of their driving goals is to make sure
15 that as soon as a Former Prisoner of War has died, then they
16 take care of that spouse. And they are very proud of the
17 fact that they would, in the past, be able to get the claim
18 processed.
19 They would come in on the weekends and work that claim.
20 They would not go home until the claim was processed because
21 they felt such an ownership of those individuals. And
22 again, wonderful people having a lot of anxiety for a
23 population that they hold dear.
24 And it will alleviate a lot of their anxiety, should
25 they know that these concerns which have been expressed by

1 this Committee multiple times have been addressed.
2 DR. McNISH: Could I ask you, if you would, these
3 two examples, obviously, are sterling examples. What
4 variables could delay, interrupt, screw up, if you will,
5 that process that is established and that works so well for
6 these two ladies?
7 MR. McLENACHEN: The way it works is if someone
8 had a surviving spouse on their record, on their award, on
9 their compensation award at the time of death, we get a
10 notice of death, that's plugged into our system. There is a
11 system of rules, a set of rules, that automatically fires
12 that up.
13 So the system checks to see if the individual has a FPOW
14 flag, whether they were 100 percent for one year prior to
15 death. And then checks for that spouse information. And if
16 that's all there, the award goes out. There is not too much
17 to go wrong except the fact that somebody who is not
18 properly identified as a Former POW, or perhaps there was --
19 the survivor information is incorrect.
20 Or some people have said, "Well, what if there was a
21 divorce that you don't know about?" Well, you know what? A
22 payment is going to go out. And if we catch it, we'll fix
23 it. Is that a reason not to pay everybody? Most of the
24 time, in my mind, it's not, as far as I'm concerned.
25 So there is not too much that can go wrong as long as

1 our information is correct in the system.
2 MR. BUSSEL: The big problem we have as National
3 Service Officers is the death certificates where they may
4 say "died of natural causes" and the guy died of a
5 presumptive. And then he had to go through hell to try to
6 get that reversed.
7 MR. McLENACHEN: So that's a really good point.
8 Let me explain the law and the impact here. There is two
9 different types of DIC. So one DIC is based on Section 1318
10 of our statutes. And what that says is if somebody was 100
11 percent service-connected for certain periods of time prior
12 to death, the surviving spouse is entitled to DIC. So
13 Former POWs, it's one year.
14 For most veterans this law applies to is ten years. If
15 you were 100 percent for ten years, the spouse is
16 automatically entitled to DIC. So now the period of five
17 years continuous after service prior to death.
18 So that is why we were able to automate this and why it,
19 in particular, benefited POW spouses, is because the rules
20 are very simple. If you are 100 percent for one year at
21 least and you had a surviving spouse on your compensation
22 award, it spits it out.
23 Now, what you're referring to, sir, is the other type of
24 DIC, which is if we determine that the cause of death was
25 service-connected, so you had a disability that was caused

1 by your service, then the surviving spouse is eligible for
2 DIC. That requires a rating decision, just like an award of
3 compensation. We have to determine that the cause of death
4 was service-connected.
5 We don't have to do that for the type of DIC where
6 you're 100 percent prior to death. And that's why for those
7 type of DIC claims, we need to make sure that we're getting
8 those done in time, that are not automated. And we are down
9 to 45 days.
10 DR. McNISH: Bob, did you have something?
11 MR. FLETCHER: My question was pretty close to
12 what you all said. What about if a veteran was 80 percent
13 but died of a service-connected disability? You kept using
14 the 100 percent and never talked about the veteran who was
15 80 percent but died of that service-connected disability.
16 Is the widow entitled to DIC?
17 MR. McLENACHEN: If that was the cause of the
18 death?
19 MR. FLETCHER: That was the cause of the death.
20 MR. McLENACHEN: Yes, absolutely.
21 DR. AMBROSE: And that may be an area in which the
22 rating officers who have taken ownership of that POW family
23 have concerns. Because they personally know the POW, the
24 spouse. They know the details. And they want to still be
25 able to process those claims. And they can do that in 24

1 hours.
2 DR. McNISH: Not for the cause of death. They
3 couldn't do it in that short of time without -- they've got
4 to get a defined cause of death that is related to the
5 service-connected disability. And nobody can do that in 24
6 hours.
7 DR. AMBROSE: But they are the ones who are most
8 able to --
9 DR. McNISH: They can facilitate.
10 DR. AMBROSE: Yes. They can most expeditiously
11 process those claims for those surviving spouses and would
12 still like to be able to have that opportunity.
13 MR. McLENACHEN: I appreciate -- I honestly do
14 appreciate what you're saying. However, looking at VA as a
15 whole, we have to serve a lot of beneficiaries and a lot of
16 survivors and a lot of others. And our data actually
17 indicates that we're doing a much better job since we've
18 consolidated.
19 And so while there might be a case -- on a case-by-case
20 basis, you might find one where there was a Former POW
21 coordinator out in the field who has been able to really
22 come up with something quickly.
23 I have to agree. It's something we can't do overnight,
24 is a cause of rating decision. Nonetheless, we were at 75
25 days. We're down to 45, and driving it down all the time.

1 And so that's really our goal. We operate as well as we
2 can. For those that get caught up, we can't. We have to
3 really work quickly. And so we are making a lot of
4 progress.
5 MR. FLETCHER: I think 45 days is a long time for
6 a person who has depended on that money coming in.
7 MR. McLENACHEN: I happen to agree. That's too
8 long.
9 MR. FLETCHER: I agree with you that if the
10 Regional Office has handled this case and they have people
11 that just specialize in that, they can process this in a
12 matter of one week, seven days, rather than 45. That widow
13 has got the money in her hand to pay her bills. That's what
14 I'm looking at more than anything.
15 DR. McNISH: We are a blessed and unique group in
16 that we have designated raters out there who not only are
17 appointed to take care of the claim, but take a very, very
18 deep personal and emotional involvement in it on a lot of
19 cases. And they can certainly contribute a lot to
20 facilitating some of these that aren't simple. And I hate
21 to see them left out of the loop as they often have been
22 since they've dealt with them.
23 MR. McLENACHEN: We discussed this before and I
24 understand your position. I really do.
25 MR. FLETCHER: I hear you, Dr. McNish, but we have

1 two dedicated people there.
2 DR. McNISH: And they handle the POW claims there.
3 One was asked -- she was told she would be getting a
4 promotion. She refused because she wanted to handle the POW
5 claims. She would make more money, but she said, "No, if I
6 can't handle the POW claims, I don't want the promotion."
7 We are blessed in this. It's not a unique situation.
8 And I just hate to see VA, in the interest of mechanization
9 and electronic control of the system, work those individual
10 resources out of the loop.
11 MR. McLENACHEN: If that's how I presented it,
12 that's not our -- if you think our interest is just driving
13 automation or mechanization, that's not what we're doing.
14 My obligation is to take care of survivors. And my
15 obligation is to get them paid as soon as possible, as
16 accurately as possible. And that's what I have to do. And
17 that's what we're doing.
18 So I understand that there may be some Former Prisoner
19 of War coordinators that would prefer to be working on some
20 of this, but on the whole, the obligation is to pay the
21 survivors as quick as possible, and we're doing that.
22 DR. AMBROSE: That's come through. That has come
23 through. We get that message. The only request would be
24 that if there are certain Regional Offices where you have
25 people who are dedicated like that, to allow them to work

1 within the system to make it even better.
2 MR. McLENACHEN: That's certainly something we
3 look at. But we're talking in small numbers here. We're
4 talking about a case-by-case basis, whereas we have 360,000
5 in DIC beneficiary. And once we have consolidated that in
6 the P&C, but there are some ROs where there is DIC claims
7 out there still. But for the most part, they're being
8 worked by P&C. Over time, the expertise is less in the
9 service centers and more in the P&Cs. So as each year goes
10 by, that's the case.
11 DR. McNISH: It's affected us more than a lot of
12 other groups. We're a very small and shrinking population.
13 And that has worked against us in some of this modernization
14 dealing with the entire VA population.
15 And even though we have these special people that have
16 dedicated themselves to our group, it kind of works them out
17 of the loop as the P&Cs have done. And it even brings more
18 and more cases as our group gets smaller.
19 MR. McLENACHEN: One thing we have never changed,
20 and that is that Former POWs are in priority categories in
21 VA, or it is the priority in the Regional Offices and
22 service centers. And it's the priority of the P&C that the
23 Former POWs have Former Prisoners of War coordinators as
24 well. That's been one of the priority categories.
25 And we've been trying to drive the backlog of

1 compensation claims down. The Former POW claim gets worked
2 first.
3 DR. AMBROSE: What about the lines of communication
4 between the P&Cs and the Regional Offices for cases like
5 that? Again, just trying to have some kind of mechanism
6 where, at the Regional Offices that wish to do that, that
7 they are able to contribute to making the process better.
8 And has there been a request for input from those
9 Regional Offices who wish to help continue with the POW
10 processing claims? Has anybody asked those individuals how
11 they can contribute to making the process even more
12 efficient?
13 MR. McLENACHEN: We always get input from the
14 field on improving processes and efficiency. But as a
15 general rule, that type of decisionmaking, after we get the
16 input, is made at the Central Office level. And so which
17 goes back to the whole consolidation of workload.
18 When you get a situation where you're -- if you're
19 allowing your field forces to opt out of certain National
20 policies and procedures, it can lead to chaos. So you have
21 to be real careful about how you do that.
22 We're asked for input or policy and procedure changes at
23 the Central Office. That doesn't mean if we get an office
24 that says, "Well, we object. Don't do it that way," we have
25 to -- it's our job to analyze what the options are and issue

1 the correct policy.
2 But we always give the field the opportunity to improve.
3 Whether we've specifically gone out to the field and said,
4 "Would you like to all start working Former POW DIC claims?"
5 We haven't done that.
6 DR. McNISH: One of the issues of frustration, and
7 I can see it's where it's less than 100 percent rated when a
8 Former POW passes on, was that the -- if the DIC claim hit
9 the local office or the letter was recognized as such, it
10 was immediately sent to P&C. That took two or three days
11 before it gets up and is actually recorded in the system.
12 But then what happened so much of the time, and maybe
13 there is work being done to prevent this, that P&C would
14 look at it and say, "Well, we need more information," so
15 they send down to the rating office to get that individual's
16 records sent to P&C so that they can make the decision.
17 Now, the way that these two ladies -- obviously, your
18 new system is working great for them, and hopefully for any
19 others that would be like them. But for the ones where
20 there is further information needed to determine the rating
21 level, that's where I see we might end up with the same
22 problems we have at the 100 percent level.
23 MR. McLENACHEN: To address the situation, the P&C
24 has VSR and rating specialists to do that rating, that type
25 of work and development on a claim. And it's not sent back

1 to the Regional Office, to the service center, to do that
2 type of work. It's all done at the P&C. And then also
3 expedited to the P&C in the same way it used to be at the
4 service center.
5 So the P&C, itself, is not any different than the
6 compensation claim being worked in the service center, as
7 far as what the VSR and RVSR does working on that claim. So
8 it doesn't have to go back to the home office for that
9 purpose.
10 In fact, we're getting ready to make changes dealing
11 with appeals. If there is an appeal in one of these cases,
12 and we've had that situation where we sent back to the home
13 RO, and we're looking to change that. So we've addressed
14 those types of issues, to the P&Cs that have the capability
15 to work the claim and get it done and authorize the benefit,
16 they can.
17 It's just a matter of resources. They have to keep
18 picking up speed. But Former POWs, once those are all
19 expedited, so those should be going to the P&C as fast as it
20 is possible, to evaluate the veterans and the disabilities.
21 DR. McNISH: The delay that occurred in some of
22 them, they get to the P&C. They work it as a priority, but
23 would have to call back to the local RO and say, "Send us
24 the file," and the files are now digitized.
25 MR. McLENACHEN: I was just going to mention that.

1 So I don't know if you all know this or not. Tom can talk
2 more about this on the compensation side. But as of right
3 now, we are almost at 100 percent of compensation claims
4 being electronic.
5 So we use a number that's about 94 percent, but that
6 counts the Veterans Pension Claims. Veterans Pension is not
7 in our VPMS system. It's not electronic yet. But as far as
8 compensation, itself, almost every single one of our
9 compensation claims are in the digital system. So no more
10 paper records.
11 What that means for DIC is once the veteran's record is
12 in the system, if the veteran dies, we work the DIC claim
13 electronically. So because it's based on the veteran's
14 record, so the P&C now has access to the VPMS, the
15 electronic system.
16 When the DIC claim comes in, they work electronically.
17 So no more going back to the claims file and to send all
18 over the country and over to the P&C to work the DIC claim.
19 It's not necessary. So going forward, that's not an issue
20 here.
21 DR. McNISH: So we are gradually getting rid of
22 those mountains of paper, literally mountains.
23 MR. McLENACHEN: Yes. Correct.
24 DR. McNISH: Anyone else have thoughts?
25 Questions? Comments? I have one more question. And that

1 is: Whose is the right bellybutton to touch to get this
2 disparity in the number of people receiving POW benefits
3 care and the VA system being considered a POW, and where
4 we've got almost 100 percent error?
5 MR. McLENACHEN: Well, you've got me here and Tom
6 Murphy towards the end of the week. That covers
7 administration of the benefit programs. And he can take it
8 from there.
9 I know the data that I gave, and I passed the paper
10 down, we received through our office the policy and
11 planning. Some of basic data that they capture. Eric
12 should be taking notes and we'll look into that.
13 DR. McNISH: I think part of it's been the
14 reticence that faces somebody that's not listed on the DOD
15 rolls that have been a POW. "Well, I was held for a day,"
16 or "I was on a secret mission and I was held. That's why I
17 was never listed." And we've tracked those down pretty
18 aggressively and we're very, very confident of our numbers.
19 MR. McLENACHEN: As you know, we're bound by DOD's
20 records. So if you are saying DIC records do not show that,
21 I can't tell you sitting here what the reason is for the
22 disparity in numbers.
23 DR. AMBROSE: You've got a book about this thing
24 that has all the POWs, the MIAs, the KIAs, and you can just
25 cross reference.

1 MR. HANTON: They have a good website to go on.
2 They're not all in the same format, but to be able to pick
3 out the numbers.
4 MR. McLENACHEN: It would take analysis to go back
5 and take a look at individuals for POW awards and see how
6 they're being awarded and why. And perhaps some of them are
7 based on classified information. I don't know.
8 But then you run into the problem of what does that tell
9 you? Are you going to go back and issue new procedures? Do
10 policies need to be changed?
11 DR. McNISH: A lot of times, it's ones that say
12 "POW" on the hospital record, for whatever reason. And at
13 some point they told someone they were a POW or something.
14 And maybe a person put it in there, but they haven't
15 necessarily been receiving benefits and compensation for the
16 POW status. So the VA said, "Well, we're not paying any
17 money, so we can't call them a liar."
18 MR. McLENACHEN: It would be interesting to go
19 back and take a look at whether when some of those decisions
20 were made, were they recent or not so recent? Do we have
21 better information now than we did at the time of award?
22 DR. KUSHNER: It would be very simple to have the
23 computer take out the people labeled as POWs and those
24 getting some type of disability or compensation and match
25 that against the database that we have.

1 DR. McNISH: That offer has been made several
2 times and turned down by the VA because they felt, for
3 whatever reason, they did not want to use the spreadsheet
4 that we have.
5 MR. McLENACHEN: Well, you've raised the issue.
6 You're the Committee, and we'll take note of it and see what
7 we can do.
8 DR. McNISH: I appreciate it, and I would like to
9 highly compliment you all, and on up the chain particularly,
10 who have been very dedicated. You bring some sense into
11 this DIC.
12 And even though we haven't necessarily agreed on every
13 stop gap measure, I want to compliment you and everybody
14 that's worked on this for being able to present us with data
15 like you gave us today.
16 MR. McLENACHEN: Thank you.
17 DR. McNISH: Thank you for your time
18 MR. FLETCHER: Thank you.
19 DR. McNISH: So the agenda is the guideline for
20 our starting time, and the agenda is kind of a guideline as
21 to what we do.
22 I did happen to know that Rob had told me that he
23 probably had less than a half hour's presentation. So I
24 felt that what Mr. McLenachen had for us was important.
25 So before we break, I want to bring up the issue of

1 dinner tonight, too. That's something we need to clarify
2 later. But we have Robert Kroft here. Sit down and be
3 comfortable, or stand up. However you wish.
4 DR. KROFT: Yeah, I would rather just stand up. I
5 do want to -- I did not get to Power Point, which is fine.
6 I can tell you what we were doing, what I am looking forward
7 to doing, and introduce some of the folks that were -- with
8 the changes that are happening.
9 Chuck has been the focal point for this -- for EES as we
10 go through here. And we've talked about our reorganization.
11 So we're moving the focal point.
12 And actually, I would like to introduce, if you haven't
13 met her, Dr. Stacey Pollack, who is the newer version of
14 Dr. Lehmann. And I'd like introduce my boss, Chad Majiros,
15 and Chuck's replacement, Stacey and Kristie, as our
16 replacement for Chuck.
17 So what I have done in the background, trying to make
18 sure that our transition is a little less seamless for you
19 than what it has been, I did attend the conference in Dallas
20 last time. And I went there as -- I don't want to say as an
21 evaluator, but as an observer -- to see how we can improve
22 what we're doing.
23 We have a balancing act that we have to do. If we are
24 taking a clinician out of the field, then that's time away
25 from other folks.

1 But we also have a problem that we have to train them
2 and bring them up to speed. So there's a balancing act.
3 And I would like to make sure that the time that they're
4 away from the facility is a very good time that they are at
5 this conference.
6 And so through that and today actually, which is nice
7 about the face-to-face portion, I got to meet Ms. Williams,
8 Leslie Williams, from VBA. And I have some things that I
9 would like to state here. And I would like to work with her
10 as a VBA representative for the folks that attend the
11 conferences.
12 I can see there was a need in the last conference. I've
13 talked to her about it. And we're going to work on that to
14 improve that.
15 So my goal is to improve the face-to-face conference as
16 it stands. I have some ideas. I've spent some time talking
17 to Dr. Pollack on some of the avenues and what we can do.
18 Because I'm an educator. I want the time spent well.
19 She has some ideas from -- her focus is PTSD and working
20 with VBA. So there is going to be a very active role from
21 her in this process of what we're doing.
22 And we're also in the process of and may -- Chuck
23 gathered the faculty together to work on the rewriting of
24 the electronic version that's in DMS. He's working on that
25 now as a project manager. So we should be seeing the

1 results of that, I would say, in the next couple of months.
2 So we are working on that also. That is in addition to the
3 fix.
4 DR. McNISH: Chuck is still involved in that
5 project?
6 DR. KROFT: Yes, he is. Yes, he is. As a matter
7 of fact, he went over to the E-Learning section, which is
8 exactly where that falls. So he's going to lead that up.
9 It's just excellent because of the wealth of knowledge that
10 he has for that. So it's perfect for that.
11 So as we move forward, we have two face-to-faces set up
12 for next year. We need -- one is in March, which we need to
13 set up some firm times and get that working. And I intend
14 to work with Dr. Pollack to get that squared away. So
15 Kristie can get the ball rolling on that. Anything else?
16 Any concerns?
17 DR. McNISH: A concern that I would have would be
18 that we make sure that the number of slots available for
19 attendance at these seminars is adequate to meet the needs
20 of turnover and recurrence. And say if you've got a balance
21 scale, you've got to keep it balanced.
22 DR. KROFT: Exactly.
23 DR. McNISH: So whether we have two or three a
24 year, that's not anywhere close to what's of great
25 importance to me as to whether the total number of seats,

1 either that two or three, meets those needs.
2 DR. KROFT: Which begins the other balancing act
3 of what we talked about in the VBA. The VBA side of the
4 house needs a lot of their efficiency in coming up for this
5 training also. And their turnover in some areas is a little
6 higher. So we need to keep them trained. So we run into a
7 problem, I guess if it's a problem, of a cap in the ceiling
8 of cost.
9 So I don't know if you're aware of this, but there is a
10 level in there. There is a couple of levels that we have to
11 go through to get things approved. And it's very difficult
12 when you have a conference with more than 100 people. And
13 that's where we are, at 100 right now. I don't know if it
14 would be advantageous to go to more than 100 because you
15 lose -- some of the conferencing things, if you get too big,
16 you lose your interconnectivity, which is what we need. So
17 I guess that's something we can look at.
18 DR. McNISH: Is this 100 driven by some --
19 DR. KROFT: Cost. It's driven by cost. It is a
20 VA requirement for -- because of past conferences.
21 DR. McNISH: Because of people drinking martinis
22 and whatnot?
23 DR. KROFT: Yes. So because of that, each level,
24 it would go up, as far as it's a different scrutiny. Not
25 this conference. It wouldn't match it, but it becomes very

1 unwielding over a period of time. It would be better to run
2 a couple, rather than one large one.
3 DR. McNISH: Well, I'm thinking of two rather than
4 three, for a couple of reasons. It doesn't put the amount
5 of stress on the cadre to be able to -- I mean, it's no
6 harder for them to teach a seminar for 150 people than it is
7 for 100. It still has -- it makes for more availability and
8 hopefully we get more participation from VBA. The break-out
9 sessions, as long as you've got the same relative proportion
10 of VHA/VBA participants, but the ratio is what's more
11 important than the total number.
12 I would think it would be cheaper to put on two of 150
13 than to put on three of 100. And if I'm wrong, then there
14 is not an economy of resources there, I would have to have
15 that explained, too.
16 DR. KROFT: I don't know. That's something I will
17 have to research to figure out the best way.
18 DR. McNISH: If we figure we need to train 250 a
19 year, then have two of 125. If we figure we need to train
20 300 a year, then have two of 150 instead of stressing the
21 whole system to come up with a third seminar, if we're just
22 trying to dodge some -- pardon my use and overuse of the
23 word -- but some bureaucratic cap on how many can attend a
24 certain meeting.
25 DR. KROFT: Well, I think one of the issues, and

1 you bring this up and it's a good point, I think I need to
2 work with Dr. Pollack to determine what is the need? How
3 many do we have out there that need this?
4 I know that we have 150 facilities. And I know that we
5 need to have at least two or -- well, at least more, because
6 part of the team, now we have included nurses. So the need
7 for that has risen.
8 So we will have more nurses attending, which leads to
9 what you were saying will probably increase the amount. I
10 think that's something I need to go back and we need to
11 really discuss that issue and we need to cross that bridge.
12 DR. McNISH: It's a fairly -- it would seem to be
13 fairly simple math that you could run out on a spreadsheet
14 as to how many does it take to man our care and benefits
15 teams? What's the turnover, and how many people are coming
16 up on their five years since they last attended?
17 And let's cut out some of those that like to come every
18 year because they think it's a good seminar. I mean, that's
19 nice. We love them and we're glad for their interest.
20 However, we need to fill those seats with people that need
21 to be in those seats.
22 DR. KROFT: We need to fill the need, yes. And I
23 agree with you. So I think that's something that we'll move
24 forward with so we can do that.
25 DR. McNISH: Good. Did you have any input into

1 this, Leslie?
2 MS. WILLIAMS: I'm Leslie Williams. Well, one of
3 the things that we discussed is right now there is 52
4 coordinators across VBA. And so as to our own, these
5 persons are not solely dedicated to working the claims.
6 They also have production. So one of the bigger issues is
7 they are not able to release them to attend a conference
8 because they can't take them off production. So that's one
9 of the bigger things.
10 The other thing is whenever the ROs are contacted about
11 this conference, they receive something that may say, "From
12 the south area, send three bodies. From the west, send
13 three bodies." So that's another thing that kind of hurts
14 VBA participation in the conference.
15 And in addition to that, like I said, it is an excellent
16 benefit for them. So again, as far as getting promoted or
17 finding a new job, that also adds a lot in our turnover.
18 DR. McNISH: I understand that.
19 MS. WILLIAMS: Yeah. So what I did, I attended
20 the conference in May. I went back and I did a conference
21 call with all 52 of the coordinators. And I tried to
22 present all the information.
23 But the issue is, nothing is better than them being
24 there. There is only so much that I can give or that I can
25 present with an hour phone call. So my goal is to go back

1 to our management and see if there's a way that we can just
2 dedicate more people, because these are the people who are
3 working.
4 MR. FLETCHER: Especially I know in Michigan,
5 we've got two. And they almost beg their people. So
6 they're working as they can with the knowledge they have.
7 They don't have all the knowledge that they need. They've
8 asked me, "What do we need to do?" And I said, "I wish I
9 could answer your question."
10 Would it be better if you or Central designated that
11 these are the people that need to go to the conference and
12 you will send them?
13 DR. McNISH: Is it Murphy's job to do that?
14 MS. WILLIAMS: No, that would come from Mr. Rob
15 Reynolds. And so one of the things I plan to do, I'm going
16 to send out an e-mail to all the coordinators. And the
17 question that I'm going to ask is for them to let me know if
18 they have been to the conference. And also for the ones who
19 have, if they've gone in the last five years, so I know
20 that's another requirement.
21 So my goal is once we get and compile a list, then I can
22 present it to management and then we can reach out to the
23 directors at the ROs to see if they're willing to allow
24 their people to leave for a week to attended conference.
25 DR. AMBROSE: It sounds like it needs to be a

1 directive from above. "You shall." Not "will." "You shall
2 send. You shall identify and send."
3 DR. KROFT: And I agree. And so one of the things
4 that we're doing as an EES representative, I am a small cog
5 in a larger wheel. So what I intend to do, and I have
6 talked to Dr. Pollack about it, and she comes from the
7 Central Office, is that the focus of this needs to go back
8 to her. And we have kind of taught that because she has a
9 bigger --
10 DR. AMBROSE: A bigger column?
11 DR. KROFT: Yes. And so that's what I'm trying to
12 do to get it moved so we can work together to get a better
13 product for our clinicians and our VBA people. That's what
14 we're trying.
15 DR. McNISH: But you have us as a resource who, by
16 Congressional mandate, reports to the top cog. So if that
17 is the route that has to be taken, then it will. But we
18 like to work things at the lowest possible level without
19 involving the boss.
20 I'm sure like in February, he will expect me to, and I
21 will plan to, have a very tightly prioritized list of doable
22 things. And so -- but if we need to go up the step, we have
23 access to the bigger cogs.
24 DR. AMBROSE: If you need specific language in our
25 report to help you, please let me know what it would be and

1 I will include it in the report.
2 DR. KROFT: Exactly. Thank you. And I intend to
3 -- I have a meeting. We're going to get together later, and
4 this is one of the issues. And so yes, I will before this
5 is over.
6 DR. McNISH: Leslie, welcome.
7 MS. WILLIAMS: Thank you.
8 DR. McNISH: Did you enjoy the seminar?
9 MS. WILLIAMS: I did. I really did. So for me,
10 it was nice to learn the medical side.
11 MR. FLETCHER: My question was: What did you
12 learn from it? You just answered it.
13 DR. KROFT: And that is exactly it, sir. And that
14 is one of the things, and you and I had talked just before
15 this. One of the things that I found, that it's very
16 important. And that's why when I found out who she was, and
17 we can improve that portion of it.
18 DR. McNISH: Make sure you guys swap cards.
19 DR. KROFT: We did.
20 MS. WILLIAMS: We did.
21 DR. McNISH: Okay. Any other questions for Rob?
22 Yes.
23 MR. MAJIROS: I'm Chad Majiros, EES. Thanks for
24 having us.
25 DR. McNISH: Your name, again, please, sir?

1 MR. MAJIROS: Chad Majiros, M-a-j-i-r-o-s. Dr.
2 Pollack kind of alluded to it, though, that we're all kind
3 of new to the game. So I know it's come to my attention,
4 there's a VHA directive that expires next year. I just
5 think it might be a good opportunity to revisit the
6 directive with so many new people, maybe pursuing VA
7 directives that bring VBA and VHA together, so that it gets
8 codified and work gets resourced properly.
9 I know there's a Charter, more or less, in the record
10 that's used as a VHA directive that kind of outlined the
11 roles and responsibilities. That might be a good place to
12 kind of bring everybody together.
13 DR. McNISH: Let's talk on the break, because I
14 need to understand with more specificity what you're
15 referring to.
16 MR. MAJIROS: Okay, sure.
17 DR. McNISH: And that sounds like something that
18 would be a very good suggestion if it's doable, to combine
19 those directives. Thank you. Are you talking about the one
20 that establishes the CBTs? No?
21 MR. MAJIROS: Yes, yes.
22 DR. McNISH: The certification program?
23 MR. MAJIROS: Yes.
24 DR. McNISH: Okay. Absolutely. We need to
25 work -- and that one sunsets this year?

1 DR. AMBROSE: In '16.
2 DR. McNISH: Next year?
3 DR. AMBROSE: Yes.
4 MR. MAJIROS: Also you spoke with Jim Warner, our
5 Chief Learning Officer, I believe, about a month or two ago.
6 DR. McNISH: Yes.
7 MR. MAJIROS: And I'm just wondering. I know Rob
8 is working some initiatives behind the scenes. Is there
9 anything you need from him at this point off the top of your
10 head? He wanted me to be sure I asked you that.
11 DR. McNISH: No. My main concern when I spoke to
12 him was the -- on the conference call --
13 MR. MAJIROS: Continuity?
14 DR. McNISH: Yeah, the continuity, which
15 partially, at least, has been established. By the way, Bob
16 attended the seminar and we're working to transition from
17 Dr. Lehmann. And the transition as far as from Chuck
18 Johnston. And we need to obviously make sure that we can
19 keep at least a transitional change in cadre, some notes.
20 DR. KROFT: Chad came up with an idea. Would it
21 be acceptable, or would you like to have a conference call
22 with us, with you, maybe quarterly or something, to see how
23 we're moving or something so you can feel like we're not
24 dropping the ball on this? Or what you would like?
25 DR. McNISH: I think that's a good idea. I have

1 to think it over, but I'm not sure that we necessarily need
2 to involve the top guy unless he is particularly interested
3 and wants to.
4 DR. KROFT: I would agree. I think it should be
5 -- I'm more of a working level kind of person, where it's
6 Dr. Pollack, myself, and you. I don't even know if Chad
7 needs to be there. But I would like Kristie.
8 DR. McNISH: I think it would be good to have Chad
9 there. Maybe not --
10 DR. KROFT: Well, he's my boss.
11 DR. McNISH: Well, he's your boss, but he's got
12 one, too. I'm talking about his boss doesn't need to be
13 there.
14 MR. MAJIROS: I've got many bosses.
15 DR. McNISH: Yeah, well, from what I hear in the
16 newspapers, there may be less. But that's another story.
17 MR. MAJIROS: I will be happy to give support in
18 any way we can.
19 DR. McNISH: Yes, I would appreciate that. And I
20 think just a fifteen minute or a thirty-minute call
21 quarterly would be useful. And I could send an e-mail out
22 to the Committee as to the result of that conversation.
23 DR. KROFT: We can bring up concerns and things
24 that you have here.
25 DR. McNISH: Right. As a matter of fact, I can

1 easily solicit input from the Committee prior to that to
2 make sure and get their thoughts on it.
3 DR. KROFT: Excellent. Excellent.
4 DR. McNISH: Good idea. Excellent idea. Okay.
5 We're only a few minutes over time. Dinner tonight, and
6 then travel, at some point. We need to go over the travel
7 plans and so forth. We've got time after the break until
8 lunch actually. So those are things -- a couple of things
9 that we need to discuss. And then we'll also go around the
10 room and let everybody do --
11 MR. FLETCHER: That's one of the things you
12 missed.
13 DR. McNISH: What did I miss?
14 MR. FLETCHER: Member recognition.
15 DR. McNISH: I didn't miss that. He did that. He
16 had five minutes to do it. That's coming up, Bob, the
17 updates. We'll have a break and see everybody back at a
18 quarter of.
19 (Proceedings in recess.)
20 DR. McNISH: All right. Welcome back. We've got
21 pretty much Committee time right now. And I understand that
22 one of the things that I need to clarify, based upon what
23 was filed in the Federal Register about this meeting, is
24 that we, with the approval of the Committee members, that we
25 will accept verbal comments, questions, and so forth from

1 the, quote, public, and that's those sitting in those chairs
2 over there. And that has always been our habit to do so.
3 And if there are any objections from the Committee
4 members, I should hear them now. And hearing none, we will
5 allow participation in --
6 DR. CERTAIN: We only give out name, rank, service
7 number and date of birth. So anyhow.
8 DR. McNISH: That's true. We will obey that
9 during further questions to the upmost of our ability. For
10 those of you who may have something that you would like to
11 bring to the attention of the Committee, if you would please
12 identify yourselves before you speak about your subject so
13 that the court reporter can get that on record. And I think
14 that takes -- Boomer, is that good enough?
15 MR. MORAGNE: Yes, sir.
16 DR. McNISH: Okay, cool. As Fletch pointed out,
17 we normally start out by going around the room letting the
18 Committee members participate and introduce themselves and
19 to some -- briefly, and then just bring up anything that
20 they may have of interest since the last meeting that they
21 think needs to be brought to the attention of the Committee.
22 So since you brought it up, Fletch, you get to start.
23 MR. FLETCHER: Okay. My name is Robert Fletcher.
24 I was appointed to the Committee about 21 years ago. And I
25 really -- Shoshana, I was a lot like you. I didn't know

1 what to question, didn't know what to say. I was very quiet
2 and I sat there while so many things went through my head.
3 DR. McNISH: Times have changed.
4 MR. FLETCHER: Yes. I further learned that I
5 needed to speak up about POW issues or issues that I was
6 personally having with the VA. And I think this is one of
7 the ways that our records get sent in.
8 I've been very satisfied with the Committee, although we
9 don't have any Korean Former POWs. I don't know why. I
10 don't know who makes them, but I've got to talk to that
11 person.
12 DR. McNISH: You and Carol sent me an e-mail just
13 recently with names and so forth.
14 MR. FLETCHER: Yes, yes.
15 DR. McNISH: With a recommendation.
16 MR. FLETCHER: Yes.
17 DR. McNISH: And I think that that is being
18 processed. So we, right now, have the full number of
19 Committee members, which we kind of target, which is twelve.
20 However, there is reason to believe that we may have an
21 opening in the not too distant future.
22 We had a resignation that was tendered to me informally.
23 And I asked that that be -- but that individual couldn't
24 come to the meeting. I asked that they try to make it to
25 the next meeting so they be properly recognized before

1 departing the Committee, if possible. If not, then that
2 will constitute at least one opening.
3 And but I agree with you, Fletch, that Korean -- that a
4 Korean Former POW should be in the ranks.
5 MR. FLETCHER: Right. I know we were the
6 forgotten war, but I'd still like to know about it.
7 DR. AMBROSE: We need somebody who will speak out
8 in defense of the Former POWs from Korea, because right now,
9 they don't have a very loud voice on the Committee.
10 MR. FLETCHER: Thank you. Thank you.
11 DR. McNISH: Go ahead, Fletch.
12 MR. FLETCHER: Next. I'm done.
13 DR. CERTAIN: It's been an interesting few months.
14 I'm now on the National Board of the National Chaplin of
15 Military Officers Association of America. A couple weeks
16 ago, I was inducted into the Georgia Military Veterans Hall
17 of Fame.
18 It's a fairly new organization when you think of
19 Georgia, and to continue with the Military Chaplains
20 Association with what I do.
21 The thing that's most on my mind right now is that my
22 wife is not doing particularly well with her neck. She's
23 going to have surgery and with rods and bone grafts next
24 Monday. So I've been canceling a lot of -- I've already
25 canceled a lot of trips and other requirements coming up for

1 the next several months.
2 DR. McNISH: Our prayers are with her.
3 DR. CERTAIN: Appreciate that.
4 MR. FLETCHER: One thing I didn't do is -- I'm
5 sorry. I didn't introduce my wife, Carol, going on 53
6 years. Here we go.
7 DR. McNISH: I'm glad you are there. Okay, Norm.
8 I think it's your turn, sir. And don't forget to introduce
9 your wife.
10 MR. BUSSEL: My wife of 45 years, Melanie, is
11 sitting over there. We're National Service Officers and
12 work out of the Montrose VA Hospital healthcare facility.
13 And it's the most rewarding work I've ever done.
14 And it can be nerve-wracking, too, because we've got
15 guys coming in now from Iraq and Afghanistan. And some of
16 the details in filling out their statements and supportive
17 claims are very graphic.
18 And I had a psychiatrist ask me one day, "Doesn't it
19 bother you to hear all these stories?" I said, "Hell, yes,
20 but it's worth the sacrifice to get these guys the
21 compensation because they deserve it."
22 But I just wanted to say a word about the new Secretary,
23 Bob McDonald. I don't know Bob McDonald. But I know
24 Proctor & Gamble, because I spent my whole working life in
25 the food industry.

1 And it's a very, very great avenue for training
2 executives. And everybody, including my company, try to
3 steal the executives away all the time. They were top in
4 the industry. They were wonderful. They were great. They
5 do their jobs. And I think he does too.
6 And I think he's going to treat the VA as a business,
7 which is actually what it is. And I expect some great
8 things from him. And if we don't get great things, why,
9 I'll get in touch with Mr. Bob personally and tell him he
10 didn't do that. So that's about all I have to say.
11 DR. McNISH: Tom McNish. I've been with this
12 Committee since '95. And I find it one of the more
13 rewarding things that I participate in.
14 Vietnam POW, six and a half years. The local hospital
15 in San Antonio has developed a POW clinic, which I think is
16 moving toward being a model that should be spread around the
17 VA.
18 Once again, as is typical, it's driven by a
19 highly-motivated physician and a highly-motivated social
20 worker, who are both involved in the -- deeply involved in
21 the Former POW issue.
22 We also have a Former Prisoner of War advocate, is what
23 we call them now, who is a very dedicated lady. And so I
24 think that the work that is being done at the Audie Murphy
25 VA now in support of our POW population is exemplary.

1 They shared with me a draft -- so it's not finalized yet
2 -- of their plan for the working of this Former POW clinic
3 support. It puts me off a little bit that it's right next
4 door to the geriatric clinic. I figure they'll let me in
5 anyway. But I just wanted to share that with you folks.
6 I think that there are shining lights out there in the
7 community, in Seattle. In the past, it's been Jackson, and
8 certainly their Regional Office still continues to maintain
9 that with the loss of, by moving to a different job, their
10 physician who was at the Jackson Office, I think. And it
11 may not be quite the shining light that it was, but the
12 rating officer still is holding down the fort.
13 So I look forward to -- as Norm mentioned, I look
14 forward with eager anticipation, based upon what I've read
15 and based upon what I've already heard at this meeting, to
16 seeing some real substantive changes for the better in the
17 VA. Mike.
18 DR. AMBROSE: Michael Ambrose. I'm the former
19 Director of the Robert E. Mitchell Center for Prisoner of
20 War Studies. I've been a member of the Committee since
21 1998.
22 It's one of the things that I feel, that we are trying
23 to make a difference for a special population. And I am
24 hoping that the responsiveness to our recommendations from
25 the new Secretary will certainly be a great improvement over

1 what we've had recently.
2 It's one of the things that I feel that we're making --
3 or we have the potential to make a difference for this
4 special population.
5 And as frustrating as it can be at times with the
6 bureaucracy and the very slow grinding of the wheels, as
7 long as we persist, hopefully one of these days some oil
8 will be put on the wheels and things will go forward.
9 DR. McNISH: Shoshana, and since this is kind of
10 our first opportunity to really meet you and your
11 opportunity to tell us about yourself, I mean, if you could
12 expand a little more than what some of the other folks have
13 done as to your background and what brings you to this
14 Committee and what you would like to see from it.
15 MS. JOHNSON: Okay. I was just going to give the
16 name. I'm from Texas, and that's about it.
17 DR. McNISH: Well, that's good.
18 MS. JOHNSON: Shoshana Johnson. I'm a Veteran of
19 Iraqi Freedom. I live in the great State of Texas. I don't
20 know how I ended up on this Committee, to tell you the
21 truth. I just got a letter from Shinseki talking about,
22 "Congratulations, you're on the Committee." And I was like,
23 "Hello? Do you want to ask somebody?"
24 But you know, since being here, and especially hearing
25 about the numbers, the incorrect numbers that are being

1 compensated, that is really irritating me. And that's
2 something I think I'll probably take on personally.
3 You know, I'm an immigrant to the United States. I was
4 originally from Panama. My family left Panama and came to
5 the United States. My dad joined the Army, just like a
6 couple of the uncles, aunts. A great-uncle served in Korea
7 and Vietnam.
8 And I can't tell you the trouble I get convincing these
9 folks to come to VA to get what they've already earned. And
10 it's so irritating to find out there are people that haven't
11 earned a damn thing who are getting it.
12 And so I'm really pissed. I'm really pissed. And I
13 think that Gulf War number is off to.
14 DR. McNISH: It is. What was the number?
15 MS. JOHNSON: 37.
16 DR. McNISH: Though there were 21.
17 MS. JOHNSON: See, I mean, obviously, that doesn't
18 make sense.
19 DR. McNISH: I know I went to Bahrain to bring
20 them back. And I know by those numbers.
21 MS. JOHNSON: I know all of mine. I mean, I have
22 their numbers, cell phone and everything. So I think that's
23 something that I'm going to be on top of for a while.
24 It was very humbling to meet all of you and be in your
25 presence. You always hear the stories growing up, but it's

1 actually a different thing when you get to meet the people
2 that came before you. And I want to say thank you for -- my
3 return home was wonderful. And I appreciate the fact that
4 you all made it wonderful.
5 DR. McNISH: Thank you for your service. We all
6 did our jobs. It's each of us did it a slightly different
7 way.
8 MS. JOHNSON: But you came home and did more to
9 make sure that what happened to you all didn't happen to me.
10 DR. McNISH: You're younger than me. You've got a
11 lot more time to do all that stuff.
12 MS. JOHNSON: God willing, I won't have to. God
13 willing.
14 DR. McNISH: Yeah. Tom?
15 MR. HANTON: I'm Tom Hanton. I'm a Vietnam War
16 POW. I'm in that 26 percent. That means a short-timer. I
17 was shot down in the last part of the war like Bob. Thank
18 God it wasn't six and a half years in or longer like Tom and
19 Hal. The names sometimes go away.
20 Anyway, I've been on the Committee about two and a half
21 years, almost three. And I've only been able to attend one
22 meeting. Shortly after that first meeting, my late wife was
23 diagnosed with triple negative breast cancer, stage 4, and
24 fought it until this last August. So I was kind of off the
25 Committee in a sense, or certainly on standby.

1 And I also would reflect on your comments about the guys
2 before us -- and it was guys mostly -- have put in place a
3 system that really helped me.
4 I didn't really do anything about my claims until just
5 literally a couple of years ago. Partially because I didn't
6 know how to get into the system, and partially because it
7 seemed so daunting, the process. And I'm a process guy. I
8 did process kind of things for the Air Force.
9 And when Dave was talking about automating things, we
10 were trying to do that for the Air Force. And I tried to do
11 it for DOD. The technical word is "architecture." But it's
12 really process engineering. So I was really encouraged by
13 that.
14 The flipside of that, to the phony people, what's your
15 audit trail to make sure these people don't just have it
16 happen? Because once it's in the system, you know, it's
17 hard to cleanse out the system.
18 So I think those kind of things, we have to always weigh
19 those, making it fast, the process, while maintaining the
20 integrity of it. And I think those are very easy to do.
21 And that's why a P&G guy, the process guy, it's just the
22 nouns are different.
23 We're dealing with people and money. And they're
24 dealing with boxes and money and people. So this is not
25 magic stuff, folks. And the rules. Make the rules simple.

1 It would be a lot of them. And make the process work. I
2 mean, it's not rocket science here.
3 And I heard, and one of the keys things, the people work
4 in the system. And I agree with you. All of you have said
5 it. Individual VA people are all super. Everyone I've ever
6 dealt with is just super.
7 But sometimes they're hamstrung by the system. And I
8 know it's Congress at the time, because they write the
9 rules, and create the rules sometimes. But you just kind of
10 live with it.
11 And I've been working with DOD my whole life, so I know
12 exactly where this comes from. But the people are all
13 top-drawer, super people and they're dedicated. I heard
14 that today from more than one person. And I thank you for
15 the VA.
16 One of the things I wanted to say, two years ago I also
17 became the President of the NAM POWS, The Association of
18 Vietnam War POWs, which to me, it's quite an honor,
19 considering I was one of the short-term guys, that I could
20 lead people like these guys and many other heroes. To me,
21 that's the honor of my life.
22 And this is an honor to be on this Committee to
23 represent those thousands of POWs from our Nation's history
24 that are still alive. That's it in a nutshell.
25 DR. McNISH: Hal?

1 DR. KUSHNER: I'm Hal Kushner and I have the
2 dubious distinction of being the only physician, active
3 physician, who was captured during the Vietnam war.
4 I was in the Army, and I had five and a half years as a
5 POW, three and a half in the jungle in South Vietnam and two
6 in Hanoi. And we lost -- about fifty percent of our POW
7 population died in the jungle.
8 I am kind of a rookie on this Committee. I think Tom
9 and I came on at the same time. And I was encouraged to
10 become a member of this Committee by Paul Galanti and Dick
11 Stratton who are two dear friends of mine.
12 And I'm actively -- I'm still an active physician in
13 active practice. I'm an ophthalmologist. And when I came
14 back and went back to work, I never applied for anything in
15 the VA.
16 And then one of my patients who was a service officer
17 for the VA, local, she went back and looked up my record
18 after she saw me in the office. And I didn't have a record.
19 So she called me and said, "You know, you should apply for
20 compensation."
21 And I said, "Well, I'm doing okay. I don't need to
22 apply for compensation."
23 She said to me, "I can get you 100 percent, just like
24 that, PTSD."
25 I said, "Marilyn, I'm an eye surgeon. Would you like to

1 have your eye operated on by someone like me?" So anyway, I
2 subsequently go to our VA in Florida where I'm from.
3 And our Congressman from our 6th District, Ron DeSantis,
4 he's a Republican and he is a veteran, a Navy veteran. He
5 was in Iraqi Freedom. He was a jag officer. I know him
6 fairly well. And I've had several conversations with him
7 about the VA.
8 He's very optimistic about our new Secretary. And after
9 Boomer's talk, I share that optimism. And he brings a lot
10 to the table, being an executive of a great company like
11 Proctor & Gamble.
12 My goals here are to have combat-wounded veterans and
13 POWs go to the top of the line when being considered for VA
14 benefits.
15 I read Secretary Gates' book. It's an excellent book,
16 "Duty." But he said the two bureaucracies that he had more
17 trouble with while he was Secretary were one, the United
18 States Air Force because they don't like to fly drones.
19 We're moving toward drones. He said, "Guys don't join the
20 Air Force to drive drones."
21 And two, the Veterans Administration. He has a lot of
22 trouble changing the meaning, changing paradigms in the
23 Veterans Administration. So I'm hopeful that the new
24 Secretary will be able to do that.
25 I'd like to introduce my wife, but she didn't come. Her

1 name is Gail. We have a new puppy who is about seven weeks
2 old and she stayed home with the puppy.
3 MS. JOHNSON: What kind of puppy?
4 DR. KUSHNER: A Cockapoo. So I am honored to be
5 on this Committee. I'm also -- I'm the Chairman of the Hall
6 of Fame of Army Aviation. And that's a fairly large
7 commitment for us. We have two meetings a year. And then
8 we have a big banquet once a year. So that's a big
9 commitment.
10 This one is not as large a commitment, but I'm very
11 honored to serve with these people. And thank you very much
12 for allowing me to be a member.
13 DR. McNISH: Boomer, since you're a member of the
14 public and raised your hand, you may speak, sir.
15 MR. MORAGNE: Thank you, Mr. Chairman. I'm going
16 to take center stage for what I will consider a bull's eye
17 on my chest as a representative of the Secretary.
18 You all come from very distinguished backgrounds.
19 You've served your country well. And we appreciate the
20 amount of service that you are giving by being members of
21 this Committee.
22 One of the newest things that the Secretary did approve
23 and the Chief of Staff did sign out was the Advisory
24 Committee Management Guide, which captures all of the VA
25 policy and bounces it off of the Federal Committee

1 Management Act.
2 And in that policy, in that guide, it talks about the
3 length of service that you will -- that advisory committees
4 will adhere to in terms of their membership.
5 In the past we have had committees with folks that have
6 served over twenty years. And this Secretary, this Chief of
7 Staff, has determined that that is not in the best interest
8 of veterans, having committee members serve that length of
9 time.
10 So what you will see going forward, as part of the
11 approach to all of our advisory committees, is a rotation of
12 members of the committee once they have served at least one
13 term.
14 So many of you, I've heard that you've been on the
15 Committee for a very long time and you've served honorably
16 and with distinction. You put your best foot forward in
17 providing advice and recommendations to the Secretary.
18 That is still appreciated. This is not a personal
19 attack on any of the information or any of the advice or
20 recommendations that you have made.
21 But the policy is what it is. And we'll work with the
22 DFO and with the Chairman to formulate a rotation policy so
23 that we can get other deserving Americans who have served
24 their country to bring a different perspective to the table
25 sometime in the near future, two, four, six years, something

1 like that.
2 DR. McNISH: You've got a challenge. That
3 challenge is the resources from which you draw those names.
4 MR. MORAGNE: Understood.
5 DR. McNISH: We have looked for a long time for
6 ways to try to get rotation and changes in this Committee.
7 That is not a new guideline, to keep people -- to try to not
8 let people be on the Committee ad infinitum.
9 However, on those other committees, you're looking --
10 not looking for members who have one, either been Former
11 Prisoners of War, or who have been very instrumental in the
12 care of those Prisoners of War, for example, from the
13 Mitchell Center. So you've got a limited resource.
14 Now, I certainly, you know, every time that it's come
15 up, every time there's a new Secretary, I've said, "You
16 know, I serve as your Chairman at your pleasure," and have
17 been more than willing to pass the chairmanship around.
18 But I think finding a whole new committee over a couple
19 of years, because you've got only a couple or three people
20 that fit within that one-term guideline, is going to be
21 challenging, if not impossibile.
22 MR. MORAGNE: Well, so first of all, our guidance
23 comes from law. It comes from the law that established the
24 Committee. So that will be part of our guidance as to how
25 long how -- long the term is. I believe the terms are two

1 years. It's in the chart. We can look it up at the break.
2 DR. McNISH: In the past, that has been waived
3 because of necessity.
4 MR. MORAGNE: So that's part of my answer. Going
5 forward as we build this plan, we've got to figure out who
6 should get waived, who should not get waived. Because there
7 are other Americans out there that have resumes that
8 resonate by being members of this Committee. So that is a
9 delivering process that I commit myself to you, and to Eric,
10 to sit down over time.
11 I didn't say two years. I didn't say four years. But
12 over time, we've got to put some other deserving Americans
13 on the board and give them an opportunity to make those
14 recommendations and provide that advice to the Secretary.
15 So blame me if you want. Blame the Chief of Staff or
16 whatever. But we're actually following what the Secretary
17 wants.
18 One footnote I will tell you is, in order to, let's say,
19 solidify this policy, in September the Secretary visited his
20 one and only committee so far this year. And it was the
21 Advisory Committee on Gulf War Illness. And at that time,
22 he said, "Let's address the 800 pound gorilla in the room.
23 Thank you, Mr. Chairman, for the ten years you have served
24 in your position, but we're moving forward." So I present
25 that to you.

1 MR. BUSSEL: You know, I know a lot of 91-year-old
2 World War II POWs who are clambering to get on this
3 Committee.
4 MR. MORAGNE: And remember, you all are appointed
5 at the end of your serving term to serve another term. So
6 it's not like you got appointed twenty years ago or however
7 long ago and it was to serve ad infinitum.
8 Every two years or three years or whatever your Charter
9 says, it might be three, whatever, you have to go before the
10 Secretary as a nominee to serve again.
11 So we can work on the rotation plan, the waivers to that
12 plan and that kind of stuff. But I would not be doing my
13 job sitting here listening to all the great service that you
14 have provided and not letting you be aware of the fact that
15 at some point in the future -- I don't know when that is --
16 it will be a combination of the recommendation plan that the
17 three of us will put together with the Committee, that
18 others will have the opportunity to be seated at the table.
19 DR. McNISH: Absolutely. Thank you for your time.
20 MR. MORAGNE: Yes, ma'am?
21 MS. JOHNSON: What is the criteria? Since I
22 didn't actually apply to be on here, I don't know -- I don't
23 know the exact criteria to be a member on here, besides POW.
24 MR. MORAGNE: Your appointment may have happened
25 before my time.

1 MS. JOHNSON: Oh, yeah.
2 MR. MORAGNE: I've been on the board for nine
3 months. I'm part of the change here.
4 MS. JOHNSON: Shinseki just threw me on here. I
5 knew that.
6 MR. MORAGNE: But I do have the wherewithal to
7 look back in the archives to find out who nominated you and
8 who signed off and who put that in front of the Secretary to
9 say, "This is the person we want." It doesn't happen by
10 magic. It's a deliberate process.
11 DR. McNISH: In the past there has been an attempt
12 to maintain a balance. And Fletch had pointed out that that
13 hasn't necessarily been met as far as the Korean War. But
14 to keep representatives of each major conflict and of each
15 major theater on the Committee.
16 But we have not had a Pacific theater representative
17 since -- for the last couple or three years, because of what
18 Norm pointed out here.
19 And there's also been an attempt to maintain at least a
20 significant representation of, quote, professional military
21 -- or medical personnel on the Committee, because that is --
22 that represents a large part of the work that we do, is
23 attending to, responding to, issues related to the medical
24 profession. Maybe not so much now as when there was an
25 aggressive push to get more presumptives.

1 MR. FLETCHER: Yeah.
2 DR. McNISH: But now there is more end-of-life
3 planning, long-term, dealing with an aging population.
4 Because, you know, we've only got maybe a couple hundred
5 that don't start to fit into that aging population group
6 amongst the Former POWs. Thank God, they're not making more
7 very often.
8 So that has been the effort as far as that. And I can
9 tell you with near certainty, Shoshana, that you were
10 brought on the Committee because we have no representation
11 of the OIF group. We have Rhonda from Desert Storm. And
12 then also Bill.
13 But anyway, that's been the logic in trying to, within
14 what resources are available, to have that kind of balance
15 to the Committee to maintain the deliberations.
16 MR. MORAGNE: Right. And so again, I go back to
17 your core document, which is your Charter. Your Charter
18 describes what the membership should look like.
19 In the absence of that description, a new DFO within an
20 office makes that recommendation to the Secretary, that "We
21 think, based on the environment, the population of veterans
22 and survivors and family members that we're making advice
23 recommendations for, this is what the Committee should look
24 like, the representation should look like, over the next
25 five, ten years," that kind of thing. "It shouldn't be just

1 for the term that we're serving."
2 So that's part of the delivery process. I'm going to
3 recommend that you enter into that, with your DFO, with your
4 Committee. You all have the 95 percent vote. I'm just the
5 manager at VA willing to listen and willing to carry your
6 voice forward so that the Secretary, Chief of Staff, all
7 those, for example, can make informed decisions on how this
8 Committee ought to be shaped.
9 But that policy is alive, and you should be aware of
10 that. And please don't take it personally.
11 DR. McNISH: We've been aware of it for a long
12 time. And we've attempted to bring in new people.
13 MR. MORAGNE: Secretary Bob is serious about
14 change. And this is a change that will affect this
15 Committee. So we will embrace it and make an informed
16 recommendation to him so that your work will not get lost in
17 the shuffle. That it will be enhanced.
18 And I know you all have the wherewithal to do that. You
19 need to put it in your agenda or coordinate amongst you to
20 figure out a subcommittee or a working group, what the best
21 recommendation for that complexity of the Committee looks
22 like five years from now, ten years from now.
23 DR. McNISH: I think the Committee Charter exists.
24 MR. MORAGNE: I mean, I'll sit down. I can call
25 it up. It's on the VA website under Advisory Committees,

1 all the Charters, your names. That's another thing that
2 we've cleaned up this year, is making that information
3 available to the public.
4 DR. McNISH: Yeah, but I can't get into the VA
5 website.
6 MS. JOHNSON: Good luck with that.
7 MR. MORAGNE: No. Va.gov.
8 DR. McNISH: It's on the public website?
9 MR. MORAGNE: Yes, sir. Va.gov. You'll see all
10 the Charters, all the Committee members. Standardized,
11 public-released recommendations in the last minutes,
12 although some were a little tardy on their minutes. But I'm
13 reading them as fast as I can, Mr. Chairman.
14 DR. McNISH: Not as tardy as the VA has been in
15 responding to our minutes. So we will leave it at that.
16 DR. AMBROSE: Just addressing things that were
17 said about trying to get folks into the VA system, the
18 Prisoners of War.
19 I've got a unique perspective. I'm not a Prisoner of
20 War, but it was my job to take care of Prisoners of War for
21 seven years. The common element with the Prisoner of War
22 population, regardless of how badly they had it, it was,
23 "I'm doing okay, but you should look at so and so. They
24 really had problems."
25 Now, you talk to so and so, and they're going to say,

1 "I'm doing okay. But the guy who told you to come look at
2 me, that guy really needs your help."
3 That is a common thread throughout all of them. And
4 then you talk to them and you say, "You really should go to
5 the VA. Part of the contract when you signed up was that
6 you would be compensated and cared for any medical
7 condition, injury or illness that you incurred during the
8 service to your country." And the common answer is, "I'm
9 doing okay."
10 The tack that I had to take was to talk to their wife,
11 their spouse, and say, "If something happens to your
12 husband, your spouse, if they go to the VA and they get this
13 evaluation and they get this rating, here's what's going to
14 be available to you."
15 Or you would talk to the POW. "This is not for you.
16 This is for your family." They are not motivated for
17 personal gain. You have to impart to them that this is
18 going to be the benefit to those that they care about.
19 DR. McNISH: Are you going to tie this to
20 Committee membership in a minute?
21 DR. AMBROSE: In a minute. But the whole thing is
22 that you've got to appeal to their sense of service, to
23 their family, to their country, to the people that they care
24 about. That's how you get their cooperation in terms of
25 service on the Committee.

1 It's not like the other committees. And we all know
2 that we serve at the pleasure of the Secretary. And that's
3 fine. It costs us more to come to these meetings then we
4 get for the $195 a day.
5 DR. McNISH: A bunch.
6 DR. AMBROSE: A bunch. We come because this group
7 cares about the population that they represent. And the
8 population that they serve, and they do it willingly.
9 So we understand the law. We understand that there have
10 been times in the past where they've re-evaluated and
11 they've come up with the fact that this is a unique group,
12 and they are unique in more than one way.
13 And but again, this is not a target on you. This is
14 just a request that because it is a unique group, please
15 look at it as a unique group. Please look at it as a group
16 that, fortunately, as the Chairman has said, we're not
17 making many more of and the hope is that we don't. But they
18 do have at heart the best interests of the populations they
19 represent.
20 You've got Norm, over 90 years old. He doesn't act like
21 it. He doesn't look like it. But he and Melanie, their
22 passion is to go out and try to find, not just POWs, but
23 other veterans, and they serve them admirably.
24 It's the same thing with all of these folks. They are
25 taking what they have learned here out to the veteran

1 population and they're trying to continue to serve.
2 If the phrase "corporate knowledge" is overused, in this
3 case there is a corporate knowledge, and I strongly
4 encourage you to have them evaluate the corporate knowledge,
5 if we can bring more folks on as other members drop off, to
6 reinvigorate.
7 Of course, now with people like Fletch, we don't have a
8 whole lot of invigoration. But just take a look at the
9 make-up of the Committee, and again, because it is unique in
10 all of the congressionally-mandated Committees, take that
11 into consideration, please.
12 MR. MORAGNE: Fair enough.
13 MR. FLETCHER: Let me say that, before you get
14 done, the only thing I can say, I believe the Committee --
15 Tom and I hope you keep the Committee integrated.
16 Because I was the first to come on this Committee in the
17 theater back then. I came in, and Jesse Brown was Secretary
18 when I came in. And the Committee treated me like I was
19 shit.
20 General, Colonel, Major, General, they were all big-time
21 officers. I was a PFC. And they wouldn't hardly even talk
22 to me.
23 So I hope that when you are looking at people, they come
24 to serve other people and not themselves. Now, that's very
25 important. You can pick another POW, but who is he serving?

1 Is he benefiting himself, or is he talking about benefiting
2 the mass majority of POWs left? That's the only thing I've
3 got to say. Be very careful, Boomer, who you pick for the
4 Committee.
5 MR. MORAGNE: Fair enough. A footnote for you.
6 The Committee Chairman for the Advisory Committee on
7 Minority Veterans is a staff sergeant. He has four General
8 officers as part of that Committee. He's the brand new
9 Committee Chairman, so the idea of picking a Committee
10 Chairman based off of rank is six feet under.
11 DR. McNISH: This is not on this Committee and
12 hasn't been since I've been on it, any consideration,
13 recognition, or even awareness of rank. All of us are here
14 for the same job. We are here because of our experience.
15 Not because of what rank we reached in that position.
16 MR. MORAGNE: I understand. My personal hope is
17 that my time machine is broken. I can only go, at this
18 point, forward.
19 And in the nine months in this position, having visited
20 all 23 active and one inactive committee and putting
21 together a new committee, the idea of a balanced committee,
22 based upon not just demographics but skill sets and
23 experience, is foremost in my mind, as well as in my
24 professional position as Director of the Advisory Committee
25 Management Office.

1 And I've heard nothing from these ears except great
2 Americans at the table trying to do the right thing,
3 providing advice and recognition to the Secretary for him
4 and the staff to enact. So I appreciate all of your
5 comments.
6 I wanted you to be aware of the policy, and I ask for
7 your understanding and support as we work together to make a
8 recommendation to the Secretary on how this balanced plan
9 will survive five, ten years from now.
10 DR. McNISH: The goal is to keep this Committee
11 providing a service to the Secretary.
12 MR. MORAGNE: Yes, sir.
13 DR. McNISH: And the best service that can be
14 provided to the Secretary regarding the unique population
15 that we serve.
16 MR. MORAGNE: Absolutely.
17 DR. McNISH: As the population shrinks, either the
18 service committee goes away or it changes its structure.
19 And I don't think -- or changes its Charter to deal with
20 survivors, rather than Former POWs.
21 And I don't think that the Charter logically addressed
22 that, Boomer, and a Charter change, to wrap it up, is a
23 tough load to haul up Mount Everest. It's statutory.
24 A last footnote. I'll tell you the one that's
25 administratively inactive is of a statutory nature. But we

1 found the argument, the legal argument, to put it in stasis.
2 Not even to kill it, just to put it in a stasis file. And
3 that dog won't hunt.
4 MR. MORAGNE: Environmental hazards, three reasons
5 why it's dead: No. 1, all of its goals and objectives have
6 been achieved. No. 2, DOD has a committee on dosages, which
7 does about 51 percent of environmental hazards, and No. 3,
8 cost benefits. Those are three legal hurdles that you have
9 to do to put something administratively in inactive status.
10 DR. McNISH: We'll get to that point someplace in
11 the 9,077 rapidly.
12 DR. KUSHNER: I have a quick question. Does the
13 Charter designate how many -- the number of members?
14 MR. MORAGNE: It does. And VA has a standard
15 policy of trying to shoot for twelve. And in your Charter,
16 it will tell you if you can or can't do subcommittees. You
17 can also do more groups. There is technical things.
18 DR. McNISH: We changed the name to protect the --
19 well, we called it a subcommittee for a while.
20 MR. MORAGNE: Mr. Chairman, I thank you for your
21 thirty seconds. It gave me sheer pleasure to be up here.
22 DR. McNISH: Yes?
23 MS. BENKER: I wanted to say that I think out of
24 respect to Mr. Derrington and some of the others, Public Law
25 9737 appointed and required that this Committee be here.

1 However, the terms are "policy" and "law." And what I'm
2 hearing is it's the Secretary's policy related to this
3 Committee.
4 But in all respect for the new Secretary, he may not be
5 aware of the history of development of what this Committee
6 has been able to do because of its composition and
7 historical sitting.
8 I merely question, and I've read this carefully. It's
9 recommended -- recommended that there be twelve members, but
10 that's a policy set inside of the VA.
11 But the Congress, Public Law 9737, determined that this
12 Committee would be here and serve Former Prisoners of War.
13 And I'd really like the VA to consider this a very
14 exceptional Committee who won't -- God hope, these members
15 will not be replaced. And I don't mean individually as time
16 goes on.
17 Unfortunately, Mr. Derrington is not here. I really
18 wish he was here to speak of the issue today. You know the
19 history he had with the development of the educational
20 programs. And thank you for your time, but policy and law
21 really need to be looked into by the VA.
22 DR. McNISH: I'm sure they'll consider that as we
23 address how -- if and how we can facilitate new membership
24 and rotation and transition as the Secretary wants.
25 MS. JOHNSON: Good luck. Good luck.

1 DR. CERTAIN: The link on the VA website is 38 USC
2 541, which may supersede the earlier law.
3 DR. McNISH: No.
4 DR. CERTAIN: It doesn't?
5 DR. McNISH: No. That was the law that
6 established presumptives, and also established the
7 Committee. 9737.
8 DR. AMBROSE: 9737.
9 DR. McNISH: Okay. We have had a -- just so that
10 we kind of all have, and it's on the record that this nice
11 young lady is keeping for us over here, could the
12 individuals that are sitting, not at the table, at least
13 briefly introduce yourselves. I think, Boomer, we've
14 already heard from you. Leslie, you are the representative
15 of VBA at this point.
16 MS. WILLIAMS: I'm the Program Manager of Veterans
17 Benefits Assistance Service for the FPOW program. So
18 basically what we do concentrate on is outreaching to the
19 POW population.
20 DR. McNISH: Okay. Thank you.
21 MS. WILLIAMS: You're welcome.
22 MS. SHORT: Kristie Short. I'm the Project
23 Manager for the VHA side of the Committee. I'm with Chuck.
24 DR. McNISH: Carol, you've already been introduced
25 as the significant -- the more significant of the others in

1 that relationship. But thank you for being here.
2 MS. BENKER: I'm just the troublemaker.
3 DR. McNISH: And along the back there? Bob, we've
4 heard from you.
5 DR. POLLACK: So I'm Stacey Pollack. I am a
6 psychologist at work in the VA Central Office in Mental
7 Health Services. I've been with the VA for about four
8 years.
9 Prior to coming to the VA Central Office, I ran the
10 Trauma Services Program at the Washington, D.C. VA and have
11 been in the VA since about 1997.
12 I really look forward to working with all of you and
13 getting to know you guys and working with this Committee.
14 And I just want to thank you, each of you, for your service.
15 So thank you.
16 MR. FLETCHER: Question: You're replacing
17 Dr. Lehmann?
18 DR. POLLACK: I'm replacing Dr. Lehmann.
19 MR. FLETCHER: I think we'll need your phone
20 number.
21 DR. POLLACK: And Dr. Lehmann, for those of you
22 who do not know, Dr. Lehmann just retired after forty years
23 of Federal service, 38 of which was in the VA. So a
24 well-deserved retirement.
25 DR. McNISH: Absolutely.

1 MR. MAJIROS: Chad Majiros, VHA Employee Education
2 System. I work closely with Rob as part of the Client
3 Services Division.
4 MS. MOSES: Good morning, everyone. I'm Jocelyn
5 Moses with VBA Compensation Services. I'm the Chief of
6 Procedure, and I'm here with Eric Robinson.
7 DR. McNISH: Okay. Thanks all. Well, I think
8 this has been an interesting and spirited and professional
9 discussion. And I appreciate the time and the thought that
10 all of you have put into that. We will break now for lunch.
11 (Day 1, Monday, November 17, 2014 adjournment:
12 11:45 a.m.)
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1 C E R T I F I C A T E
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5 I, CATHERINE E. BLACK, Certified Court Reporter,
6 NO. 2266, in and for the State of Washington, certify the
7 following:
8 That the foregoing Biannual Meeting of the
9 Department of Veterans Affairs Advisory Committee on Former
10 Prisoners of War was held and reported by me on Monday,
11 November 17, 2014 (Day 1) at the hour of 8:30 a.m. at
12 SpringHill Suites by Marriott, 1800 Yale Avenue, Seattle,
13 Washington, and was thereafter transcribed and produced, to
14 be distributed to the appropriate parties.
15 That the foregoing is a true and correct transcript
16 and production of my shorthand notes so taken, dated this
17 24th day of November, 2014.
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25

1 DEPARTMENT OF VETERANS AFFAIRS

2 ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

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9 Department of Veterans Affairs

10 Advisory Committee on Former Prisoners of War

11 Biannual Meeting, Tuesday, November 18, 2014

12 SpringHill Suites by Marriott

13 1800 Yale Avenue, Seattle, Washington

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19 Reported by: Catherine E. Black, Certified Court Reporter
CCR No. 2266
20 State of Washington

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25

1 FORMER PRISONERS OF WAR ADVISORY COMMITTEE MEMBERS PRESENT:

2

3 Thomas M. McNish, MD, MHP, FPOW Committee Chairman
San Antonio, Texas
4 FPOW Vietnam

5 Michael R. Ambrose, MD, MPH, FAAFP
Former Director, Robert E. Mitchell Center
6 Mobile, Alabama

7 Hal Kushner, MD, FACS, COL (ret) US Army
Daytona Beach, Florida
8 FPOW Vietnam

9 Tom Hanton, President, NAM POWS
Mount Pleasant, South Carolina
10 FPOW Vietnam

11 Shoshana Johnson
State of Texas
12 FPOW Operation Iraqi Freedom

13 Norman Bussel, National Service Officers
Montrose, Virginia
14 FPOW World War II

15 The Rev. Dr. Robert G. Certain
Chaplain, Colonel, USAFR (Retired)
16 FPOW Vietnam

17 Robert W. Fletcher
Department of Veteran Affairs
18 Advisory Committee on Former POWs
Ann Arbor, Michigan
19 FPOW Korea

20 Rhonda Cornum, MD, Ph.D.
FPOW Desert Storm
21
Eric R. Robinson, Analyst, Interagency Data Sharing
22 Designated Federal Officer
Washington, D.C.
23

24

25

1 OTHER APPEARANCES ON RECORD:

2

Jeffrey "Boomer" Moragne, Director
3 US Department of Veterans Affairs
Office of the Secretary
4 Advisory Committee Management Office

5

Bill Borom, Assistant Director
6 Seattle Regional Office

7

Mack T. Orsborn, MD.
8 Seattle VA Hospital
Seattle, Washington
9

10 Robert L. Kroft, Ed.D.
EES Learning Consultant
11 US Department of Veterans Affairs
Veterans Health Administration
12 Employee Education System

13

Melanie Bussel
14 National Service Officers
Montrose, Virginia
15

16 Patricia Benker
Volunteer National Service Office
17 American Ex-POWs Organization

18

Stacey Pollack, Psychologist
19 Veterans Administration Central Office
Mental Health Services
20

21

22 LOCAL FPOW APPEARANCES ON RECORD:

23 William and Dorothy Chin, World War II

24 Paul Petredis, Korean War

25

1 BE IT REMEMBERED that the Department of
2 Veterans Affairs Advisory Committee on Former Prisoners of
3 War Biannual Meeting (Day 2) was held on Tuesday, November
4 18, 2014, at the hour of 8:30 a.m., at Seattle, Washington,
5 reported and transcribed by Catherine E. Black, Certified
6 Court Reporter, in and for the State of Washington, residing
7 at Tacoma, Washington;
8 Whereupon, the following proceedings were had,
9 to wit:
10 * * * * *
11 DR. McNISH: Good morning and welcome to all of
12 you folks. All the Committee members are back that are here
13 for this one. We have an interesting day today. We get a
14 chance to go over to the Regional Office. And also we've
15 got -- Mack is with us today. Thank for joining us, Mack.
16 MR. ORSBORN: Thank you
17 DR. McNISH: Glad to see you're up and about.
18 Hopefully spryer every day. Good. Good. Excellent
19 presentation yesterday, by the way. Thank you very much.
20 MR. ORSBORN: Thank you.
21 DR. McNISH: As I said, coffee in the back there,
22 compliments of Dr. Ambrose. For the Committee members,
23 Mike's at about -- right at about $100 even for the coffee.
24 And so please chip in whatever you feel is appropriate to
25 help him out. There is no reason he should bear all that.

1 Hopefully everybody has their expense report folder that
2 was handed out to everybody. You know this has been an
3 issue in the past.
4 We are, once again -- and I hope it actually happens
5 this time -- being promised that it's not going to take two
6 or three months. We have been promised it will be weeks
7 rather than months to get reimbursed. Hopefully, it will
8 be. Everybody has suddenly developed a really bad cough.
9 MR. FLETCHER: I just had a good comment, and I
10 had to cough rather than laugh.
11 DR. McNISH: That one is okay to laugh at. We are
12 people of great trust. We keep trusting each time that it's
13 going to happen, and I trust you again. And hopefully this
14 time it will.
15 But either we need to either fax or e-mail back the
16 signed letter there which says that you're accepting to
17 provide your services as a member, blah, blah, blah. Sign
18 and date that. And also make sure you fill out whatever is
19 appropriate on the expenses. And we should either fax or
20 e-mail that to you, Eric?
21 MR. ROBINSON: Or to Raymond Foreman.
22 DR. McNISH: Well, no. Let's have one place.
23 Either you or Raymond.
24 MR. ROBINSON: I'm fine with that.
25 DR. McNISH: We'll send it all to you and you're

1 just a couple cubicles down from Raymond and you'll make
2 sure he gets that.
3 DR. AMBROSE: Okay. What's your fax number?
4 MR. ROBINSON: It's on there. It's actually on
5 the sheet there.
6 DR. AMBROSE: Well, it says "Raymond Foreman."
7 MR. ROBINSON: Yes, it's the same thing.
8 DR. AMBROSE: But attention to you?
9 MR. ROBINSON: Right.
10 DR. AMBROSE: Okay.
11 MR. FLETCHER: We are going paperless, and yet we
12 get all that paper.
13 DR. AMBROSE: The question I have is: If
14 Mr. Foreman made my wonderful middle-seat both-ways plane
15 reservations, do you want me to put that down on the round
16 trip airfare, since it didn't come out of my pocket?
17 DR. McNISH: If you don't pay for it, you don't
18 put anything in there. Oh, by the way, just to make sure,
19 the Committee, unless there is objections, will want to
20 accept comments or input from the audience, from the public,
21 as appropriate. Okay.
22 MR. FLETCHER: I've got one question on this.
23 DR. McNISH: Shoot.
24 MR. FLETCHER: You know, we came over on a cab and
25 the guy didn't give a receipt. But he said the receipt will

1 be mailed to the house. If we don't get that receipt, then
2 how do we verify the $40?
3 DR. McNISH: Carol?
4 MRS. FLETCHER: He's going to send it by e-mail.
5 It will be in my e-mail when we get back.
6 MR. FLETCHER: We hope. Okay. She trusts him. I
7 don't.
8 DR. McNISH: So any other administrivia that
9 anybody wants to bring up at this point? Besides let's all
10 get these. Do they all have to be in where you can submit
11 them all at once, or will they be submitted as you receive
12 them?
13 MR. ROBINSON: I can wait until we all get them
14 in.
15 DR. McNISH: No, no, no.
16 MR. ROBINSON: Okay. As I receive them, I'll
17 submit to the budget office.
18 DR. McNISH: Okay. Good deal. And as to the -- I
19 had asked Raymond to send us, along with you, a point paper
20 asking for and laying out what the new guidelines are. And
21 as you know, things didn't go smoothly for several people.
22 We were down there three days before the meeting before
23 some people even got their tickets. So as I discussed with
24 you and Raymond, I understand this is kind of a new way of
25 doing things. It is something, interestingly enough, that

1 we have been fighting to get done over the past 'x' number
2 of years, to try to get the VA to buy the tickets so that we
3 can get government rates, et cetera.
4 And so I had asked that since it was a new way of doing
5 things for the Committee, that there be extreme flexibility
6 in handling it this time. It was a mixed result.
7 So I would like to ask the Committee to try to work with
8 the new system. And that was what I wanted, for Raymond to
9 send us a point paper telling us exactly what we were
10 supposed to do, when we were supposed to get those in, what
11 we wanted, how do we get that in? Because nobody was told
12 this time.
13 The only e-mail that a lot of folks got was one that I
14 took and shotgunned out to the Committee. So we need to do
15 a much better job next time.
16 And so I would ask the Committee to try to work with the
17 new system. I would also ask that an e-mail be sent to
18 every Committee member or sent to me, and I'll shotgun it
19 out, that details exactly what we are supposed to do and
20 what the new plan is for dealing with travel. Because for
21 the last 'x' number of years, we've all just gotten our own
22 tickets and then they reimburse us.
23 MR. ROBINSON: I'll make sure it happens.
24 DR. CORNUM: It would be better coming from you
25 because we all recognize your name and address.

1 DR. McNISH: I'm fine with that. I'm fine with
2 that.
3 MR. ROBINSON: I'll send it to you.
4 DR. McNISH: And then tomorrow we will choose --
5 by tomorrow, we will have chosen the dates that we would
6 like to have the next meeting at Central Office. And so
7 then hopefully, that will give you plenty of time to start
8 working with the hotel, transportation, and places to eat
9 and all those magic things. This has been kind of a trial
10 by fire for you, your first meeting.
11 MR. ROBINSON: Okay.
12 DR. McNISH: So we'll work on that. And
13 hopefully, I anticipate that that will go smoothly and we'll
14 try to get -- make sure that the Secretary also gets an
15 invitation to that meeting early so that we hopefully will
16 get to meet with him and talk to him and so forth. Yes,
17 Boomer?
18 MR. MORAGNE: So Mr. Chairman, I would say that
19 I'll work very closely with Eric to try to get you in the
20 building, which will increase your opportunities for the
21 Secretary, at least the Chief of Staff, and come down and
22 visit with the Committee.
23 The key to that is your group agreeing on the dates and
24 him, Eric, communicating that information to me so that I
25 can work with the schedulers and the handlers and all that

1 kind of stuff.
2 DR. McNISH: What we usually do is by the third
3 day of the meeting, we will have chosen a first and second
4 choice updates in usually late April, early May, for this to
5 happen.
6 Now, sometimes it coincides with Cherry Blossoms, and
7 that's makes a mess, and that it does, because Cherry
8 Blossoms, as you know, come when they want to. But it's
9 usually in that time frame.
10 MR. MORAGNE: I understand.
11 DR. McNISH: And Eric, if you've got questions for
12 anything like that, please let me know.
13 MR. ROBINSON: Sure.
14 MR. HANTON: Eric's e-mail is eric.robinson? We
15 talked about fax but we never got to the e-mail. Thanks.
16 DR. McNISH: All right. As I see it, we have two
17 tasks that we need to complete today and tomorrow. One that
18 we always do every meeting, and that is to get out our
19 report of the meeting, which usually and almost always
20 includes suggestions and recommendations for the Secretary's
21 consideration.
22 This time we also need to help me prepare for this
23 meeting that apparently is going to be in February or
24 something for the Chairmen of the Advisory Committees. And
25 along with that, any thoughts or input that you guys have as

1 far as ways to rotate the membership of the Committee to
2 seek other members, as to any guidelines along that line.
3 Any thoughts that you have as to -- because I read 97-37
4 since yesterday. And actually it says, "Not to exceed three
5 years per term." So we need -- I think we need to make sure
6 that we get in there all the things that we think are
7 important for membership on the Committee and for the mix of
8 members on the Committee.
9 And as I see it, we have tried to maintain, as I said
10 yesterday, representation from as many war/theaters as we
11 can on the Committee. And it's gradually becoming more
12 difficult to get representation on some of those.
13 And we've also tried to maintain at least some
14 representation of medical professionals on the Committee to
15 be able to kind of put in perspective some of the issues
16 that we end up dealing with.
17 DR. CORNUM: I would add the diversity of
18 demographics.
19 DR. McNISH: That's coming, too. We have tried to
20 do that. As Fletch pointed out yesterday, sometimes we have
21 done better at it and sometimes we haven't.
22 MR. FLETCHER: Yes.
23 DR. McNISH: But any thoughts along those lines.
24 Any additional thoughts along those lines as to things you
25 feel are important, and perhaps things that you feel maybe

1 should be considered as negatives for being on the
2 Committee, both positives and negatives.
3 We have seen in the past how some members can be more
4 disruptive than productive to the Committee. And I'm not
5 sure totally how you avoid that. But I think it compromises
6 the effectiveness of the Committee if you have that type of
7 participation.
8 MR. FLETCHER: We need to have people that want to
9 participate verbally with ideas of what they think is going
10 on rather than just sitting and listening.
11 DR. McNISH: Yes.
12 MR. FLETCHER: Do you understand what I'm saying?
13 DR. McNISH: Maybe and maybe not. I believe
14 you're saying have people who are candidates for the
15 Committee express what they would see as their participation
16 in the Committee?
17 MR. FLETCHER: Yes, and are willing to participate
18 rather than just sitting. You understand what I mean by
19 sitting? They come to the meeting and never say a word.
20 DR. McNISH: Right. Right now I think we've got
21 folks that aren't afraid to speak up.
22 MR. FLETCHER: No, I'm not saying that. If
23 they're not willing to participate, how do you know what
24 they're thinking?
25 DR. McNISH: I absolutely agree. I think that it

1 must be maintained as a working participatory committee and
2 not just a chance to go travel.
3 MR. FLETCHER: There you go.
4 DR. McNISH: Or your chance to get your name on a
5 list. It's not a CV-building type of thing.
6 DR. CERTAIN: Is there a prohibition against VA
7 employees being on the committee?
8 DR. McNISH: Yes. Am I correct? I think so.
9 MR. MORAGNE: I'm sorry. I haven't memorized your
10 Charter. That's Eric's job. What I would say is two
11 things: Check your Charter. Your Charter describes what
12 your membership should look like, what it prohibits. If
13 it's not explicitly said, there then is room for
14 negotiation.
15 The second thing I'm going to tell you is: As you
16 struggle to design what your approach is going to be and
17 what you are going to recommend, please look at the basic
18 requirements, which is called the Balance Plan. That is a
19 plan that is part of the Annual Verification that VA
20 provides GSA.
21 GSA oversees all 1,204 Federal Advisory Committees. And
22 what they require in an Annual Verification is answering
23 like five or six questions that they have on how you've
24 arrived at your conclusion, and how your Committee ought to
25 go this way demographically, skill set wise, professional

1 wise, that sort of thing.
2 So answer those basic questions, and that will
3 definitely jump start you toward whatever conclusions you
4 come to. But also refer back to your Charter.
5 DR. McNISH: Boomer, can either you or Eric get me
6 a copy of what you're referring to?
7 MR. ROBINSON: Yes.
8 DR. McNISH: Appreciate it.
9 DR. KUSHNER: Tom?
10 DR. McNISH: Yes.
11 DR. KUSHNER: Is Paul Galanti still on this
12 Committee?
13 DR. McNISH: As far as I know.
14 DR. CERTAIN: Yeah, he had an aneurysm repair and
15 is still recovering from that. He said he was about seventy
16 percent in an e-mail exchange I had with him on Sunday.
17 DR. CORNUM: He was doing well when he was in
18 Washington.
19 DR. McNISH: I missed all that news. But yes.
20 MR. FLETCHER: Is it up to us to set the
21 standards? I don't think we've ever done that. It's been
22 up to the Secretary's Committee or whoever is appointed to
23 pick the people who come on the Committee. I don't think
24 we've ever set standards for anybody.
25 MR. HANTON: Well, that's because the new boss

1 wants to do it this way.
2 MR. FLETCHER: But it is left up to us?
3 DR. McNISH: It's up to us to recommend within the
4 guidelines.
5 DR. AMBROSE: Public Law 97-37, "The members of
6 the Committee shall be appointed by the Administrator." I'm
7 assuming that the Administrator is the Secretary. "From the
8 general public, and shall include appropriate
9 representatives of veterans who are Former Prisoners of War,
10 individuals who are recognized authorities in fields
11 pertinent to disabilities prevalent among Former Prisoners
12 of War, including authorities in epidemiology, mental
13 health, nutrition, geriatrics, and internal medicine, and
14 appropriate representatives of disabled veterans.
15 "The Committee shall also include, as ex officio
16 members, the Chief Medical Officer and Chief Benefits
17 Director or their designees. And the Administrator, the
18 Secretary, shall determine the number, terms of service, and
19 pay and allowances of members of the Committee appointed by
20 the Administrator, except that the term of service of any
21 such member may not exceed three years." And then that's --
22 there is nothing really about --
23 DR. CERTAIN: Well, in 38 USC 541, which is linked
24 to the VA website, it has the statement, "Several members
25 may be regular government employees. But a majority will be

1 special government employees," which is what we all are. So
2 it looks to me like somebody like Mack could be an official
3 member of the Committee.
4 MR. HANTON: It fits into the other part which is
5 his expertise in the medical areas.
6 DR. CORNUM: And it sounds like, just from reading
7 what Mike just did, that yes, the term is three years. It
8 doesn't say you can't have consecutive terms. Terms have
9 always been three years.
10 DR. AMBROSE: Yes, or it would have said "only."
11 DR. McNISH: But some were in order to try to
12 recapture staggering of the terms. So that everybody can't
13 end their term immediately at the same time, there was some
14 one and two-year terms thrown in there at one point to get
15 back to -- and I haven't looked at it to see how that works
16 out.
17 DR. CERTAIN: Corporate members is important for
18 the Committee. So I can see repetitive terms, and I can
19 also see that happening if there are twelve members, and
20 that would be on three-year terms. And it's four years.
21 And some of those would be repeated, and some of those
22 might be replaced, depending upon the condition of our own
23 health and other things going on that either prevent us from
24 traveling or prevent us from participating.
25 DR. KUSHNER: There's no specific proscription of

1 what you read in serving more than three years. It doesn't
2 say that.
3 MR. HANTON: Three years at a time. One
4 three-year term maximum. That would be the setback, if it
5 said one three-year term maximum.
6 DR. CERTAIN: The Defense Health Board's maximum
7 service is four consecutive years. So that's how they deal
8 with this particular law.
9 And so it also means that people like from the younger
10 classes of post-911 and even Vietnam could rotate off for a
11 while and come back on. So that is the way I read it.
12 DR. KUSHNER: So we have flexibility.
13 DR. McNISH: We have had people who have rotated
14 off and come back on. Paul Galanti is one of them. So
15 anyway, we need to at least be ready to provide the
16 Secretary, or Boomer to take up to the Secretary, our
17 thoughts on the importance of certain aspects related to the
18 membership on the Committee since it's being examined under
19 a new microscope.
20 DR. KUSHNER: Boomer, your presentation yesterday
21 indicated that the new Secretary definitely wants people to
22 rotate off the Committee.
23 MR. MORAGNE: Yes, sir. But as we caveated that,
24 not to clean house. It's a staggered issue. And the best
25 way is for you to provide your DFO a plan on doing that, and

1 I'll advocate that plan. I'm pretty sure it will go
2 through.
3 Let's face the fact. The Secretary is not sitting at
4 his desk putting together your Balance Plan. He's expecting
5 the staff, the advisory committee, to work collaboratively
6 to provide a recommendation.
7 DR. McNISH: I heard rumors he's got more
8 important things to do.
9 MR. MORAGNE: Just a thought.
10 DR. McNISH: And you know, it's a footnote in some
11 of the newspapers.
12 DR. CORNUM: Would this change the approach on our
13 Committee or all of them?
14 MR. MORAGNE: No. What you missed yesterday,
15 ma'am, was that it is his policy being executed for your
16 Chief of Staff, and obviously through me, that he wants to
17 bring change to all of his advisory and regulatory advisory
18 committees, as well as other staff entities. And in order
19 to do that, he's got to do that. So he's having us execute
20 it.
21 This is not targeted at any one person, because all have
22 served with distinction and honor, and have provided their
23 best efforts in terms of recommendations and advice, and
24 continue to do so. But it's time.
25 DR. CORNUM: I'm just asking if -- my question had

1 more to do with the fact that we are a fairly small
2 constituency and there aren't quite that many people amongst
3 whom to rotate it.
4 MR. MORAGNE: And I understand that. More
5 importantly, he understands that. But he wants an effort
6 made.
7 MR. FLETCHER: Does he understand that this
8 Committee was tested by the people, whoever does it in
9 Washington, and came out No. 1? I don't think he does.
10 MR. MORAGNE: I'm not aware of what you're talking
11 about.
12 MR. FLETCHER: Well, what happened was that
13 they -- TSA, I think you called it -- tested all the
14 committees to see where they were at, what was going on.
15 And we scored 100. And I got personal calls from them
16 saying, "We don't understand how you did it."
17 And I can't remember the question because it's been a
18 while. And I said, "Because we all suffered the same thing.
19 That's how we do it. We're not looking at individual glory.
20 We are looking at seeing that Former Prisoners of War get
21 whatever they have coming to them." And he said, "You guys
22 on that Committee scored 100, and we don't understand it."
23 So I don't think he realizes how you just can't rotate
24 people in, and then they go to the moon, and you're sitting
25 here on Earth. You've got to bring people in who are

1 looking at not themselves, but other Former POWs.
2 MR. BUSSEL: Well, personally, I'm really
3 flattered that the Secretary would have taken the time to
4 note our small Committee.
5 DR. KUSHNER: I think we've reached kind of an
6 impasse at discussing this. I want to stay to the point
7 very clearly. I'll suggest and I'll make this a motion, if
8 you like, that you appoint a subcommittee.
9 DR. AMBROSE: Working group. We can't have
10 subcommittees.
11 DR. KUSHNER: A working group. And the working
12 group's task is to look to find people to rotate off every
13 three years and replace them.
14 DR. McNISH: I wouldn't want to narrow it down
15 that narrowly. I think the working group's charge would be
16 to find out how to determine or recommend how the Committee
17 would respond to the Secretary's guidelines. And then
18 rotating one every -- rotating two people off every three
19 years may be the right answer. But I wouldn't want to
20 confine the working group.
21 DR. KUSHNER: But I think further discussion on
22 this line is fruitless and I think we should take some
23 action. And the action I suggest is that you appoint a
24 working group to solve it.
25 DR. McNISH: Okay. I agree. Go ahead, Shoshana.

1 MS. JOHNSON: That seems kind of complicated. Why
2 can't each one of us just recommend one person and let them
3 pick out of their own group?
4 DR. AMBROSE: You're talking about as a new member
5 or replacement member?
6 MS. JOHNSON: Yeah. I mean, each one of us make a
7 recommendation on who we think would come on the Committee.
8 MR. HANTON: Like I would find my replacement?
9 MS. JOHNSON: Yes, exactly. And I mean, once they
10 recommend somebody that we think would do a good job, and
11 then come on here and represent. And then, obviously, all
12 of us are not going to go at the same time. He can look at
13 the recommendations and who is about to leave and pick it
14 out of that.
15 DR. McNISH: Yes. Again, yeah, that's one of the
16 options. And as you're an example, sometimes --
17 MS. JOHNSON: Yeah, they do what they want to.
18 DR. McNISH: They just reach out and touch you and
19 say, "It's your turn."
20 MS. JOHNSON: Yeah.
21 DR. McNISH: Okay. Who would like to work on that
22 working group? I would think it would comprise no more than
23 three members.
24 DR. CERTAIN: Every committee should have an odd
25 number. And three is too many.

1 DR. AMBROSE: The preacher just volunteered.
2 DR. McNISH: No, no. It's every Committee is
3 sometimes going to have an odd member, not just an odd
4 number. They don't understand. Rhonda, do you want to work
5 on it?
6 DR. CORNUM: I will.
7 DR. KUSHNER: I'll work on it.
8 DR. CERTAIN: I'd be happy to.
9 DR. CORNUM: There we go. There's our three.
10 DR. CERTAIN: There's our odd committee.
11 DR. McNISH: All right.
12 MR. FLETCHER: We're working on it.
13 DR. AMBROSE: The other thing is that it doesn't
14 necessarily say that the members can't be reappointed.
15 DR. McNISH: We've gone through that.
16 DR. AMBROSE: Yeah, so that just -- it's not a
17 predetermined conclusion.
18 MR. HANTON: I think his real question is: How do
19 we get new ideas beyond the Committee?
20 DR. McNISH: Beyond two or three terms.
21 MR. HANTON: It's not the length of time. It's
22 how do we get new ideas, a new look, a fresh look? The guy
23 is coming in to take a fresh look at the VA, and how would
24 that Committee work?
25 DR. McNISH: All right. We've got our working

1 group designated. Reasonable time for you guys to get that
2 done?
3 DR. CORNUM: More than thirty days.
4 DR. McNISH: Boomer, is this something that we
5 should have ready --
6 DR. CERTAIN: You have that meeting.
7 DR. AMBROSE: You have that meeting in February.
8 DR. McNISH: Well, let me finish my sentence and
9 then you all can jump in.
10 MR. CORNUM: Ninety days.
11 DR. McNISH: Is this something that would be good
12 to have ready in February or what? No, not necessarily?
13 MR. MORAGNE: You'll have other topics. It's
14 going to be a very strategic level conversation.
15 And when I talk about the Secretary, it will be a
16 conversation between you and him and the other Chairmen.
17 The DFOs will be invited. The other leadership from VA will
18 be invited. It's going to be a small -- I consider it fifty
19 people.
20 DR. McNISH: It will be a small city.
21 MR. MORAGNE: This conversation is between you and
22 the Chairmen, your fellow Chairmen.
23 DR. McNISH: Whatever it will be, it will be. But
24 this is not a topic for discussion at that point?
25 MR. MORAGNE: No.

1 DR. McNISH: How about by our next meeting?
2 DR. CORNUM: Absolutely.
3 DR. KUSHNER: When is the next meeting?
4 DR. McNISH: We were talking about that a while
5 ago.
6 DR. KUSHNER: You said late April or early May.
7 Cherry Blossom was going on. I heard.
8 DR. McNISH: Okay. So that's when it's going to
9 be.
10 DR. KUSHNER: And I wanted a specific date.
11 DR. McNISH: And we ain't got that yet. We'll
12 have it by tomorrow. Yes, Melanie?
13 MRS. BUSSEL: Should we all, as this is going on,
14 look for potential candidates, as Shoshana suggested?
15 DR. McNISH: I think we should always be looking
16 for potential candidates, whether it's before, after, or
17 during the time that it's being done.
18 MRS. BUSSEL: Obviously, it's a little more
19 difficult.
20 DR. McNISH: We just had one recommendation for a
21 Korean ex POW. And so we certainly solicit and are willing
22 to consider those.
23 In the past there's been members that have been
24 recommended by the Committee and have been appointed. And
25 then there's also been members who kind of just showed up on

1 the Committee due to other -- just being appointed without
2 our even knowing it. They kind of just show up. And so the
3 source is -- and some of them we're glad it happened.
4 All right. Enough of that. I think Hal is getting
5 bored. Any other topics that any of you guys think that we
6 need to discuss before we -- we've got other twenty minutes.
7 But if there's something we need to discuss or a topic that
8 any of the Committee members have.
9 MR. HANTON: One thing that's not -- well, it's
10 not a separate topic, but Bob mentioned, Fletcher mentioned,
11 is when you bring somebody on, it takes a while to get up to
12 speed. How do you orient them?
13 When I got the orientation, and then with my wife's
14 medical issue, I wasn't able to participate for two years.
15 And I can't remember who sent it to me, whether it was you,
16 Tom, or your predecessor.
17 There was a lot of documents to read and things like
18 that and the website to go visit, et cetera, et cetera. I
19 mean, that would help. I think it's not formal, but it's
20 something that -- what am I getting into?
21 DR. McNISH: What was sent to you, by me at least,
22 was about three or four years of Committee reports, which
23 really summarized the areas that we are concerned with and
24 give some detail.
25 Now, maybe added to that should be a recommendation for

1 other websites to look at and Public Law 97-37 and other
2 things that deal directly with the Committee, itself.
3 So yeah, that's a good suggestion, and it's something
4 that we probably need to be more conscientious about.
5 Because this last couple or three years ago, I sent out -- I
6 collected ones that I've gotten in my computer.
7 MR. HANTON: That helped. It all helped.
8 DR. McNISH: I just flashed those out. Okay.
9 Anything else anybody wants to bring up?
10 Be thinking about what we will include in our report
11 tomorrow. And everyone please be checking their calendar to
12 see what availability there is late April or early May. And
13 then we will pin that down tomorrow with the primary added
14 on.
15 MR. FLETCHER: The only thing I have to add to it
16 is that I hope we don't end up like we started, with all
17 officers and no invested employees.
18 You're shaking your head. This is how we started this
19 Committee. And I hope we don't go back to that Committee of
20 all officers with no privates or corporals or sergeants.
21 DR. KUSHNER: It doesn't even have to be military
22 people. He read the law.
23 DR. McNISH: Regardless of that, Fletch, I think
24 what's really important is not what their rank was when they
25 were in the military.

1 It's whether everyone is considered to have equal
2 participation in the Committee once they get here,
3 regardless of what their rank was. I think that's far more
4 important than what their rank was before.
5 MR. FLETCHER: Well, if you think so. I will
6 agree to disagree.
7 MS. JOHNSON: Well, our last group -- I mean,
8 we're all enlisted. Well, we had two warrant officers.
9 MR. FLETCHER: A warrant officer is not an
10 officer.
11 MS. JOHNSON: Well, exactly. So as long as there
12 is a representative from our group, then you're good.
13 There's no way there's going to be all --
14 DR. McNISH: I would hope that no one would ever
15 use their rank as a basis for establishing credibility on
16 this Committee.
17 DR. CORNUM: I don't think that's what he's saying
18 at all. I think he's saying your experience is different.
19 MR. FLETCHER: There you go.
20 DR. CORNUM: I think he's probably right.
21 MR. FLETCHER: The officers are taken and put in
22 this prison camp. The enlisted men are put in this prison
23 camp.
24 DR. KUSHNER: It certainly wasn't true in my case.
25 MR. FLETCHER: It was perfectly true our case.

1 DR. KUSHNER: Boomer is saying you have it that
2 way.
3 MR. HANTON: No, Hal, like Boomer said --
4 MR. FLETCHER: I had a different experience than
5 those officers.
6 DR. McNISH: I agree. I agree. So now we need an
7 officer from Korea to come on the Committee.
8 FLETCHER: But what I'm trying to say is, you hit
9 it on the head.
10 DR. CORNUM: Perfectly hit it on the head.
11 DR. McNISH: That is one of the things that --
12 because what we are trying to get is a thread of
13 representation of the various prison experiences.
14 That's one of the things that we teach the people from
15 the very first day in the seminars, to realize that every
16 war is different for POWs, every theater is different for
17 POWs, every camp is different. And every individual is
18 different. And we need to get as reasonable a breadth of
19 representation of that on this Committee to in order to make
20 it what the Secretary is asking for.
21 MR. FLETCHER: There is no argument with me about
22 it.
23 DR. McNISH: Then I apologize for mistaking what
24 you were saying as far as the importance of having officers
25 enlisted on the Committee.

1 MR. FLETCHER: I accept. Thank you.
2 DR. McNISH: Anything else? Well, Mr. Borom?
3 There you are, sir. You are welcome to go ahead and start,
4 if you would like. We've kind of finished our pre-meeting
5 this morning.
6 And if you just want, what we did yesterday is just pull
7 up a chair to one of the tables down there at the end and
8 sit and chat with us, if you're comfortable doing that.
9 MR. BOROM: Sure. So what I'll do is -- well,
10 first, I'll say welcome. I think you hit a pretty good time
11 here in Seattle as far as our weather goes. And listening
12 to the report this morning, I think it's going to change
13 tomorrow. So I'm not sure of your schedule. But I hope you
14 can get out and enjoy it while we still have some clear
15 whether. The dark skies, I believe, are coming back pretty
16 soon.
17 So since this is really the first time I've come and
18 spoken with this particular group on the National level, I'm
19 the Assistant Director here at the Seattle Regional Office.
20 I've been with the Seattle RO since 2008. And I've been
21 with VA about coming up on, I want to say, 25 years at this
22 point.
23 Most of my experience has been in voch rehab. So my
24 background is vocational rehabilitation, and I've spent a
25 number of years with them. And in the last five, six -- I'm

1 losing track of time -- as far as the Navy goes.
2 Prior to that, I spent a couple of years working with VA
3 Medical Center. I was from Georgia originally. I worked in
4 the Augusta VA Medical Center where I actually started. And
5 most of my time there was doing community re-entry with the
6 drug and alcohol program. So a bit of a varied background.
7 And I also bring that experience back to the Regional
8 Office.
9 I think we've got, from the FPOW standpoint, I think
10 working with Dr. Orsborn and others, I think we've got a
11 very good relationship here in the state.
12 As I know in the mix, that the organization here is
13 getting smaller. And I understand that, and the challenges
14 that they have with that. We will all head that way one
15 day.
16 But I made a personal commitment, and regardless of only
17 being a few members and at the Committee meetings, at local,
18 I've made a personal commitment that the RO will always
19 support you in whatever capacity they need to do to assist
20 individuals in the program.
21 A touch about the Seattle RO. I think you are going to
22 come by in just a little bit and maybe just do a
23 walk-through with us. Be advised that most of our space is
24 a cube world. So if you've seen a chunk of cubes, you've
25 seen it all.

1 So with that in mind, we also still have PII we have to
2 be aware of. And so a lot of the cube world is off limits
3 unless you've got a PIV card.
4 But what we're going to do, I think we have a person who
5 is going to meet you on the fourth floor. I think it's
6 Rachael and a few others. And as you get there, we're going
7 to divide you up a little bit and take you in a few
8 different directions. Because I think if everyone in the
9 room showed up, it would be too big of a crowd to learn
10 really anything and ask questions.
11 So with that, what we're going to do is divide you up.
12 And if six or seven show up, one of our folks there will
13 take off. Most of the folks that will be walking with you
14 are out of my office, i.e., the Director's office, mostly
15 management analysts, who know the office very well and can
16 answer probably any of your questions.
17 So the Regional Office here in Seattle is approximately
18 618 staff. We are spread out over the state to a degree.
19 We have an out-based office that's larger than probably most
20 Regional Offices in the country.
21 We have a special mission down at the -- what we call
22 now the SeaTac office. If you flew in to the airport, you
23 probably saw the buildings across the street, sort of like
24 dark taller towers down there. So we basically are the only
25 occupants on that floor of the tower. A lot of history to

1 that.
2 So with that in mind, it's SeaTac. So we have
3 approximately just under 300 employees at the SeaTac
4 location. And they do our IDES, or really they're the
5 disability rating activity site that only handles IDES for
6 the Department. So we have the entire country for the
7 military.
8 There was one point, we probably had well over
9 10,000-plus claims pending. A pretty significant chunk of
10 backlog there. We have worked through that. We have the
11 staff there that spends a lot of time, overtime, weekends
12 and holidays.
13 We are -- I won't give you the exact numbers. I didn't
14 bring it with me today. We are under 5,000 from where we
15 were. So we are thousands less than what we used to be on
16 the IDES.
17 That mission has been going on since I arrived here in
18 just after '08. There was a very small contingent, like 38
19 employees. So from we've gone from 38 employees to handle
20 the IDES and the DRAS.
21 DR. McNISH: Could you spell out those acronyms
22 for us.
23 MR. BOROM: Sure. I'll make a little bit easier.
24 I apologize for that. I forget that sometimes. I forget
25 about that. So the IDES program is basically Individualized

1 Disability Evaluation System.
2 So here's the deal. Here's the easy way to say it. But
3 with that, it used to be that one problem is that many of
4 you got out of the military for whatever range you were in.
5 The military gave you a rating if you were injured while you
6 were in there. You got out. You applied to the VA. You
7 got a rating.
8 So the mission that we're trying to do now is the IDES.
9 So essentially the military will operate off our rating. So
10 if you are currently in their -- I can't remember the exact
11 term they call it. If you're going through their medical
12 evaluation, the physical evaluation to be looked at and the
13 medical evaluation, well, instead of getting two ratings,
14 now we do the rating.
15 So we work with the military, with the soldiers, while
16 they are still active duty. And the staff located at our
17 office just south of here are mostly raters. The vast
18 majority of the people are those who rate claims.
19 So we will get the medical evaluation, the physical
20 evaluation information, and we'll work with the Service
21 members and get the medical evaluation completed.
22 We get all of that information and keep it very simple.
23 We send it all back to the military, and they use what they
24 need to determine whether the individual is physically fit
25 to remain, or to be discharged in whatever capacity from the

1 military.
2 But the day they're discharged, we've already got the
3 rating right. And the soldier knows in advance. He or she
4 knows in advance, "Hey, I'm thirty percent for this" or "I'm
5 going to get twenty percent for that." So that's the
6 primary mission of the folks that we have working down at
7 the SeaTac location.
8 DR. AMBROSE: Are the rating exams done by the VA
9 personnel, or are they done by military physicians?
10 And the reason I ask is, being a military physician
11 before I came on this Committee, a retirement physical was a
12 fifteen-minute office visit. "Do your lungs work? Is your
13 heart beating? Can you see well enough to get out the
14 door?"
15 And until I started working with the Former Prisoners of
16 War group realizing more specifically what the VA was
17 looking at, then it became a much more detailed and in-depth
18 examination.
19 So unless the military physicians, if they're doing it,
20 are trained properly, you're not going to get a quality
21 product.
22 MR. BOROM: An easy answer: The exams are done
23 either by VHA or a contractor through DOD.
24 DR. AMBROSE: Okay. So it's somebody trained by
25 the VA in the VA requirements and specifics?

1 MR. BOROM: Yes.
2 DR. AMBROSE: Thank you.
3 MR. BOROM: And I believe most of them are using
4 what we now call the DBQs, the Disability Benefit
5 Questionnaire. So it's basically like a template that
6 they're going through and verifying and getting all the
7 information and answering those questions.
8 DR. AMBROSE: Thank you.
9 DR. McNISH: This may be one that you may or not
10 know the answer to. But does this same rating then apply to
11 whatever benefits they get from DOD, as well as what they
12 get from the VA? Or how does that happen?
13 MR. BOROM: Simply -- the simple answer is yes.
14 Because if you come up, and let's say we may receive a
15 packet from a soldier that's got what I'm going to call ten
16 issues. Ten different disabilities. One may be sinus.
17 The military may only have a couple of items among those
18 ten that they really are interested in that affect that
19 person's ability to remain in the military. It could be
20 it's a soreness in the ankle that's keeping him from
21 running.
22 They're not interested in the high blood pressure
23 problem or all the other problems, sinus or anything else
24 that comes with it.
25 So the military will take our rating. And they only

1 want to know about that ankle injury. And that's what
2 they'll make their determination on . And the rest is stuff
3 that a soldier would typically apply to the VA. And you've
4 got a rating afterwards that does not affect their ability
5 to really remain in the Service.
6 So we look at -- holistically, we are looking at
7 everything. But the military will get it and determine
8 that.
9 And we know in advance what they want to look at. So we
10 know that only these couple of items are really what will
11 make a difference to the military for that soldier to stay
12 in.
13 DR. McNISH: How about at retirement? Because at
14 retirement, I got a retirement physical. And since I've
15 been on applied status within a year, it was a presumption
16 of fitness, ergo, zero disability from the military, taking
17 exactly that same physical, walking across the street to the
18 VA, and had 35 percent.
19 DR. CORNUM: Having just retired more recently
20 than that, I went and got my physical at the VA, right like
21 a week before I retired. And the Army used that as my
22 retirement physical.
23 And as Mike said, yes, you are obviously physically
24 qualified to retire. You are breathing and you can walk out
25 the door.

1 DR. McNISH: But there was no --
2 DR. CORNUM: The Army doesn't give you anything.
3 It does determine how much is your retirement. But you're
4 not asking for anything else. And the only thing they use
5 it for is determining combat-related retirement.
6 MR. BOROM: We just want the physical exams to
7 complete the evaluation process from your end. So in a
8 quick nutshell, that DRAS down south. Just under 300
9 employees. They get lots of attention.
10 What's really interesting about the process here is that
11 Seattle was really the last to go -- one of the last
12 stations to move to the paperless environment. And at one
13 point, we had tens of thousands of square feet of paper in
14 storage.
15 And if you look at our DRAS, Disability Rating site down
16 at SeaTac, the DRAS, if you look at that site, we now have
17 large cabinet space that is empty of paper because we are
18 moving toward the electronic paper environment. And it's
19 really great.
20 I walk through now and just look at cabinets, and I have
21 a habit of just opening them and they're empty. They're all
22 empty. Even up here in Seattle. So many of the cabinets
23 are now empty as we move to the paperless environment.
24 So here in Seattle, which is the office you'll stop by
25 here in just a little bit, we have approximately a little

1 over 200 employees, and almost three in the office.
2 This office consists of voch rehab and Veterans
3 Services, which is your normal -- what most of you are aware
4 of is your normal claims process.
5 Also the VR&E support. So we have the support service
6 and HR. So all of that primary admin process is really held
7 here in Seattle.
8 Now, we do have a few satellite offices. We have them
9 spread out to about six other offices throughout the state.
10 And if you know the State of Washington, you are probably
11 familiar with Spokane. North of here a few hours is Mount
12 Vernon. We have a fairly large office down at American Lake
13 in the Lakewood area.
14 We also have about six or seven VR&E counselors based at
15 Joint Base Lewis McChord. And they work in conjunction with
16 our military service coordinators, who are working with
17 those injured soldiers who are going through the process,
18 that process we just talked about.
19 We also have, if you are from the area, if you were in
20 the Navy by chance, we also have an office over on the
21 Bremerton site. And that's about an hour's ferry ride from
22 here. Probably on a day like today, if you can make it,
23 you're welcome to come over. But it does take an hour over
24 and an hour back. And then you also have to wait in between
25 for the ferry.

1 We've got about 24, or I'd say just about 25 total staff
2 there approximately. And that's a combination of voch rehab
3 and a contingent of VSC staff, mostly raters. Most of those
4 folks are assigned to do that. We do have a small public
5 contact unit there. We will take some walk-ins. We're
6 Veterans Service, is what we are.
7 The primary site and where we want veterans to engage
8 with us is the Jackson Federal Building. And that will be
9 one of the stops you make today to see what public contact
10 looks like for us.
11 I will comment back to VHA. I think our relationship
12 here with the hospital has been very positive. Over the
13 past years now, we've gotten a lot of help with physicians
14 that come over and provide feedback on exams and help us get
15 clarification.
16 And so Dr. Orsborn and his group and I both will say
17 thank you. It's just been phenomenal, as we have worked
18 together now for some years. It's a very positive
19 relationship with that.
20 DR. McNISH: How are your POW packages handled?
21 MR. BOROM: Do you mean a packet?
22 DR. McNISH: Application for benefits or --
23 MR. BOROM: Well, we have several individuals we
24 have that come to us. We have Pete Velasco or other folks
25 who are signed as our coordinators who are EES and FPOW

1 contacts. And they're in regular contact with Dr. Orsborn
2 and other entities. And at this point --
3 DR. ORSBORN: There are a couple of other people
4 who are starting the claims process with recent health
5 problems.
6 DR. McNISH: Have any of these people been to the
7 seminars, EES seminars?
8 MR. BOROM: As far as our staff goes?
9 DR. McNISH: Yes.
10 MR. BOROM: Yes. And I think historically we've
11 had individuals that have gone through and worked with some
12 of the National training.
13 DR. ORSBORN: Brent Underwood is one of our
14 speakers and he works at the Seattle RO.
15 MR. BOROM: And Shareen Heath, for a number of
16 years. She's from our office. Unfortunately, she's
17 retired. So that's a quick snapshot of the RO. And if I
18 can help you with other questions. Yes, sir?
19 MR. BUSSEL: As an NSO, it's very frustrating when
20 a claim comes in. And they say, "How long do you think this
21 will take?" And I say, "Well, how long is it until spring?"
22 And you have no idea how long it's going take.
23 It's been encouraging over the last few months. We've
24 gotten two claims through in four months, which is unheard
25 of.

1 We are in the New York area. And I'm sure you're
2 familiar with the New York office. A few years ago they
3 fired the top five people there because they were shredding
4 claims and they had them put away in boxes.
5 And I knew the Director in that office and she was a
6 great lady. And we had her personal phone number. We could
7 call whenever we had a problem. And it was beyond me why
8 they would do something like that, but it happened.
9 MR. BOROM: Sorry about that. I would like to say
10 on our end, as we talk about the packages that come through
11 and working with others, we did -- anyone that comes through
12 and we get a package as a Former POW, it's a high priority
13 for us here in this office. I think it's that way in many
14 offices.
15 But we do take that seriously from the standpoint of who
16 the package is through. And in general, our relationship
17 with service organizations is globally speaking. I think
18 your RO, we've got a good relationship with the service
19 officers. And if they see issues, I think it's pretty easy
20 for them to come up and knock on my door, or they want to
21 see the managers at the service center. And they will
22 approach whatever issues.
23 MR. BUSSEL: Years ago we used to have someone who
24 was assigned to us, and they would call and get this guy on
25 the phone. That doesn't exist anymore.

1 MR. BOROM: On our end if you do end up, "Oh,
2 Bill, we need someone in Seattle," and Seattle will call us
3 at the RO. And we do have individuals, "You let me know if
4 you have a contact."
5 Of course, I'm your primary, but we'll be glad to help
6 out. And we've got, I think, good service folks working for
7 us, like Pete and Brent, who are pretty quick about acting
8 on issues that come up.
9 As a part of that, I also have said to everybody in the
10 office, "This does take priority." And so we work their
11 cases fairly quickly. Yes, ma'am?
12 MRS. BUSSEL: A general question. Norm and I are
13 both service officers working out of the VA in New York.
14 I'm still filing paper claims because I don't have Internet
15 access in my office.
16 If I send a paper claim for this poor POW, am I supposed
17 to write that on the claim or not? Because I usually write
18 "POW Claim" on the outside of the envelope. Is that an
19 appropriate thing to do so that it gets shoved into the
20 right person's hands?
21 MR. BOROM: You know, I can't say for that office.
22 MRS. BUSSEL: Well, just in general.
23 MR. BOROM: But in general, what my recommendation
24 is, if you've got a contact there, you've got your POW
25 person, I would also let them know to be on the lookout for

1 that.
2 MRS. BUSSEL: I usually address it to the POW --
3 MR. BOROM: Yeah, and for here, they address it to
4 Brent Underwood or someone like that.
5 MRS. BUSSEL: And we handle claims all over the
6 country.
7 MR. BOROM: And in every office -- and I'm sure
8 you know this. I'm probably just repeating this to you.
9 But every office has got a primary contact.
10 If you're at another office, you can reach out to that
11 person, give them a call, or drop an e-mail message. I
12 don't know how my time is, but --
13 DR. McNISH: Well, our next thing to do is go over
14 to your facility.
15 MR. BOROM: Okay. Then the highlights, basically,
16 if you've got questions, again, I can also grab one of the
17 POW coordinators and have them come along on the trip. When
18 I wrap up here, I'll probably give them a call and invite
19 them down to come join you.
20 DR. AMBROSE: If you have a fully-developed claim,
21 a new POW claim, do you have an idea about what the length
22 of time to process that is?
23 MR. BOROM: For a fully-developed FPOW? I'm going
24 to refer that back. But if you can hold that question.
25 DR. AMBROSE: Sure.

1 MR. BOROM: I'll get one of the staff members who
2 are in that section and will be able to give you the answer.
3 And we're still working with fully-developed claims at this
4 point. Well, thank you very much.
5 DR. AMBROSE: Thank you.
6 DR. McNISH: All right. Well, we've got a break.
7 MR. BOROM: If I could make a comment. I walked
8 over here. I'm a fairly quick walker. So it's 25, 30
9 minutes. But you're really not talking far, distance-wise,
10 down to the office. But you will need to either have -- I'm
11 repeating what was already out there.
12 You will either need to have a PIV card to get in. If
13 you've got this, you do not have to go through security.
14 You'll see the scanning system and then there will be a
15 security guard next to them. You basically just give them
16 the card, and they let you walk through.
17 But if you do not have it, you will have to go through
18 the scanning system there at this point. But that's the
19 reason we will have folks there. And as people come
20 through, we will have people standing by here to get
21 everyone going on through. And so I just want to make that
22 double point quickly.
23 DR. McNISH: We need to get a count of how many
24 people would like to use transportation over there. I have
25 been informed that we will be reimbursed if we take a taxi

1 over there and pay for the taxi. And just add it to your
2 reimbursement. Or how many people -- I guess how many
3 people would like to take a taxi over there?
4 DR. CERTAIN: It's about 40 degrees outside.
5 DR. CORNUM: It's about 38 degrees.
6 DR AMBROSE: We're done for this morning's
7 session.
8 (Proceedings in recess.)
9 (After recess.)
10 DR. McNISH: Gang, let me update you on why we
11 don't see any of the local Former Prisoners of War sitting
12 in the room. And that is that the word went out for them to
13 be here at 3:30 rather than 2:00.
14 So here's my proposal: That we go ahead and do some of
15 the things that we would have been doing tomorrow, and to
16 make use of some of this time. And then we'll just take a
17 long break until 3:30 when they come.
18 Some of the things include a proposed date for our next
19 meeting. And I have, at least I think most of the Committee
20 members, as to the date of 20, 21, 22 April of next year,
21 2015.
22 And so Eric, you've already got something you can be
23 working toward, like the hotel and all that magic stuff that
24 you target.
25 DR. AMBROSE: We'd like the Hilton Garden, if it's

1 available.
2 (Local FPOW, Mr. Paul Petredis, enters the
3 proceedings.)
4 MR. PETREDIS: Is this the event for the POWs? Or
5 am I not supposed to be here until 3:30? It looks like I've
6 come early.
7 DR. McNISH: Yes, sir. You may come in and sit
8 down and listen. Your friends are coming at 3:30 also and
9 we're going to --
10 MR. PETREDIS: I'm sorry, sir?
11 DR. McNISH: There are some other ex POWs that
12 will be coming.
13 MR. PETREDIS: I have such a hearing loss. It
14 came through the war.
15 DR. McNISH: Yep. Thank you for coming.
16 MR. PETREDIS: My name is Paul.
17 DR. McNISH: Paul, I'm pleased to meet you. I
18 think there are four others of you that are coming at 3:30.
19 And you're welcome to sit and wait.
20 MR. PETREDIS: If you don't mind.
21 DR. McNISH: No, I don't mind a bit, sir. It's an
22 open meeting.
23 DR. AMBROSE: So the Hilton Garden, which is just
24 down the street from the Hilton. It's a little bit more
25 friendly. It's the one that has the restaurants. It's the

1 Hilton Garden Inn. It's the one that's got the restaurant
2 down on the first floor.
3 MR. FLETCHER: Is there a backup date?
4 DR. McNISH: The backup date, if for some reason
5 you're having problems or you run into problems with the
6 20th through the 22nd, the backup is going to be the 27th to
7 29th.
8 So if everybody could make sure that they keep those
9 open on their calendars until Eric tells us for sure that
10 we're going to be able to do it on the 20th through 22nd.
11 MR. ROBINSON: Gotcha.
12 DR. McNISH: All right. So that gets us set for
13 the time for the next meeting. As to our report, I thought
14 that we would at least, since we've got a little bit of
15 spare time today, run through kind of headline topics that
16 need to be included in the report. And then we'll have kind
17 of a rough draft report tomorrow.
18 DR. CORNUM: Did we get a response from our last
19 report?
20 DR. McNISH: We didn't get our --
21 DR. CORNUM: Or the one before?
22 DR. AMBROSE: We got May of 2013. We've got a
23 draft.
24 DR. McNISH: We've got a draft response from 2013.
25 DR. CORNUM: That might want to be in there.

1 DR. McNISH: Yeah, well, it will. And we also
2 heard that, I guess due to the administrative instability
3 resulting from having three Secretaries in three months or
4 something like that, our May report which was, as always,
5 e-mailed to the Secretary and to the DRO office -- or the
6 DFO office, that the DFO has not yet received a tasking from
7 upstairs to downstairs to even address our last report.
8 So I am going to send another copy of it to the new
9 Secretary with a new cover letter and say, "You can expect
10 an addendum to this coming soon."
11 DR. AMBROSE: And we have not, in recent years,
12 been making visits to Capitol Hill, to the Senate and the
13 House, since they are -- is that something that you wish to
14 reinstitute?
15 DR. McNISH: I would love to do it. It was
16 something that Ralph Levenberg used to facilitate and make
17 it happen. And since he left the Committee, it really
18 hasn't happened, and it should.
19 MR. FLETCHER: Do you know who to get in touch
20 with?
21 DR. AMBROSE: Well, the House Veterans Affairs
22 Committee Chairman is from my district.
23 DR. McNISH: There you go.
24 DR. AMBROSE: I can see if I can get in touch with
25 Representative Miller's office, which is just a mile from my

1 house, the local office, and see if he would like a meeting
2 with you in April.
3 DR. McNISH: And as to the Senate -- I mean, I
4 could even probably stay a day later, if necessary, to talk
5 to him. We'll just try to cram it into that three days.
6 And sometimes it's tight. And the Senate -- I don't know.
7 It should be easy to find out.
8 MR. BUSSEL: If we can get a definite date, I
9 think I might be able to arrange to speak with Senator
10 Gillibrand, Kirsten Gillibrand. She's on the Senate.
11 DR. McNISH: Is she on the Veterans Committee?
12 MR. BUSSEL: She's battling against MST and a
13 bunch of other veterans rights.
14 DR. AMBROSE: The current chair is Bernie Sanders.
15 He's the current chair. By next year -- who's the ranking
16 member?
17 DR. CERTAIN: Richard Burr.
18 MR. ROBINSON: Burr sounds familiar.
19 DR. AMBROSE: He's from where?
20 DR. CERTAIN: North Carolina.
21 DR. McNISH: Oh, my home state.
22 MR. MORAGNE: A point of order, Mr. Chairman. If
23 you do you meet with either the House or Senate Veterans
24 Affairs Committees, I remind you and the members of the
25 Committee that you're meeting with them as private citizens.

1 You cannot meet in your formal role as members of the
2 Advisory Committee because you report to the Secretary.
3 And if you were to meet in a formal role, it was because
4 the Secretary empowered you to do so. So you're actually
5 meeting as private citizens who just happen to be on the
6 Advisory Committee. Does that make sense?
7 DR. McNISH: Okay. It does make sense.
8 MR. MORAGNE: It's a line in the sand between
9 representing the Department or not representing the
10 Department.
11 DR. McNISH: That makes good sense. It's just
12 interesting that in the past, that line was not necessarily
13 drawn.
14 MR. MORAGNE: Yes, sir.
15 DR. McNISH: And Mr. Levenberg and I would just go
16 over to the Hill and sit and talk with -- who was that
17 colorful guy from Wyoming?
18 DR. KUSHNER: Alan Simpson.
19 DR. McNISH: Thank you, Boomer.
20 MR. MORAGNE: Yes, sir.
21 DR. McNISH: Okay. So that's something we may
22 consider doing, and it will be -- I need to talk to you
23 about how to approach that, or if to approach it.
24 MR. MORAGNE: Well, to continue that line of
25 thought, I'll pull that string just a little bit further.

1 You could invite them to talk with the Committee and chat
2 with the Committee in your official public forum.
3 But when you take Committee business outside of the
4 public forum, that that comes down pretty hard. And your
5 role, you have to shed your cloak as a Chairman and meet as
6 a private citizen.
7 Everything you do, anything any advisory committee does,
8 has to be done in a public forum, since the public has no
9 eye into the private conversations you're having with a
10 senator or a congressman.
11 DR. McNISH: I fully understand that concept, that
12 reality. I was just trying to see -- okay, we'll talk about
13 it. Obviously, I don't want to do anything or --
14 MR. MORAGNE: No, and I wouldn't imply that that
15 would be the case. I just want you to be empowered with
16 knowledge of the role in which you represent as you meet in
17 private with a Senator or congressman where the public
18 doesn't have visibility into that private meeting.
19 DR. McNISH: Gotcha.
20 MR. MORAGNE: And that's what the Federal Advisory
21 Committee Act is all about.
22 DR. McNISH: Okay.
23 MR. MORAGNE: So we can talk more in detail.
24 DR. McNISH: Yeah, let's do that. Let's do it.
25 MR. MORAGNE: Yes, sir.

1 MR. BUSSEL: Senator Gillibrand is on the Armed
2 Services Committee.
3 DR. McNISH: She's on the Armed Services
4 Committee? That's an interesting conundrum.
5 DR. AMBROSE: Yeah, because we're
6 congressionally-mandated to meet, et cetera.
7 DR. McNISH: Well, congressionally-mandated to
8 advise the Secretary and provide our reports to the
9 Secretary. And the Secretary is required to immediately
10 submit -- which has not been done in the past -- immediately
11 submit our reports to congress without comment.
12 MR. MORAGNE: May I?
13 DR. McNISH: Yes.
14 MR. MORAGNE: So if you're not aware of the
15 process, when you compile a report, two things happen. Your
16 report goes through DFO to us in the Advisory Committee
17 Management Office untouched, unvetted, to the Library of
18 Congress and to both the House and Senate Committee. So
19 they receive it, whatever you say, typos and everything.
20 DR. McNISH: We don't do that.
21 MR. MORAGNE: I know that. But they receive the
22 pure report. The vetted report goes to the staff. So I'm
23 making up a number of ten recommendations.
24 The staff gets a chance to say, "We're doing this.
25 We're doing that. We don't have resources for this. We

1 don't have resources for that."
2 And that has sixty days to make its way up to the
3 Secretary. And then the Secretary has sixty days to
4 actually reply back to you or else put things in motion.
5 Where the loop in the chain has been cut is somewhere in
6 those sixty days. But that wasn't on my watch. So I will
7 tell you with certainty for the record, your unvetted report
8 goes to the Library of Congress.
9 As far as I have been able to research, they've always
10 made it to the Library of Congress, to the House and Senate,
11 to do with what they wish. It can be used in congressional
12 testimony or research, et cetera, et cetera, et cetera, to
13 look into certain issues for the public to read up on.
14 DR. McNISH: Not to belabor the issue, but it was
15 not uncommon when Mr. Levenberg and I would go up the Hill
16 and we would bring with us a copy of the report and say,
17 "Here, this is the things we're talking about."
18 And so that's why I need to talk to you to understand
19 kind of where the fences are, or where the perceived fences
20 might even be, because we don't want to break into
21 perception either.
22 DR. AMBROSE: I just want to ask: Is there a
23 specific area where the reports go, or does it just go to
24 the Library of Congress?
25 MR. MORAGNE: The Library of Congress maintains an

1 archive of all the advisory committees, whether VA or any
2 other Federal Advisory Committees.
3 You can write them. You can e-mail them. Shoot them a
4 smoke signal. Make a request and they'll provide it to you.
5 Or else you can go on the website via GSA. The GSA website
6 has all of your reports too. And that's the way to back up.
7 DR. AMBROSE: But it doesn't go to a specific
8 office?
9 MR. MORAGNE: It goes to the Senate and House --
10 DR. AMBROSE: Veterans Affairs?
11 MR. MORAGNE: Senate Veterans Affairs Committee
12 and the House Veterans Committee. And their staffers have
13 those reports to do with what they wish.
14 DR. McNISH: Got it. Okay. So that is of
15 interest. And we'll -- I'll talk to you at some point
16 off-line on that, Boomer, to make sure that we do what we
17 can but don't do what we shouldn't.
18 DR. AMBROSE: The one item I have so far is
19 mentioning the delay in responses to our reports.
20 DR. McNISH: Yes.
21 DR. AMBROSE: Okay.
22 DR. McNISH: And I'll word it somehow to where it
23 will --
24 DR. AMBROSE: Diplomatically.
25 DR. McNISH: That acknowledges the changes that

1 have occurred over the past few months.
2 Anyhow, and I will send another copy of our last report
3 with the cover letter to the Secretary, to Bob. And I will
4 not say, "Dear Bob." Not on the first date; right?
5 MR. MORAGNE: Mr. Chairman, if you say
6 "Mr. McDonald" or "Mr. Secretary," he will correct you
7 publically. I'm not kidding about that.
8 DR. McNISH: I'm talking about addressing the
9 salutation. How's that?
10 MR. MORAGNE: I understand. That would be
11 appropriate.
12 DR. McNISH: Okay. All right. The other thing,
13 this is an open forum. So you guys chime in if you can
14 think of things.
15 What comes to mind is discussion about the new DIC
16 methods, and a couple of questions we had about DIC where
17 there was someone with less than 100 percent, or if they
18 died of a service-connected, but less than 100 percent.
19 DR. CORNUM: I think an interesting thing was
20 discovered this morning. And that's the DIC is different.
21 If you're 100 percent without unemployability versus 100
22 percent with employability. That was unknown to several
23 people in here.
24 DR. McNISH: I don't think it changes the DIC.
25 DR. CORNUM: Yes, it does.

1 DR. McNISH: Does it?
2 DR. CORNUM: We learned that from whoever that guy
3 was --
4 DR. McNISH: Oh, good.
5 DR. CORNUM: So that is -- so my point is, that is
6 an impetus to make sure that those people who are 100
7 percent including IU get rated 100 percent without it
8 numerically.
9 DR. McNISH: Yeah. So someone who is 70 percent
10 and then 100 with IU --
11 DR. CORNUM: His wife will get 300 bucks less if
12 he dies without making it 100 percent.
13 DR. McNISH: But if he has held that 100 percent,
14 even though it is based on IU, for a year, if he's held as a
15 POW, has held it for a year, then his wife is eligible for
16 DIC, even though it will be of a lesser amount.
17 DR. CORNUM: Of a lesser amount, correct. We just
18 would like, if it's possible --
19 DR. McNISH: Pat, go ahead.
20 MS. BENKER: Doctor, your point is extremely
21 important because yesterday Dr. Mack made it very clear that
22 100 percent is 100 percent, whether it's IU or --
23 DR. McNISH: Yeah, I heard that. There's a
24 question in my mind at that point then.
25 MS. BENKER: But this is the important part.

1 Yesterday you were provided a report, that I understand
2 there was only one copy for the Chairman, related to numbers
3 of Former Prisoners of War that had 70 percent.
4 My question is: Why do those Former Prisoners of War,
5 whom most of them are over the age of 70, no longer
6 employed? And why was it not addressed at 60 percent?
7 Because Former Prisoners of War are eligible for IU at 60
8 percent.
9 So that one year extension where -- the one year where
10 the wife is receiving less because someone didn't address
11 the issue, I'd like to know how many Former Prisoners of War
12 are at least 60 or 70 percent and that gap has not been
13 filled?
14 And based on the numbers you were given yesterday with
15 the inaccurate numbers, I'd like to know -- I question where
16 the source of that information came from of the gentleman
17 that presented it?
18 DR. McNISH: We're definitely going to question
19 that and we all question -- we know that the validity is not
20 there. The source is something that we need to --
21 MS. BENKER: But it's critical.
22 DR. McNISH: That will be addressed. But that is
23 going to be addressed as probably the No. 1 item on our
24 report this time.
25 We have never given it that high of a priority in our

1 report. But I think that we need to. It will be addressed
2 as the No. 1 priority to correct those -- to correct the
3 obvious errors in those numbers. So that's another thing.
4 What else was there, Mike?
5 DR. AMBROSE: Well, we talked about the delay in
6 response to reports. The DIC process that Mr. McLenachen
7 talked about that will include in that the 100 percent
8 versus the 100 percent IU, and the effect that it has on
9 DIC.
10 We need to address the EES conferences, the numbers per
11 year, and if there's any other information or wording that
12 we need to include to get the appropriate support.
13 And Mr. Kroft, if you and I can talk about that so I can
14 get the proper wording for the EES seminars, what you may
15 need, what you see the challenges are, the hundred -- three
16 times a year versus the 150 twice a year, those types of
17 things.
18 DR. McNISH: I think the over-arching needs to
19 make sure that the available slots match the needs, and
20 whether we do it two or three or four or whatever.
21 It seems to me two would be the smartest way to do it.
22 It would be less expensive than trying to put on one or two
23 or more seminars, even though you're going to have more
24 people.
25 Now, I don't know if that one raises somebody's

1 congregational hackles or something because you're over 100
2 people at the seminar. I don't know. But common sense
3 doesn't always apply. It's not --
4 DR. KROFT: Exactly. And I'm working with Dr.
5 Pollack trying to figure out exactly, and Dr. Orsborn,
6 trying to figure out exactly what we need to do and how to
7 word it. So we will get with you on the wording. We
8 discussed this earlier this morning.
9 DR. McNISH: Yeah. My simplistic mind says why
10 don't you just send out and make sure that we have a
11 spreadsheet that shows who has been to the meetings, what
12 their current assignment is?
13 And even if that means sending out an e-mail with the
14 required response to each one of the facilities and saying,
15 "Who is in these slots, and have they been trained and how
16 long ago was their training?" Then from that, you come up
17 with a pretty darned solid number of what you need.
18 DR. AMBROSE: The recertification versus turnover.
19 DR. McNISH: Yeah, a five-year recertification and
20 turnover. Those are the two drivers. Because we know how
21 many slots are required based upon the Care and Benefit
22 team.
23 DR. AMBROSE: It would be a data-driven tasking
24 for 'x' numb of seats per year or per course in order to
25 maintain certified people in the identified slots and to

1 address turnover and need for recertification.
2 DR. KROFT: So the problem then comes to the
3 data-driven side of it. The issue is to getting the data
4 very quickly to give you an answer tomorrow. We're not
5 going to be able to do that.
6 DR. McNISH: No, not tomorrow. Not tomorrow. But
7 Chuck will tell you, and I'm sure he's already told you,
8 that there was just really not a good job of data keeping
9 and data maintaining from the earlier seminars.
10 And like I said, we've got a lot of people that love to
11 show up at every one. And I think that needs to be quashed
12 too.
13 DR. KROFT: Well, actually Chuck addressed that on
14 the last one and that -- well, it wasn't as many as in the
15 past. And I talked to Dr. Orsborn this morning about it.
16 And he agreed that the number of people coming back early
17 just to be there dropped considerably. We're down to a
18 smaller percentage. So we have discussed that. And that's
19 one of the issues.
20 Obviously, if you take up a spot -- because we are
21 limited, if you take up a spot and you don't need to be
22 there, you force someone else not to be there.
23 DR. CORNUM: And you're not working, not to
24 mention.
25 DR. McNISH: Yeah, they're not working, but there

1 were some in Dallas that actually just took leave and showed
2 up and weren't even being sponsored at the meeting, just
3 because they wanted to be there.
4 Well, okay. Then you put extra seats in the back and
5 you don't give them the DVDs and stuff like that.
6 DR. KROFT: It comes to a reporting issue for us.
7 DR. McNISH: We need to try to get some reasonable
8 logical control over how many slots we have -- how many
9 slots we need first. How many we have, and then how you
10 break it up.
11 DR. KROFT: Yes. Well, to the Committee, I will
12 tell you that we are addressing those issues. And we will
13 have an answer probably for the next one.
14 But for this one, I think we need -- the fact that -- I
15 don't know -- we're still working, and I will get back to
16 the answer that I need to give the Committee for their
17 report so we can have at least something started this time,
18 with more to come for the next one.
19 DR. McNISH: Okay.
20 DR. KROFT: To address those issues.
21 DR. McNISH: Good. So what else? Can anybody
22 else think of a topic that we need to have in the minutes?
23 Yes, Boomer?
24 MR. MORAGNE: So Mr. Chairman, I provided Eric
25 with a copy of your Charter and a copy of the GSA required

1 Balance Plan.
2 I think you'll see in the Balance Plan that the kinds of
3 characteristics of membership you all were discussing is
4 exactly what they're asking you for, only in a methodical
5 way.
6 So as you go about your business of making a
7 recommendation, if you're hitting those notes that are
8 required in the Balance Plan, you're going to hit a home
9 run.
10 DR. McNISH: Okay. And the working group is going
11 to get us a response to that by the next meeting. And then
12 we'll formalize it at the next meeting, and probably include
13 it as part of our next report.
14 MR. HANTON: That was the next thing, is that
15 they're working on that?
16 DR. AMBROSE: That there is a working group that's
17 going to be reporting at the next meeting to address the
18 concerns of the Secretary about membership of the Committee.
19 And we will clean that up.
20 DR. KUSHNER: Mr. Chairman, as Mr. Hanton pointed
21 out to me, that we can, indeed, have subcommittees, as in
22 the Charter, No. 13. That we don't have to call it a
23 working group. We can call it a subcommittee.
24 DR. McNISH: Okay. You know what? I-D-G-A-S. "I
25 don't give a crap" what you call it. It's what they do that

1 matters. But you're right.
2 MR. HANTON: I called it a subcommittee.
3 DR. McNISH: And we used to have a subcommittee,
4 and then we were told, "Well, you can't have that anymore."
5 So Fletch became the Chairman of the administrative working
6 group through the administrative subcommittee. So anyway,
7 if it's in the Charter, we'll call it a subcommittee.
8 DR. AMBROSE: Did everybody get a copy of the
9 Balance Plan? I've got the Department -- the Advisory
10 Committee --
11 DR. McNISH: I haven't had a chance to look yet,
12 but I think I have it. Eric, make sure everyone gets a copy
13 of that. Bob, you've got something?
14 MR. FLETCHER: If this is the right time to bring
15 this up, I think it might be. I'm just guessing. Better to
16 bring it up in Washington so we can get somebody there to
17 address disability for POWs.
18 I've been going to the VA for my heart. I have a clot
19 in my left leg. They've been charging my insurance company
20 for it.
21 I need somebody to clarify what the VA covers and what
22 they don't cover. Because I'm confused. I thought the
23 heart and the blood stream and all that was connected. But
24 they're saying, no, it's not. So when I called --
25 DR. McNISH: Cardiovascular disease is.

1 MR. FLETCHER: So when I called the people in
2 Minneapolis, St. Paul, who does the final saying on this,
3 they don't return my call.
4 DR. AMBROSE: And I'm -- I may be showing my
5 ignorance, but I thought that -- are you talking about
6 insurance being billed for care that you received at the VA?
7 MR. FLETCHER: That's right, brother.
8 DR. AMBROSE: And I thought -- and correct me if
9 I'm wrong -- but if you are 100 percent, they're not
10 supposed to charge your insurance.
11 MR. FLETCHER: Well, that's what you keep saying.
12 DR. AMBROSE: I'm just making sure I have the
13 correct understanding.
14 DR. McNISH: Is there anybody in the room that has
15 a certainty in understanding of that issue? If not, then
16 Eric, part of your tasking is to get somebody at our next
17 meeting who can give us a clear, straightforward -- if there
18 is such a thing -- a straightforward answer.
19 MR. FLETCHER: For POWs.
20 DR. McNISH: Yes, exactly. For POWs, 100 percent
21 or otherwise. And when your private insurance becomes
22 liable or billable.
23 DR. AMBROSE: I think it is the 100 percent
24 status.
25 MR. BUSSEL: My insurance pays for services that I

1 get, not for secondary, like optometry or dental, but other
2 things they pay for.
3 Now, for years I didn't get my insurance because I
4 figured what the hell. They owe me, and I give them my
5 insurance. But whether the money they're getting is going
6 towards the expenses of VA, so I think, "Well, I'm not
7 paying for insurance anyway." And they do charge up, and I
8 have doctors visits.
9 DR. McNISH: Well, we just need to understand what
10 the rules are, what the guidelines are. Yes, Melanie?
11 MRS. BUSSEL: I do know that many of our chapter
12 members who are 100 percent or IU, are, "Gee, they
13 cross-billed my insurance." But then, no skin off your nose
14 if you have insurance.
15 DR. McNISH: Yeah, it is, because the insurance
16 payments go up.
17 DR. CERTAIN: But if they're charging Medicare,
18 your payments don't.
19 DR. McNISH: Good question, Fletch. And we will
20 get somebody to give us an answer at the next meeting.
21 MR. FLETCHER: I'll bring some examples of my
22 billing, $5,000 $6,000. It's not just $2.50. It's money.
23 DR. McNISH: I'm sorry.
24 DR. AMBROSE: Yep.
25 DR. McNISH: Any other topics that we need to

1 include or mention in our report or include specifically?
2 And one of the things that we had begun to follow-up on
3 and emphasize and understand better was long-term healthcare
4 because of the aging nature of our population.
5 MR. FLETCHER: Yes. We need somebody to come in
6 and talk to us about just that area.
7 DR. McNISH: Okay. There is another topic.
8 DR. CORNUM: And whether it's means-tested or
9 disability-tested or eligibility-tested, just by virtue of
10 being a POW.
11 MR. FLETCHER: 100 percent POW doesn't go to a
12 means test. So that doesn't matter.
13 But when I went to daycare or care outside the VA
14 facility, they said my Blue Cross and Blue Shield had to pay
15 for it, for a service-connected knee. And that's why I say
16 they've got to clear this up to me, because I get confused.
17 DR. AMBROSE: Well, we had talked about, at the
18 last meeting, the VA pharmacy system, in order to save
19 money, if you have a medication that, say, is twenty
20 milligrams, they'll give you the forty milligram tablets and
21 tell you to cut them in half. And that's fine. I
22 understand that.
23 MR. FLETCHER: But if the machine cuts them in
24 half?
25 MS. JOHNSON: They give you a pill cutter.

1 DR. AMBROSE: The other thing is: Is there need
2 for us to talk about looking for --
3 DR. McNISH: A pill cutter?
4 DR. AMBROSE: No. To provide somebody, older
5 folks whose vision may be failing who may be not having a
6 significant other with them, to provide that service, or is
7 this getting too deep here?
8 MR. FLETCHER: I haven't been able to take that
9 pill cutter and cut those pills in half. Usually I get a
10 big one on this side and a little one, and so I switch them
11 around.
12 DR. AMBROSE: That's probably okay.
13 MR. FLETCHER: If they've got the mark on them,
14 it's fine. But I got those little footballs, I call them.
15 No marks are on them. So you put them in place and you push
16 down and they slide over. And you go, "God darn it." So we
17 need to talk about that, you're right.
18 DR. AMBROSE: That may be something that we should
19 talk to somebody at VA pharmacy services.
20 DR. McNISH: Let me come back to the focus on the
21 POW population. And I don't think that is anything that is
22 in any way unique to the POW population.
23 However, it's something that, as a veteran, certainly
24 can be advanced as a recommendation, a question to the
25 pharmaceutical branch of the VA, that they be aware of the

1 age and ability of the individual to whom they are asking to
2 split pills in half to save money. But that's not a POW
3 issue.
4 MRS. BUSSEL: So also in addressing long-term
5 care, we discussed what happens to wives/widows of a 100
6 percent POW.
7 DR. McNISH: That can be included in the long-term
8 care discussion.
9 DR. AMBROSE: That's going to be a representative
10 from VA in Washington.
11 DR. POLLACK: If we're talking about long-term
12 care, one of the conversations that we had earlier, is this
13 a topic that you all think would be beneficial to add to the
14 conference, in terms of the conference?
15 DR. McNISH: Yes.
16 DR. POLLACK: So it's a different agenda.
17 DR. McNISH: Yes.
18 DR. POLLACK: Okay. That was one of the things
19 that we were -- and I've been talking about that. I think
20 one of other questions that I have, if there are other
21 topics besides long-term care?
22 I've heard you all talking about pharmacies, that you
23 think would be helpful to add a conference agenda for
24 training in VA providers. That would be helpful feedback to
25 provide to me so we can get sort of a conference agenda. We

1 would be able to add topics that have not been addressed
2 thus far that may be helpful to others.
3 DR. McNISH: The long-term care I see as being
4 directly relative to the POW issue because of the
5 rapidly-aging nature of our population, and the fact that
6 the Former POWs, a large number of whom are 100 percent, may
7 have a little bit of a different access to long-term care of
8 the type thereof.
9 And if that can be clarified and make sure that
10 everybody that's going back and working with POWs knows what
11 to tell them. The pill issue, I come back to as that's
12 probably not POW-related.
13 DR. AMBROSE: But one of the other things that we
14 talked about in terms of long-term care was trying to
15 provide, as much as possible, the care in the home so that
16 it was not perceived as a return to incarceration or a
17 removal of freedoms of the Former Prisoner of War.
18 And that, along with the notifying of the Former
19 Prisoner of War physician for hospitalization in a VA
20 hospital to --
21 DR. McNISH: That's included in the seminars
22 already.
23 DR. AMBROSE: In several of our reports.
24 DR. McNISH: It's included in previous reports,
25 and it's also part of the seminars.

1 DR. AMBROSE: Yeah, okay. Just wanted to make
2 sure.
3 DR. McNISH: Educational seminars. And I am sure
4 I've heard that discussed in those. And that's the right
5 place for it.
6 DR. POLLACK: I think we'll look in the curriculum
7 and sort of see if there's places where we can enhance the
8 topic.
9 DR. McNISH: Maybe what we need to include in our
10 report is just a brief mention that because of the
11 rapidly-aging characteristic of our population, it may be
12 time to more extensively address that in the seminars.
13 And then just kind of leave it there, rather than trying
14 to write out a complete menu of what we think should be
15 done.
16 DR. POLLACK: Agreed. And that will be on us to
17 figure out, with collaboration, of what needs to be done.
18 DR. AMBROSE: Do we wish to address once again
19 providing a list of Care and Benefit teams personnel?
20 DR. McNISH: Eric, I think that's something for
21 you to try to dig up between now and the next meeting.
22 MR. ROBINSON: I think it was listed.
23 DR. McNISH: There has never been a thorough list
24 of team members provided to us. If it exists, we have not
25 seen it.

1 One of reasons we were given was because they didn't
2 want their phone numbers necessarily out where people could
3 call in directly. So maybe it's something that can't be
4 done because of privacy concerns or something. I don't
5 know. Pat, you're pounding up and down back there, dear.
6 You've got something you need to say?
7 MS. BENKER: You addressed the issue with the
8 extended care, addressing it. But I have a concern about
9 what you're addressing right now, is that once a precedent
10 has been set and there has been access to Dr. Pollack and
11 Dr. Mack and Nancy, I wasn't provided a list. And I'm
12 really curious how I got those phone numbers and was able to
13 make personal contact.
14 But as an NSO, I'm not privileged to find out who the
15 POW coordinator is or the POW Certifying Commission is in an
16 area where a POW might be in need of an exam. And that's
17 almost ludicrous.
18 DR. AMBROSE: Well, I can tell you that when I was
19 the Director of the Mitchell Center, there was at one time a
20 list of POW physicians and social workers by every facility.
21 And it was very helpful for me if I had a Former Prisoner of
22 War at the Mitchell Center getting their annual exam.
23 And if I could convince them, "Well, you haven't been to
24 the VA yet," or "You have this, that or the other problem
25 that we've identified that needs urgent follow up," I could

1 pick up the phone and call that POW physician at the
2 facility nearest the veteran, the POW's home, and have an
3 appointment for them before they left my office.
4 And so for limited release to this Committee and to the
5 Mitchell Center, this would be a benefit for Former
6 Prisoners of War, to either facilitate follow-up care, or in
7 some cases, facilitate initial POW examinations. So I would
8 strongly encourage such a list for limited distribution.
9 DR. McNISH: That's a given. We've like to have
10 it. Stacey, at the next meeting, will you be kind of ready
11 to provide us with a VHA update like that?
12 DR. POLLACK: Sure.
13 DR. McNISH: Kind of an update on issues in the
14 VHA that may be of interest to us as veterans and/or as more
15 specifically, as FPOWs.
16 DR. POLLACK: I'd be happy to.
17 MR. FLETCHER: Larry used to kind of give us
18 advise on some things on mental health we could or couldn't
19 do. And I think that was a big help to us.
20 We'd come up with things, and he'd say, "Well, I don't
21 think we can do it that way, but we can do it this way." It
22 would have been much better. I hope you understand what I'm
23 saying.
24 DR. McNISH: That was particularly in relationship
25 to presumptives and how to oppose additional presumptives.

1 And I think we're -- the time for proposing additional
2 presumptives is limited.
3 And there may be disagreement on this point, but my
4 feeling is that we can do more good for the Former POW
5 population by trying to maximize the availability and -- use
6 and availability of what we have now rather than trying
7 to -- I mean, we've had diabetes shot down. I think that
8 the library of presumptives is probably as large as it's
9 going to get. And so we need to be really trying to
10 concentrate on additional things.
11 But you're right. Larry would help us as we were trying
12 to propose things to go to the VHA.
13 DR. AMBROSE: The only -- the only other things,
14 and maybe -- I think we put it in our last report -- looking
15 at the possibility of repetitive head trauma and the sequela
16 of that, especially in light of the stuff that's coming out
17 of the NFL and with torture and that type of thing.
18 But again, I believe that was in our last report and
19 we're still awaiting the reply for that.
20 DR. McNISH: Well, just resubmitting the last
21 report.
22 DR. AMBROSE: Yeah. So if I may, if we can
23 prioritize the order in which we include these in the
24 report.
25 I have heard the phony POWs would be the thing that we

1 want first. Then we have the EES seminars. We have the
2 working group, which I think, to be honest with you, that's
3 a -- it's a note saying -- that's going to be toward the
4 end?
5 DR. McNISH: Information only.
6 DR. AMBROSE: Okay. So that will be there. That
7 leaves delay in response to the reports, the DIC processes,
8 and the emphasis on educating Former Prisoners of War on the
9 consequences of 100 percent versus 100 percent IU for DIC.
10 DR. McNISH: Why don't you include it in the cover
11 letter instead of the body of the report. The cover letter
12 doesn't necessarily go in the -- is that true, Boomer?
13 MR. MORAGNE: You said what, sir?
14 DR. McNISH: The cover letter does not necessarily
15 go into -- is not necessarily forwarded? My cover letter to
16 the Secretary, which goes with the report, is not
17 necessarily forwarded directly to congress, is it, or not?
18 Or is it just the report?
19 MR. MORAGNE: Just the report.
20 DR. McNISH: Okay. So I would prefer for right
21 now, just to include the concern about the previous delay in
22 response to the reports as something in the cover letter to
23 the Secretary.
24 DR. AMBROSE: Okay. So we've got phony POWs
25 first. That leaves -- and the establishment of the working

1 subcommittee group as last.
2 That leaves the DIC process and the EES seminars. Which
3 order do you wish to place those?
4 DR. McNISH: I would see -- as recommendations, I
5 would recommend the EES seminars be maintained at a high
6 level.
7 And as far as the DIC and stuff, that's more of a praise
8 or what's been done, with a little bit of concern about it.
9 DR. AMBROSE: Maybe to educate the population.
10 DR. KUSHNER: What kind of action do you want to
11 take regarding DIC?
12 DR. AMBROSE: What I would foresee, before I start
13 generating, would be to praise Mr. McLenachen's progress in
14 DIC claims, and hoping that this is indicative of the way
15 that future DIC claims will be handled, not only for just
16 Former Prisoners of War, surviving spouses, but for all
17 veterans.
18 And then to say that we would feel that there is a need
19 to educate all Former Prisoners of War about the difference
20 between the DIC benefits for their surviving spouses, if
21 they are 100 percent full and -- with or without IU.
22 And to encourage both the VA Health facilities, all VA
23 personnel, to work with the Former Prisoners of War who are
24 100 percent with IU only, to be re-evaluated for 100
25 percent, with emphasis on the increased benefits for their

1 surviving spouse.
2 DR. McNISH: Isn't that a statistic that we can --
3 that you can pull up out of your databases and say how many
4 are 100 percent with, or 100 percent without?
5 DR. CORNUM: Wasn't that on that first page we got
6 yesterday?
7 MR. ROBINSON: We'll get a request for that.
8 DR. AMBROSE: But in any case, it's to emphasize
9 to the Former Prisoner of War population their ability to
10 improve benefits for their surviving family, should they
11 pre-decease them. And as we all know, that sometimes is the
12 only way that you can get a Former Prisoner of War to be
13 re-evaluated.
14 DR. CORNUM: I wouldn't say not just -- I wouldn't
15 limit it to educate the Former Prisoner of War population.
16 I would say families, workers at the VA, everybody.
17 DR. AMBROSE: A general education initiative type
18 of thing.
19 DR. CORNUM: Right, right.
20 MR. HANTON: There is a lack of knowledge on many
21 quarters on that difference.
22 DR. AMBROSE: And again --
23 MR. HANTON: The significance of it.
24 DR. AMBROSE: It is. So then that's how I would
25 attempt to word it. And we can wordsmith it in the morning.

1 DR. McNISH: This isn't the end of potential
2 discussion, as far as if you guys think of something else in
3 the middle of the night or early morning or whatever.
4 MR. FLETCHER: Call you?
5 DR. AMBROSE: I'm in Room 430.
6 DR. McNISH: We will go over the draft report
7 tomorrow after Mr. Murphy speaks to us. And then we will go
8 home. But if any of you have any thoughts or other things
9 that need to be included, please be thinking about them. Or
10 if you think about them, be ready to bring them up tomorrow.
11 Anything else now? Our Former Prisoner of War local
12 folks should be here within a half hour. And let's --
13 unless somebody else has something they wanted to bring up
14 right now?
15 DR. KUSHNER: I just want to ask --
16 DR. McNISH: Yes, Hal.
17 DR. KUSHNER: Mr. Robinson, can you provide us
18 this working group subcommittee group with the names of all
19 the people on this committee and how long they've served?
20 DR. AMBROSE: Attended or served?
21 DR. McNISH: And I would add to that, their
22 current appointment or how long their current term -- when
23 their current term each starts.
24 MR. BUSSEL: I would like to clarify one thing.
25 It's of interest to me, at least, I think many people think

1 that the Vietnam POWs on this Committee are typical. I
2 think they're atypical.
3 I know before I went into the Service in the Air Force,
4 I flew B-25s for a while. Made a chunk of money, and I
5 accumulated that right on through being a POW.
6 And I came home, and I pissed it all away in a year's
7 time. Just spread it around and drank and raised hell.
8 And I thought when the guys were coming home from
9 Vietnam, I said, "You know, the same thing is going to
10 happen again. I should write a letter. Hey, you guys, hold
11 on to your damn money. You're going to have a lot of bucks
12 there that are going to be fluctuating." And I didn't do
13 it. And it might not have made any difference.
14 You probably knows some guys -- at least I do -- who
15 went around and threw their hard-earned blood money away.
16 DR. McNISH: I know some who came home broke
17 because the wives, who were soon to be the ex-wife, spent
18 all the money.
19 MR. BUSSEL: There's been guys who spent 100,000
20 bucks.
21 DR. McNISH: I attribute it -- and this is open
22 for discussion. I attribute the fact that the vast majority
23 of those of us who came home from Vietnam have had quite
24 successful lives and productive lives to the nurturing
25 environment that we found when we came home.

1 We weren't the routine Vietnam veteran who was spit on
2 and called a baby killer and ashamed to wear his uniform.
3 We were brought home as heroes. Right or wrong. None of us
4 asked for it. And it was a decision that that was the way
5 it was going to be done.
6 I think it was good for two reasons. One, it helped
7 unite our country around a single positive thing in Vietnam,
8 was our coming home.
9 Two, it kind of, in an unanticipated way, paved the way
10 for us to have successful lives. I think that's why our
11 group has such a low rate of PTSD, is because of the
12 nurturing and the care and the positive nature of the
13 homecoming that we had.
14 DR. CORNUM: I might add that the majority of you
15 stayed in.
16 DR. McNISH: Eighty percent.
17 DR. CORNUM: Right. As where everybody else, they
18 came back, the war was over, and they got out.
19 MR. BUSSEL: Coming back from World War II, we
20 didn't get spit on either. But I wasted twenty years. I
21 could have stayed in the Service and retired. I threw away
22 twenty years. I was able to come back.
23 MR. FLETCHER: The biggest difference we're not
24 looking at was that we're looking at the -- as you say, the
25 officers who had the college education.

1 DR. McNISH: True.
2 MR. FLETCHER: You're looking at the grunt who had
3 a third to sixth to eighth grade education. What did he
4 know to do but this? That's what his father did. That's
5 what his grandfather did.
6 The educated ones, like a good example, you, and many
7 more that I've met, went on with their careers.
8 We had no careers. I did the same thing you did. I did
9 the same thing.
10 DR. McNISH: Most of us were career-oriented
11 officers when we were shot down.
12 DR. AMBROSE: And in Vietnam, that was the -- it
13 was the first war or conflict in which the majority of the
14 Prisoners of War were officers.
15 MR. FLETCHER: Educated.
16 DR. AMBROSE: Were older. Were educated. Did go
17 through survival training. And it was the first time that,
18 upon repatriation, there was recognition of that special
19 status.
20 As we've heard so many times, World War II, they came
21 home. "Those of you who have problems, stand over here.
22 We'll get to you. Those of you who do not have problems,
23 we're going to get you on a ship and get you home. How many
24 have problems?"
25 Nobody had problems. So they went home. And their

1 medical injuries and conditions were not recognized.
2 In Korea, you have educated us, Bob, about the two
3 repatriation groups. The first group coming home were the
4 ones who collaborated, and the ones from whom everybody else
5 was painted with that big broad paintbrush of being a
6 collaborator. And therefore, unhonorable or dishonorable.
7 And the treatment that you got was dishonorable.
8 DR. McNISH: Absolutely.
9 DR. AMBROSE: Then we have learned and with the
10 repatriation of the Vietnam era and those coming afterwards,
11 there has been a recognition that the reintegration into
12 society needs to be looked at. That a nurturing environment
13 needs to be provided. And the services need to be provided
14 to the Former Prisoner of War group. And I was blessed to
15 be the leader of that entity in Pensacola, Florida for seven
16 years.
17 So yes, we have learned hard lessons from World War II
18 and Korea. And thankfully, we're able to apply them to the
19 folks today. And as our Chairman has said so many times,
20 thankfully, we're not making too many more of them.
21 DR. McNISH: So there are a lot of reasons where
22 what you say is absolutely valid, but not necessarily
23 applied to the majority of those of us who came home from
24 Vietnam.
25 MR. BUSSEL: Because there is articles in the

1 paper about guys that spent all the money they accumulated
2 there.
3 DR. McNISH: I think that probably was more some
4 of the folks that Hal was locked up with that ended up in
5 that situation. They, a lot of those folks, were the less
6 educated.
7 DR. CORNUM: Therapy didn't do very well.
8 DR. KUSHNER: Two of the guys that I was with,
9 shortly after coming back, were drinking themselves to
10 death. But everybody is different.
11 I mean, as a physician, we know that everyone is
12 different, and there's a premorbid personality that goes
13 into this. And some people do better because of this
14 premorbid personality, regardless of the stress that they
15 endured, which is a factor, but not the only factor. I
16 don't think there is an answer to those comments.
17 MR. BUSSEL: I envy you guys, your ability to do
18 this. Because when I came home, and I know a lot of other
19 buddies of mine, we came home with the rage. And "Don't get
20 in our face." We were just absolutely assured that nobody
21 gave a damn about us.
22 DR. KUSHNER: I cared about you, Norman.
23 MRS. BUSSEL: You weren't born yet.
24 DR. McNISH: Oh, yeah. Oh, yeah.
25 DR. CORNUM: He's younger. He's not that much

1 younger.
2 DR. KUSHNER: How about a break, Mr. Chairman?
3 DR. McNISH: Okay. It's time for a 25-minute
4 break.
5 (Proceedings in recess.)
6 (After recess.)
7 DR. McNISH: Can we reconvene as soon as we can?
8 So folks, first let me thank you so much for coming. And in
9 case you don't even know why you're here or who we are, let
10 me give you a little bit of background, then I'll ask each
11 of the Committee members to give you a little bit of an idea
12 about their background.
13 And what I would like to do is to hear two things from
14 you folks, if we may. One thing is your story. A little
15 bit about how you became a POW and so forth. And where you
16 were a POW, those types of things.
17 The other thing that we would like to hear from you very
18 much is how you -- what you think about the care that is --
19 that you are receiving from the VA, and what could be done
20 to improve the care and the benefits that you are receiving
21 from the VA.
22 Just to give you some background, we are an advisory
23 committee to the Secretary of the Veterans Administration.
24 We get together twice a year to try to come up with ways to
25 improve care and benefits for the POW veterans.

1 We meet once a year in Washington, D.C. And then we
2 meet once a year somewhere else, at some other VA facility
3 in the country. And so for this meeting, we chose here.
4 And we've had the opportunity to go to the hospital.
5 We've talked to the folks over at the Regional Office. And
6 now we are so pleased that you came to give us the local
7 veteran, POW veterans, insight as to what's going on.
8 So just so that you kind of know who this group is
9 you're talking to, I'm going to ask everybody to briefly
10 give you an idea of what their POW experience was or what
11 war they were in or whatever, and just so that you kind of
12 understand.
13 And all of us here at the table are Former Prisoners of
14 War with the exception of Dr. Ambrose, who was the Director
15 of the POW program down in Pensacola, and the Center for
16 Prisoner of War Studies.
17 So just to start off, I was a POW in Vietnam. I was an
18 F-105 fighter pilot shot down, and stayed a prisoner for six
19 and a half years. And then I came home and subsequently
20 went to medical school and ended up getting the absolute
21 privilege of working with this group of people and this
22 Committee to try to help with the care that is being
23 provided and the benefits that are being provided to Former
24 Prisoners of War.
25 And so I'm going to let each person introduce

1 themselves. By the way, I didn't introduce myself. I'm Tom
2 McNish. So you heard the story first and then you heard my
3 name. All right. Rhonda?
4 DR. CORNUM: I'm Rhonda Cornum. I was an Army
5 officer. I'm a physician. I was captured in Iraq in 1991
6 when I was on a search and rescue mission that didn't go
7 very well. And they shot down my helicopter, and I was
8 captured.
9 And I got released after a week. And unfortunately, I
10 have broken a bunch of bones. So it took a while to get
11 back to work. But then had a pretty successful Army career
12 after that.
13 Retired from the Army in 2012, and have been on this
14 Committee for now three years maybe. So that's my story.
15 DR. McNISH: Bob?
16 MR. FLETCHER: My name is Robert Fletcher. I was
17 stationed in Japan. I was 17 when I went to Korea. I was
18 in the 24th Infantry Regiment. I was captured November 1950
19 when the Chinese came into the Korean war. I spent 33
20 months with them.
21 About eighty percent of us got captured when summer
22 closed, and so we suffered a lot of cold weather injuries.
23 Frozen feet and hands and everything else.
24 I've been on the Committee for about 21 years. A lot of
25 things that we have suggested for the Former Prisoners of

1 War have been taken under advisement and have become
2 successfully very good for them.
3 And so I think that a lot of the information you give
4 us, we'll put in the record and look at. Thank you very
5 much.
6 DR. McNISH: Bob?
7 DR. CERTAIN: Robert Certain. I'm also known as
8 Bob. I was a B-52 navigator flying over Hanoi and was shot
9 down in December of 1972. And the war ended six weeks
10 later. I was there for another sixty days. So 100 days in
11 prison in Hanoi.
12 I came home. I went to seminary and became a Chaplain.
13 I stayed with the Air Force for another 23 years after that.
14 So I have a total of thirty.
15 Then I retired in the last millennium, in 1999. And now
16 have been on this Committee, I think, since 2008 and served
17 as Executive Director of the Military Chaplains Association
18 also. So I'm privileged to be in your presence.
19 DR. McNISH: Norm?
20 MR. BUSSEL: I'm Norm Bussel. I was in World War
21 II. I was shot down over Berlin April 29th, 1944. I was a
22 POW for a year and a day. And came home and wasted the next
23 twenty years.
24 And finally I got it together, and I went to school and
25 I became a business analyst and moved to New York. And I've

1 been on the Committee about three years now.
2 DR. McNISH: Michael?
3 DR. AMBROSE: I'm Michael Ambrose. I was the
4 Director of the Robert E. Mitchell Center for Prisoner of
5 War Studies. It is the Department of Defense's follow-up
6 program for Prisoners of War. It was started after the
7 return of the Vietnam POWs in 1973. It now -- it started
8 off as the Navy program. It now serves Prisoners of War
9 from all services. They are eligible for annual
10 evaluations.
11 And it's the largest and longest ongoing study of the
12 effects of captivity on Former Prisoners of War, both
13 physical and psychological. And I've had the privilege of
14 being on the Committee since 1998.
15 DR. McNISH: Shoshana?
16 MS. JOHNSON: Shoshana Johnson, United States
17 Army. Captured in Nasiriyah, Iraq. Shot and caught March
18 23rd, 2003. Spent 22 days in captivity.
19 I was medically retired in 2013. Went on to culinary
20 school. Mom of one. Culinarian and hopefully pastry chef
21 of the future.
22 MR. HANTON: I'm Tom Hanton. I was shot down over
23 Hanoi in an F-4 in June of 1972. Spent nine months, and
24 stayed in the Air Force for 25 years, retiring in 1993. And
25 I've been on the Committee since 2012.

1 DR. KUSHNER: I'm Hal Kushner. United States
2 Army. I was in Vietnam. I was captured in December of
3 1967, and I came home in March of 1973. Five and a half
4 years captured. Three years in South Vietnam in the jungle,
5 and then was walked 900 kilometers to Hanoi and stayed two
6 years in Hanoi.
7 And about half of my fellow prisoners died in camps in
8 the jungle. I was a physician, flight surgeon. I'm an
9 ophthalmologist, eye surgeon now. And I've been on this
10 Committee, I think, three years. And that's my story.
11 DR. McNISH: As I understand, we have Mr. and Mrs.
12 Chin with us.
13 MR. CHIN: I was captured in 1944 near the Hurtgen
14 Forest in Germany. I was captured, I think, five months.
15 MRS. CHIN: I think it was from until -- it was
16 November 30th until June.
17 MR. CHIN: Captured November 30th of 1944. And I
18 was released --
19 MRS. CHIN: In May or June of '45.
20 MR. CHIN: In American forces. From there, I
21 guess I went to dental school and I graduated and spent
22 about 25 years in practice.
23 MRS. CHIN: Thirty.
24 MR. CHIN: My wife knows the story. My memory is
25 not good.

1 DR. McNISH: That's all right. Mine works about
2 the same as yours when my wife's with me.
3 MR. CHIN: So --
4 MRS. CHIN: He's been retired since '89.
5 DR. KUSHNER: How old are you, sir?
6 MR. CHIN: I'm 90 years.
7 MRS. CHIN: Today.
8 MR. FLETCHER: You were with the 334th or 332nd?
9 MR. CHIN: No, I was the 8th Infantry Division.
10 MRS. CHIN: I think you said you landed at Utah
11 Beach, and walked all the way.
12 MR. CHIN: About 28 days after D-Day.
13 DR. McNISH: Wow. Were you injured, sir?
14 MR. CHIN: No. Luckily, we were on patrol. And
15 because they got the waveman and the radioman. And I was
16 lucky to be non-injured.
17 MRS. CHIN: He was lucky. Just before, I think
18 you said something about they carried one injured man --
19 MR. CHIN: The radioman, they carried him on a
20 door for a few miles, but then he passed away and had to
21 leave him behind.
22 DR. McNISH: What camp were you in, sir? What
23 prison camp were you in?
24 MR. CHIN: I was -- they took almost a whole month
25 to transfer us up because the boxcars were -- they had to

1 wait until they got another to move it. And I was taken to
2 Leipzig. I was at Leipzig.
3 They transferred us to a boxcar factory. They made
4 wooden chips to run the boilers on the cars to make them
5 run. Spent about five months in there, and the war was
6 over.
7 MRS. CHIN: I think it was like IV-F, Stalag IV-F.
8 And since he was young, they put him to work and he got an
9 extra chunk of horse meat once in a while.
10 And I think the medical evaluator was saying that just
11 from depravation of essential nutrients, like vitamins and
12 everything, he had stomach problems when he came back. And
13 luckily we stayed with the family for three years and kind
14 of got our bearing.
15 DR. KUSHNER: You knew each other then?
16 MRS. CHIN: Yes, we married -- he came back in
17 May. We married in August.
18 DR. KUSHNER: So you knew him before?
19 MRS. CHIN: Yes, right. So I guess it was kind of
20 we were meant for each other.
21 DR. McNISH: You've been married 69 years? God
22 bless you. That's wonderful.
23 MRS. CHIN: He's been a very kind and patient man
24 to tolerate me.
25 DR. McNISH: Can I get you to tell me your first

1 names. I apologize.
2 MRS. CHIN: William and Dorothy. I'm from
3 Portland. And we met through intercity clubs, basketball,
4 softball, football, golf. And all through the years, we
5 just kind of had -- I think Portland, Seattle, Vancouver, BC
6 and LA. We traveled and compete with each others clubs,
7 Chinese clubs.
8 MS. JOHNSON: Did you know he was a POW, or did
9 you receive word?
10 MRS. CHIN: My brother was going to school up here
11 and he introduced me, kind of a blind date, I guess. And
12 then just went on from there.
13 DR. CORNUM: When he was captured, did you hear he
14 was dead or he was captured?
15 MRS. CHIN: It's really unique. I guess the east
16 coast radio, ham, they were sending post cards to his
17 parents, because when he was captured, they had his, I
18 think, name and home address. And so they were flooded with
19 post cards saying that he was listed as being one of the
20 captured.
21 MR. CHIN: Missing in action. Then they figured I
22 was captured.
23 MRS. CHIN: That was quite a ways before the Army
24 actually sent anything.
25 DR. KUSHNER: Shortwave. Shortwave radio.

1 MS. JOHNSON: Well, things haven't changed.
2 DR. CORNUM: No. The Army is always the last to
3 tell you.
4 MS. JOHNSON: Yeah, yeah. That's how my parents
5 found out, too.
6 DR. McNISH: When did you start going to the VA,
7 sir?
8 MR. CHIN: I think it was at the golf club. One
9 of the guys told me that I had hearing problems. He said,
10 "You go down to the VA and apply for it."
11 And I went down. I think it was in the Exchange
12 Building in Seattle, the VA. And then that's how I went
13 into the VA and applied.
14 And then right next door was a gal named Lena Swanson, I
15 guess. And she was in charge of Prisoners of War or
16 something. And I went in to ask her about something. And
17 she told me that what my story is, and I told her that, and
18 she got me into the VA, I guess.
19 MRS. CHIN: I think it was around 2000 or 1999.
20 DR. KUSHNER: It was fifty years after the event.
21 MRS. CHIN: Just about. He's been very happy with
22 the services he got there. Very professional, and the
23 technicians are always friendly.
24 They've always treated them -- when we're there,
25 treating all the veterans really nice. "Hello. How are you

1 today? We're here to help you." We've always heard that
2 when we come in.
3 MR. FLETCHER: How much disability are you
4 getting?
5 MR. CHIN: I have 100 percent. They put me
6 through all those tests.
7 MR. FLETCHER: Okay.
8 MRS. CHIN: But the 100 percent was way after your
9 first visit.
10 MR. FLETCHER: You're not 70? You're straight 100
11 percent, is what I'm asking?
12 MRS. CHIN: Yeah. He gets dental care, too.
13 MR. FLETCHER: He gets everything 100 percent?
14 MRS. CHIN: Yes.
15 DR. McNISH: He used to be a dentist. He could
16 give dental care. Melanie?
17 MRS. BUSSEL: Dorothy, may I ask, do you use the
18 CHAMPVA?
19 MRS. CHIN: Yes. Someone contacted me and said
20 that I was eligible.
21 MRS. BUSSEL: Good.
22 MRS. CHIN: Well, luckily I only take two
23 medicines. So it's not expensive.
24 MS. JOHNSON: Who cares? You earned it.
25 DR. McNISH: Thanks folks, very much. The other

1 gentleman that is here is Paul Petredis. Could you share
2 with us a little bit about your background, sir.
3 MR. PETREDIS: First, I'd like to say I'm honored
4 to be here amongst all this body, really, of heroes.
5 Especially because I have a little stigma about my
6 situation. I'm the shortest held Prisoner of War in the
7 history of our country because --
8 DR. McNISH: I wish I could have done that.
9 MR. PETREDIS: When the Chinese came in November
10 27th, they came in with about 300,000 to 500,000 guys at one
11 time. And the reason we're not in North Korea now is
12 because the allies were treated 250 miles out of North
13 Korea, praying to God that the Chinese wouldn't follow them
14 in there. They did.
15 So at any rate, when I was captured, we broke into
16 groups of forty, about platoon size, to try to infiltrate
17 because we were surrounded by the Chinese.
18 And so when we surrendered, they started shooting them.
19 So two of us got away. We ran and hid in the brush until
20 nighttime. And then two nights later, we were walking down
21 the road and they shot him. But I was on my own for about
22 seven days.
23 And through God's will, something happened. I was going
24 through these villages. Most of the villages were abandoned
25 because everyone was going south. But this one particular

1 village was just teeming with people.
2 And I was on the outside. It was in the late afternoon.
3 And I'm trying to size up what's going on with these natives
4 there. Because I didn't know if I could walk through them
5 and/or have to walk around them.
6 A North Korean high school kid come and came up behind
7 me. And when I turned around to see him, he started
8 screaming and running into the village. And so I thought,
9 well, I can't have any other options, but try to brave it
10 out with him.
11 So I went into the village and found out that eight of
12 them were political prisoners of the North Koreans. And
13 originally, the North Koreans were killing all their own
14 countrymen as they were retreating. But it got so hot for
15 them with the Americans right on their tails, that they just
16 left them and were retreating into Manchuria. But these
17 people knew that they'd come back and they wouldn't have a
18 chance.
19 So one of them spoke excellent English and had a brother
20 living in Boston. And so we made a pact, and he took me
21 out. I was with him about a week, two weeks. One week on
22 my own and one week with them.
23 And I have to tell you, I could never have done it
24 myself, because we ended up taking boats and bicycles and
25 every which way to go.

1 And it was quite a fascinating experience, if you will,
2 that they would help me out like that. We were going
3 through a town and somebody screamed, and the Chinese, they
4 had come around. And they were ahead of us. And so
5 everybody scattered, hundreds of people.
6 And they threw me in this house and covered me up with a
7 quilt and those kinds of things, and came back for me when
8 the Chinese left.
9 So it was kind of -- I wrote a book because I've had an
10 emotional time about this. And I have a couple of flyers.
11 I'm not doing this to sell my book at all, but I would
12 like you to know that that was the thing that brought me
13 back into sobriety, was writing my book. And I guess
14 they're kind of advocating that now.
15 DR. KUSHNER: So how long were you captured? You
16 said you were captured with the shortest --
17 DR. KUSHNER: How long were you captured?
18 MR. PETREDIS: Oh, just a few minutes.
19 MR. FLETCHER: Well, he said fourteen days.
20 MR. PETREDIS: We threw our weapons down. Went
21 out and then they started shooting.
22 DR. KUSHNER: It took you two weeks to get back to
23 your lines?
24 MR. PETREDIS: Yes, because they were retreating.
25 In fact, my Korean friend that got me out, every day he

1 would say, "The Americans are twenty miles away." They
2 would go twenty miles, then they just left.
3 Then I talked to a survivor, and he said the same thing.
4 "We'd go twenty miles, dig in, and then leave at night, and
5 go another twenty miles."
6 DR. KUSHNER: What was your unit, sir?
7 MR. PETREDIS: My unit? I was in K Company of the
8 35th Regiment Infantry.
9 MR. FLETCHER: I was 25th Division. There was a
10 27th and a 24th.
11 DR. CORNUM: When did you write the book?
12 MR. PETREDIS: Several years ago.
13 DR. McNISH: Did you ever have the chance to meet
14 the young fellow that helped you out?
15 MR. PETREDIS: No. I get asked that a lot. And
16 I'm so regretful of it. I understand now they built in a
17 terrific computer system where people can check on relatives
18 and that. But at that time of the war, it was not --
19 MR. FLETCHER: It was hell.
20 MR. PETREDIS: Yeah.
21 MR. FLETCHER: Pure hell.
22 MR. PETREDIS: It was cold.
23 DR. McNISH: Did he go with you all the way to
24 South Korea, or did he stay in North Korea?
25 MR. PETREDIS: We were in North Korea, but

1 getting, I think, pretty close to South Korea. And I put it
2 in my book.
3 There was a South Korean unit that was behind the lines,
4 too. And so somebody must have warned them or alerted them
5 about my presence because I guess they were waiting for me.
6 And they drove me about twenty miles. And then it was a
7 whole division of South Koreans waiting to go, all in their
8 trucks and everything. And that's when I finally got out
9 that night.
10 And the reason I got out, the allies were blowing all
11 the bridges up. And we would go from one place to another
12 and another. And they'd just been blown. But by the time
13 we got to this last one, it was dark and there were -- the
14 General of the division had everybody turn their lights on.
15 And that's what saved us, I think, because they knew we
16 weren't Chinese. It was too soon. That's it.
17 DR. McNISH: That's quite a story. When did you
18 first go to the VA?
19 MR. PETREDIS: I'm sorry?
20 DR. CORNUM: When did you first go to the Veterans
21 Administration?
22 MR. PETREDIS: Wow, that's a great question. I
23 think in the late '50s. I remember they had a very bad
24 reputation. Not our fault.
25 But when you think about it, at that time all the

1 bureaucracy, at least in my view, were the same way. The
2 Post Office. You couldn't get a package out because you had
3 this scotch tape and all that. The DMV and all that.
4 So we've kind of grown up, I think. And I think the VA
5 is the greatest organization in the world.
6 I mentioned to someone that I have private insurance,
7 but I just go to the VA because they're so competent,
8 friendly, and all those things.
9 DR. McNISH: Have you gone to other VAs or just
10 this one?
11 MR. PETREDIS: I went to -- I lived in Central
12 California and went to Fresno. I found out in
13 organizations, that they have dumping grounds, depending on
14 the organization, whether it's Highway Patrol. If you mess
15 up, they put you in -- Fresno was the dumping ground.
16 DR. McNISH: That's great.
17 MR. PETREDIS: It was horrible: And the total
18 change of Ocean Life in Tacoma, the VA, just incredibly
19 great people there.
20 MS. JOHNSON: So I should move?
21 MR. PETREDIS: I thank you guys for all of this.
22 DR. McNISH: And the way that you can help us is
23 if you can give us any suggestions, ideas, thoughts as to
24 how the VA could do a better job for you and other POWs?
25 MR. PETREDIS: I have a -- I never went to high

1 school. That was a mistake. But I ended up with a Master's
2 in Government Administration. And I studied organizations,
3 and I found it fascinating.
4 And I can say I couldn't come up with one thing to
5 improve the VA. I just think they're incredibly top notch.
6 DR. CORNUM: We'll put that in our report. We
7 don't hear that very often.
8 MR. CHIN: I find the VA very helpful, and they're
9 pretty responsible, taking care of all the prisoners, in
10 Seattle anyway.
11 DR. McNISH: Have you been to other VAs or just
12 this one?
13 MR. CHIN: Just this one.
14 MRS. CHIN: We went for emergency in Honolulu and
15 University of Oregon.
16 DR. KUSHNER: At the VA or the university?
17 MRS. CHIN: Well, I think it was --
18 DR. KUSHNER: They were associated?
19 MRS. CHIN: They were associated with the VA. And
20 they were good, too. We never doubted their diagnoses.
21 They seemed to have sincere professionals.
22 I mean, they're consultants here, and they know what
23 they're doing. And we have no complaints.
24 MR. CHIN: Nope.
25 DR. McNISH: Well, thank you. Anybody else have

1 thoughts, comments, questions?
2 MS. JOHNSON: Thank you for your service.
3 DR. McNISH: A great story.
4 MS. JOHNSON: Thank you so much.
5 MRS. CHIN: He volunteer, because after his basic
6 training, he said somebody came through and --
7 MR. CHIN: I volunteered.
8 MRS. CHIN: He volunteered. He didn't know what
9 he was getting into. He was 18. But luckily, everything
10 turned out.
11 DR. AMBROSE: Absolutely.
12 DR. McNISH: Thanks so much for sharing your story
13 and thank you for making the effort to come help us better
14 understand what we can do for the POW veterans.
15 MS. JOHNSON: Thank you.
16 MRS. CHIN: You're welcome.
17 DR. McNISH: Thanks a lot. That does it, folks.
18 Thank you.
19 DR. AMBROSE: We are adjourned.
20 (Day 2, Tuesday, November 18, 2014
21 adjournment: 4:30 p.m.)
22
23
24
25

1 C E R T I F I C A T E
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4
5 I, CATHERINE E. BLACK, Certified Court Reporter,
6 NO. 2266, in and for the State of Washington, certify the
7 following:
8 That the foregoing Biannual Meeting of the
9 Department of Veterans Affairs Advisory Committee on Former
10 Prisoners of War was held and reported by me on Tuesday
11 November 18, 2014 (Day 2) at the hour of 8:30 a.m. at
12 SpringHill Suites by Marriott, 1800 Yale Avenue, Seattle,
13 Washington, and was thereafter transcribed and produced, to
14 be distributed to the appropriate parties.
15 That the foregoing is a true and correct transcript
16 and production of my shorthand notes so taken, dated this
17 5th day of December, 2014.
18
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22
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24
25

1 DEPARTMENT OF VETERANS AFFAIRS

2 ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

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6 Department of Veterans Affairs

7 Advisory Committee on Former Prisoners of War

8 Biannual Meeting, Wednesday, November 19, 2014

9 SpringHill Suites by Marriott

10 1800 Yale Avenue, Seattle, Washington

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20 Reported By: Patricia A. Blevins, CCR
CCR No. 2484

21

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1 FORMER PRISONERS OF WAR ADVISORY COMMITTEE MEMBERS PRESENT:

2 Thomas M. McNish, MD, MHP, FPOW Committee Chairman
San Antonio, Texas
3 FPOW Vietnam

4 Michael R. Ambrose, MD, MPH, FAAFP
Former Director, Robert E. Mitchell Center
5 Mobile, Alabama

6 Hal Kushner, MD, FACS, COL (ret) US Army
Daytona Beach, Florida
7 FPOW Vietnam

8 Tom Hanton, President, NAM POWS
Mount Pleasant, South Carolina
9 FPOW Vietnam

10 Shoshana Johnson
State of Texas
11 FPOW Operation Iraqi Freedom

12 Norman Bussel, National Service Officers
Montrose, Virginia
13 FPOW World War II

14 The Rev. Dr. Robert G. Certain
Chaplain, Colonel, USAFR (Retired)
15 FPOW Vietnam

16 Robert W. Fletcher
Department of Veteran Affairs
17 Advisory Committee on Former POWs
Ann Arbor, Michigan
18 FPOW Korea

19 Eric R. Robinson, Analyst, Interagency Data Sharing
Designated Federal Officer
20 Washington, D.C.

21 Rhonda Cornum, MD, Ph.D.
FPOW Desert Storm
22

23

24

25

1 SPECIAL GUEST SPEAKER:

2 Thomas Murphy
Director
3 Compensation Service

4

5 OTHER APPEARANCES ON RECORD:

6 Mack T. Orsborn, MD.
Seattle VA Hospital
7 Seattle, Washington

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1 BE IT REMEMBERED that the Department of Veterans
2 Affairs Advisory Committee on Former Prisoners of War
3 Biannual Meeting (Day 3) was held on Wednesday, November 19,
4 2014, at the hour of 9:00 a.m., at Seattle, Washington,
5 reported and transcribed by Patricia Blevins, Certified
6 Court Reporter, in and for the State of Washington, residing
7 at Seattle, Washington;
8 Whereupon, the following proceedings were had, to
9 wit:
10 *****
11 DR. McNISH: Good morning. I hope everybody
12 had a nice evening and a good dinner. Those of you who are
13 staying tonight and haven't been to Anthony's, I would
14 recommend it. Those of us who went there were real pleased
15 with the service and the food and the setting.
16 Today we only have one item on the agenda beyond
17 our discussion, as far as the report. Any other items
18 anybody may have thought of, that may be included in that?
19 I think yesterday we bounced around a little bit, and we'll
20 get to that in a minute.
21 Do all of the committee members at least have a
22 copy of the draft report that Mike so nicely typed up for
23 us, and had a chance to look at that? And I hope that at
24 least sometime during the meeting you had a chance to look
25 at the draft response to our May 2013 meeting that we

1 received so we can kind of put this report in context with
2 that one.
3 And then at 9:30, or whenever he comes in, Tom
4 Murphy is going to talk to us about what's going on with the
5 compensation service. And he told me he has no real
6 prepared Power Point presentation or anything of that
7 nature, but he wants to kind of bring us up to date on
8 what's going on at the central office from his perspective
9 and then open it up for questions. And it's booked for a
10 half hour, and obviously we'll consider how productive, how
11 useful, the information is as time goes on. But I would say
12 that if necessary, it can go on up to an hour if it is
13 productive. But if not, we'll finish up our work and go
14 home.
15 That being said, let's everybody look at this.
16 Until Mr. Murphy comes, we'll go ahead and start looking at
17 this draft.
18 Bob, you want to go ahead and present what you
19 discussed with me earlier?
20 MR. FLETCHER: Well, I've been thinking about
21 this. The POW was 70 percent, and his wife not really
22 securing the proper benefits. And I was saying to
23 Dr. McNish, "I wonder if there's somehow we can make a
24 recommendation that their records be looked at, in any way
25 call back in for another physical, or whatever it takes, and

1 be brought up to what we call 100 percent straight out as a
2 recommendation with this."
3 DR. AMBROSE: Well, our concern is that
4 former prisoners of war who are not full and total whatever
5 correct -- full and whatever -- what is it?
6 DR. CORNUM: Permanent.
7 DR. AMBROSE: -- permanent and total
8 disabled, if their spouses, on their demise, would not be
9 entitled to the full DIC that they would otherwise be
10 entitled to if they were 100 percent IU. And our
11 recommendation would be that VA review all available FPOW
12 files and notify those who are less than 100 percent
13 permanent and total, to contact their local VA for
14 re-evaluation.
15 MR. FLETCHER: Or they be notified.
16 DR. CORNUM: No, POW.
17 DR. AMBROSE: Well, yeah.
18 DR. CORNUM: Is that any different than every
19 other veteran who is --
20 DR. AMBROSE: It is not different, as I
21 understand it. However, with our charge being that of the
22 former prisoners of war and the former prisoners of war
23 being a smaller number --
24 DR. CORNUM: I got it. But there is nothing
25 different about the --

1 (Multiple speakers.)
2 DR. McNISH: The only thing that's different
3 is the one year versus five years.
4 DR. AMBROSE: No, it's one year versus ten.
5 DR. McNISH: Well, but it's five for
6 something else, too.
7 Before I recognize a member of the public, I would
8 like to make sure that it's on the record that with the
9 agreement of the committee members, we will accept --
10 DR. CORNUM: That recommendation.
11 DR. McNISH: -- comments and input from the
12 members -- people who are in the room who are not members of
13 the committee.
14 You had a question or a comment?
15 MRS. FLETCHER: It's a comment. You must
16 hold that total and permanent for eight years before the
17 widow is then able to get the increased DIC. Eight years.
18 That's the law.
19 DR. McNISH: So --
20 DR. CORNUM: Well, we want everybody to do it
21 now so they can start their eight years.
22 MRS. FLETCHER: You got it.
23 DR. CORNUM: Okay. That's a reasonable
24 request.
25 DR. McNISH: Wow. So the one year doesn't

1 apply to that.
2 MRS. FLETCHER: The one year applies to
3 getting DIC automatically if you've been --
4 DR. McNISH: Getting it or not, but the
5 amount of DIC, the one year doesn't apply. The eight years
6 comes into play.
7 MRS. FLETCHER: Correct.
8 DR. CORNUM: That's a big difference. I
9 didn't realize what a big difference it was.
10 DR. McNISH: Yes, ma'am?
11 MS. JOHNSON: Can we make a suggestion that
12 they hire independent groups, since they can't seem to get
13 the numbers straight, to go in and audit the system of
14 former POWs. And at the same time they're auditing, they
15 can take a good look at who has the proper records to
16 maintain a POW status. They could also give a breakdown of
17 who is at 70 percent, who is already 100 percent, who has
18 IU, and make that a complete report for them to work on from
19 that.
20 They always -- you know, they don't have a problem
21 hiring out to advertise about the VA and jobs so they can
22 put out the money for someone to come in and do a proper
23 audit of the situation.
24 MR. HANTON: Define the population
25 of FPOWs --

1 DR. CORNUM: And then when --
2 MS. JOHNSON: Yeah. They'd give a complete
3 breakdown of each person, your percentage, how long you've
4 had the percentage, and so forth, and then they can work
5 from that list to contact people, especially, you know, the
6 ones that are upper in age, contact them first.
7 MR. HANTON: What's the scope of the problem?
8 Is it 5 people or 450 people, plus or minus --
9 DR. CORNUM: Or 5,000?
10 MR. HANTON: Well, the magnitude is calling
11 it at seven percent.
12 MR. FLETCHER: I think it's quite high.
13 MR. HANTON: Well, that's my point.
14 (Multiple speakers.)
15 DR. CORNUM: Well, if they don't do that,
16 they'll just make it an additional thing for somebody who
17 already has something to do. And so either what that guy is
18 doing won't get done, or this additional duty won't get
19 done, and that's just how it works here.
20 DR. McNISH: I would -- I think that we could
21 request that an audit be done because of obvious errors in
22 the numbers of POWs that are being reported, and concerns
23 about the percentage of disability, and perhaps worded in
24 such a way that it would say, If this cannot be rapidly and
25 effectively done in-house, we would request consideration of

1 a private -- of a contracted audit be done. And I think
2 that that would be -- that would put it in terms that would
3 make it palpable and wouldn't cause an immediate
4 arched-back.
5 MR. FLETCHER: Well, when you say that
6 there's a big problem, there is, because the
7 American-Korean -- the last Korean convention that we went
8 to, I talked to the person who was the editor. He said he
9 sent out 2,500 letters and got 500 back saying "no such
10 number," or not there. So that means that the Korean POWs
11 are not 900.
12 DR. McNISH: Well, they're only reporting
13 658, according what they're thinking.
14 MR. FLETCHER: It's around 2,000 if that
15 mailing list is correct.
16 DR. McNISH: All the VA can report is people
17 that have actually signed up with the VA.
18 DR. CORNUM: But that certainly ought to be
19 fewer than there are.
20 DR. McNISH: Well, we know that there are
21 errors. We know that there are errors in the data that they
22 are reporting, even of the ones who are on the VA rolls.
23 And so I think we can clearly request that they get that
24 straightened out.
25 DR. CORNUM: From a practical standpoint, as

1 a private citizen, could I just ask Cheryl to put this in
2 the next newsletter, that if you are 100 percent because --
3 including your IU incentive without it, you should go get
4 revalued?
5 DR. McNISH: That's a great idea.
6 MRS. FLETCHER: I'll be glad to write it.
7 DR. CORNUM: It's got to be an article that's
8 short, though, or they'll never get to the bottom.
9 DR. KUSHNER: In bold.
10 DR. CORNUM: In bold, right. Do this now.
11 DR. KUSHNER: Brief and in bold, please.
12 DR. McNISH: That is something else that
13 would be included.
14 DR. AMBROSE: Well, I have included as
15 Item 5, "The committee is concerned that there may be a
16 significant number of former prisoners of war who may be
17 designated 100 percent individual unemployability, IU,
18 instead of 100 percent permanent in total. The difference
19 in DIC payments to a surviving spouse of those in the IU
20 category is significant.
21 "Action: The committee recommends the VA conduct
22 an audit of FPOW records to determine those who are
23 100 percent with IU "vice" those who are 100 percent
24 permanent in total. We further recommend that any who are
25 less than 100 percent permanent in total be encouraged to

1 request a re-evaluation."
2 Then do we need to include in there "and to
3 delineate the differences between the two," or is that
4 sufficient?
5 DR. CORNUM: I think that was sufficient.
6 DR. McNISH: Would we not also want to
7 include "if this cannot be conducted efficiently or
8 expeditiously, that --"
9 DR. CORNUM: Because of the rapidly aging
10 population, we need to get this done.
11 DR. McNISH: Due to the urgency of this
12 relationship to the [inaudible], that consideration be made
13 for contracting and this audit.
14 DR. AMBROSE: All right. If such an audit
15 cannot be conducted expeditiously by --
16 DR. CORNUM: By in-house assets.
17 DR. AMBROSE: -- in-house resources, we
18 request that VA consider funding an outside resource, or
19 whatever.
20 DR. McNISH: Contracting this audit.
21 DR. AMBROSE: Okay. If such an audit cannot
22 be conducted expeditiously by in-house resources, we request
23 that VA consider contracting such an audit with an outside
24 firm, or just contracting.
25 MR. FLETCHER: Outside contractors.

1 DR. AMBROSE: Just contracting such an audit?
2 MR. FLETCHER: Yes.
3 DR. CERTAIN: I think I'd move it up to item
4 two.
5 DR. KUSHNER: Yeah, we're going to play with
6 the order --
7 DR. AMBROSE: Oh. All right. So that gives
8 us the wording to play with. And, you know, I'll email a
9 final draft to the chairman.
10 Did we want to go through the other items?
11 DR. McNISH: Nah, I would like to make sure
12 that the content is there that we feel needs to be there,
13 and Mike and I will wordsmith it to smooth it out. But as
14 long as we've got the content that the committee feels is
15 important, then I don't want to spend a lot of time just
16 going over every word and every comma. Go ahead.
17 DR. AMBROSE: So if everybody has had a
18 chance to look at it, if there aren't any further
19 significant additions, corrections, deletions, then I'll
20 just save this, email it to the chairman, and it can be
21 further massaged and transmitted electronically to all of us
22 when it is going to be done.
23 DR. McNISH: Okay.
24 MR. FLETCHER: Okay.
25 DR. McNISH: Along with the cover letter that

1 goes with it. And that being said, have all of you had a
2 chance to look at this draft response to our September 13
3 ruling?
4 MR. FLETCHER: Yeah, I did.
5 DR. McNISH: There's a couple things in there
6 that I wanted us to at least look over. One, I mean, they
7 start right off with this category two flag, you know,
8 flagging records. And Bob has told us for years that
9 Detroit is doing this. No? Yes?
10 MR. FLETCHER: (Nodding.) Everybody but the
11 hospital. And according to my --
12 DR. CORNUM: "But the hospital" I think is
13 the key term.
14 MR. FLETCHER: Yes.
15 DR. McNISH: It doesn't show up at the
16 hospital.
17 MR. FLETCHER: And every VA Hospital in Ann
18 Arbor doesn't find it necessary. And I'll give you a good
19 example of that. I was in the hospital twice with heart
20 troubles. And I was staying there, and the nurse came in,
21 and she says, "Well, we've got to get you some elastic
22 stockings." And I said, "Fine." "But you have to pay for
23 them, or through your insurance company.
24 I said, "What are you talking about? I'm a former
25 prisoner of war."

1 "Oh, we didn't know that."
2 She was gone 15 or 20 minutes, and she came back
3 and forth there, and she said, "Yeah, I looked up your
4 records." But there was no other way for her to find out.
5 Detroit flags. When you go to Detroit and you
6 give them your card and they swipe it, a red screen comes up
7 at the hospital, at the VA Hospital in Detroit.
8 DR. McNISH: Just to check this out, I went
9 over to the San Antonio VA and had them -- I just gave them
10 my -- told them I didn't have my card with me and just gave
11 them my Social Security number. And they have instituted a
12 local flag that does pop up. It's just a little dialogue
13 box, a little square that says "Former Prisoner of War, "and
14 they have to click it to make it go away.
15 So some of the hospitals are doing this. I don't
16 see why they keep coming back to us and telling us, Oh, we
17 can't do it. It's not -- It doesn't fit within VA Directive
18 2010-053.
19 DR. CORNUM: That's exactly what those local
20 people are bringing -- in making that. But they can't
21 mandate it because -- if they mandate it, they're telling
22 them to do something that's against the law to create what
23 they're complaining about.
24 DR. McNISH: Well, I guess the law -- change
25 directive, or if it's interpreted as something that can't be

1 included by strict interpretation of that directive.
2 DR. CORNUM: Right.
3 DR. McNISH: Maybe -- I'm trying to figure
4 out how to deal with this without just coming back and
5 saying, "I know you told us so, but we don't believe you."
6 DR. CORNUM: [Inaudible] -- give them
7 examples so they can go down and shut the people down who
8 are doing it.
9 DR. McNISH: I think it's a local option
10 within the guidelines.
11 DR. CORNUM: Maybe we should do that, get
12 that entire --
13 DR. McNISH: See, they get hung up on this
14 Category One and Category Two PRFs, and then they go down to
15 look at the specific definition of each one of those.
16 MR. HANTON: Having worked in the information
17 technology arena, in this last statement on why they
18 disagree and what they're going to do about it, I don't know
19 how Air Force was, if they thought the service center was
20 using the same system. They are not. And therefore, they
21 probably don't have the capability in some of these places
22 to even do it without a change to their system. And that's
23 a technical problem.
24 DR. CORNUM: Yeah. I'm actually a
25 subcontractor working on the Vista problem, and it is --

1 every hospital has changed. It's not like all -- they can't
2 do it locally in all the arenas. Vista is different in
3 every single facility.
4 DR. AMBROSE: And I'm trying to remember,
5 without having to go back and pull up the report. I think
6 that we gave them clinical reasons as to why it was
7 important, especially with the former prisoner of war
8 population, with the potential for having to retrain
9 someone, or et cetera --
10 DR. CORNUM: Right.
11 DR. AMBROSE: -- and the revisiting, and that
12 being a recreation of at least parts of the prisoner of war
13 experience. So it looks like they're looking at part of it,
14 but not the rationale behind the necessity.
15 DR. McNISH: Well, they closed with kind of a
16 nonspecific, as I read it. The advisory board understands
17 the need to convey and register a pop-up prompting mechanism
18 that does not conflict with VHA's directive. It is being
19 investigated by the Office of Information and Technology.
20 I guess we should just request an update on where
21 the OIT is on their investigation.
22 DR. CORNUM: That's a good idea.
23 DR. AMBROSE: Certainly be with the --
24 DR. McNISH: Probably not forget to put it in
25 the letter.

1 DR. AMBROSE: Okay.
2 DR. McNISH: And there were several things --
3 I think we've got a shortened list this time, partly because
4 at least we have the draft response. But as I said in the
5 cover letter last time, there was, of necessity, duplication
6 in my request, because we never heard from the first one.
7 So we were trying to shorten it down this time, and
8 hopefully we're working within a more receptive environment
9 now than we were before.
10 So Mr. Murphy should be here in a minute.
11 Anything else any of you guys want to talk about as far
12 as --
13 There he is. There's the man.
14 Good morning, sir.
15 MR. MURPHY: Good morning.
16 DR. McNISH: You're here early, and we are
17 ready to listen to what you have to say any time you're
18 ready to get started, sir. It's your call. We've just been
19 going over the report and stuff.
20 MR. MURPHY: I hadn't been out to talk to you
21 in a while so I figured it was time to come do that.
22 DR. McNISH: We appreciate it. And just for
23 those of you who haven't met Mr. Murphy, or for purposes of
24 introduction for the nice lady over here that's taking
25 everything down, he is the Director of Compensation Service.

1 He has met with us before. He has always proven to be a
2 true friend of the veteran POW population, and in particular
3 a friend of this committee. And so you are more than
4 welcome, sir, and thank you very much for being here.
5 MR. MURPHY: First let's start with the --
6 you heard from Dave Cunningham the other day, and there was
7 a question about the head count of the Vietnam veterans. It
8 was ran partly through an audit and was verified as
9 something in the neighborhood of 425, and they're working
10 through the rest now. That's not one of -- we should be
11 able to give it to you with this here pretty quick. A
12 complete audit of the books, this is what we have.
13 DR. McNISH: Well, you just let us cross off
14 one of the things we were going to put in our report.
15 MR. MURPHY: Just giving you a heads-up so
16 you can tell the folks back home to use the data and go back
17 through and see what's there. And they're working through
18 the list now.
19 DR. CORNUM: Could we do that 37 from Desert
20 Storm?
21 MR. MURPHY: Okay. There were 21.
22 DR. CORNUM: Because there were 23.
23 MR. MURPHY: Oh. There were 23 known, but we
24 have 37.
25 DR. CORNUM: Correct.

1 DR. McNISH: Where did the other two come
2 from, Rhonda? There were only 21 IU that came home when you
3 did.
4 DR. CORNUM: When I came home -- Didn't some
5 people come home first? Maybe I'm counting the
6 non-Americans.
7 DR. McNISH: Well, there were 21 of you in
8 Bahrain when I got there.
9 DR. CORNUM: Okay. So there's 21 instead of
10 37, then.
11 DR. McNISH: Unless there are two others that
12 have been included in that group that I'm not aware of.
13 DR. CORNUM: Well, I'm guessing. I think
14 they included Spiker, and I'm assuming they're including the
15 one guy from another issue.
16 MR. MURPHY: Okay. There were 20 on the --
17 and then one on the -- going to be a real careful on this
18 one, okay, but there may be some -- "POW" doesn't mean I was
19 taken into captivity and I was taken off for some months or
20 years. You know, there could be periods of time that there
21 was a potential that there are people that are not in the
22 21, that were detained for some reason, and under the strict
23 letter of the law would be included as a former POW. So
24 that possibility exists.
25 However, what I do need to go back and look at,

1 more than likely -- it's an annual system. When you pull it
2 up and it top downs and you pick, and I'm pulling it up and
3 I'm pulling down to put Camp Lejeune contaminated water, and
4 it happens to be next to a former POW, but on -- boom, the
5 person is in the system as a former POW. There's no intent
6 on anybody's part, but it happens.
7 So going back and doing this kind of a check every
8 once in a while just makes good sense. Something like this,
9 I go back and I look at their period of service, and it's
10 from 1970, and they're listed as Desert Shield/Desert Storm
11 POW, big red flag. There's ways you can go in and do the
12 audits, and we can go back and take a look at their number.
13 DR. McNISH: The Vietnam that was so
14 glaringly off from what we know, we know there are 498 of us
15 still alive, and the report that we got said 7-something,
16 must have --
17 MR. MURPHY: Roughly 750 is the number I
18 recall.
19 DR. McNISH: Yeah. I mean, that's a pretty
20 glaring disparity.
21 MR. HANTON: You mentioned the definition of
22 "POW." Is there a definition of "POW" that the VA and all
23 these agencies use, or different ones?
24 MR. MURPHY: The POD awards is a POW medal,
25 from our standpoint, but they have a little more literal

1 interpretation of it. There's an example -- detained
2 after -- it's been three and a half years -- detained at
3 Iran-Iraq border for a number of hours and then released.
4 By the strict letter, that's a "POW."
5 MR. HANTON: Like the gentleman from Korea.
6 DR. CORNUM: Right, captured for two minutes
7 before they started shooting.
8 MR. HANTON: Yeah, that's -- I'm not saying
9 he wasn't. Who was there to see it? I'm not saying he
10 was -- The point is there's no situation that I
11 understand --
12 (Multiple speakers.)
13 DR. CORNUM: Right. And I've discovered that
14 they -- for example, the joint patient repatriation guys. I
15 mean, they'll count somebody who just got lost overnight.
16 But they never even encountered an enemy, and they'll still
17 consider them needing repatriation.
18 DR. McNISH: Although they now call it
19 "reintegration."
20 DR. CORNUM: They can call it whatever they
21 want.
22 MR. HANTON: Can call it going to dinner.
23 MR. MURPHY: Okay. Does that mean they get
24 VA benefits? They don't have a way to -- there's not
25 written into the rules about, Oh, you were a POW for more

1 than 24 hours; therefore, you get these conditions; if it
2 was more than a year, then you get these conditions. You
3 have the status or you don't have the status.
4 Are there some people that are going to get some
5 things that maybe they shouldn't get? Sure. But if you
6 want to take the risk of [inaudible], the prudent thing to
7 do is manage to the -- this is what we know. We're not
8 creating new former POWs from Vietnam. We need to manage
9 that list and make sure that the people that are entitled
10 are included.
11 DR. AMBROSE: Mike McGrath is the historian
12 for the Manpower organization, and he has the most
13 up-to-date list of those "Man POWs" who are still surviving.
14 DR. McNISH: And he routinely scrubs it
15 against the DOD list of MIAs and their status.
16 MR. MURPHY: We'll reach out to him and do a
17 bump on his numbers as against ours. You all have previous
18 copies of his numbers.
19 DR. McNISH: Absolutely.
20 MR. MURPHY: Well, we'll be talking to him,
21 and we'll compare his to ours.
22 DR. McNISH: I want to thank you for your
23 rapid responsiveness to that issue that came up the other
24 day.
25 MR. MURPHY: You guys get a special place in

1 the VA. I don't know if you know that. You need something,
2 you need to just pick up the phone and ask. Sometimes the
3 answer is, "I can't do that for you, I'm sorry," but you'll
4 get a straight answer.
5 A couple of other things that I have here. There
6 were some discussions about what we're doing with the VBA in
7 terms of the automation, the speed of processing, and the
8 lack of personal touch when you automate them.
9 For this group of veterans right here, you fall
10 under the special condition language, which is more of a
11 case management approach. A POW claim should not be going
12 in to the board and should not be going in the express.
13 First let's talk about that. Are you familiar
14 with how we've broken up the processing of claims into
15 lanes?
16 DR. McNISH: No, sir.
17 MR. MURPHY: Okay. Two and a half years ago,
18 under Secretary [inaudible], we laid out the numbers and
19 told her how it all works. It's like an express lane, like
20 a supermarket, going through issues. I have a medical
21 record. Why do I need to wait in line for the next 25 years
22 for a complex diabetes case? So we did some segmentation of
23 work loads, broke them into three groups. This is the
24 express lane of people -- about eight cases a day. There's
25 the core land, about three cases a day, and here's my

1 special mission lane, one to two cases a day.
2 The special mission lane is -- PDI cases, VSI,
3 significant injuries, very serious injuries, all go there.
4 That's more of a, Hi, I'm Tom. I'm going to be the
5 adjudicator on this case. We're going to be working
6 together for the next few months.
7 You're in the express lane, you're not going to
8 hear anything. First thing you're going to get from us is
9 significantly faster than the rest. That core admission
10 still represents 50 to 60 percent of the work, three to four
11 issues and new claims, those kinds of things.
12 So we broke it up into segmented lanes, knowing
13 that we had a population that need that one-on-one kind of
14 attention, and others that, I've got everything I need, just
15 give me a decision.
16 So if you come in with a fully-developed claim,
17 bringing in all the private evidence that you want
18 considered, it goes into the express lane. And if you come
19 in with one of the special flags, it automatically goes into
20 the special mission lane. So you fall into the special
21 mission lane.
22 There's going to be some cases where you're filing
23 a simple, straightforward one-issue, here's the evidence
24 from my doctor, claim for injuries. Do you really want to
25 be waiting in line behind all the complicated cases, or

1 would you rather have a decision fast? So I can go in and
2 say even in circumstances where some of this stuff passes,
3 you should run through the express lane. We're not doing
4 that now. Right now is if you go in with this flag, you go
5 into this special mission. Period.
6 Since the last time I was here to talk with you,
7 we rolled out calculators. Are you familiar with that? We
8 put the DBQ in place, which is a standard format. The
9 doctor checks the block. The longhand, written medical
10 evaluation, it doesn't work in the data processing work.
11 But once we converted it over to blocks, we take those
12 blocks and line them up into a decision model in our
13 computer system. This block checked equals this rating
14 system; this block checked equals that rating system.
15 So what we did is now that we have all of our
16 exams coming in that way, we put them in the calculators,
17 and there's one for each body system, and the calculator
18 comes out with a recommended rating decision based on that
19 single examination. So at that point we built a stop in,
20 where the rater has got to look at it, weigh the rest of the
21 evidence, and has the ability to go back in and change the
22 different data points.
23 So I get this from a [inaudible], but I have this
24 from your treating person at the VA, and I have this from
25 your private doctor. One of the things a rater does is look

1 at those three pieces of evidence and decide one which one
2 is the right one for that particular case. So we built a
3 model that considers one and only one. So we put the stop
4 in place so that the rater can look the at others, modify
5 it, and then from there make a rating decision and send it
6 forward.
7 That's increased our speed, it's increased our
8 accuracy, and more important, when we have the phone calls
9 that I was getting -- and I got these routinely, because I
10 live in New York, but New Jersey is better at PDI claims so
11 I want to file my claim in New Jersey, because I get a
12 higher rating. But those phone calls have all but
13 disappeared, because now all of them have gone through the
14 rating calculator. The rater does an override. I get a
15 report every day telling me, These are the raters that
16 overwrote.
17 In some cases now what I did with that is I sent
18 it back to the regional office, to the director, and said,
19 "You must do a quality review on this before this case is
20 paid and finally decided." So [inaudible] started pulling
21 those cases and looking at them, and they're finding people
22 that say I don't care what the calculator says, I've been
23 doing this for 20 years, and this should be a zero percent,
24 and the calculator is saying 50. I have those cases. So
25 now I know when I put a red flag on it, when I make the

1 director go back into the file and do a quality check. So
2 I'm getting a more consistent decision is my point.
3 So today you send a file in to ten different
4 offices, in all likelihood you're going to get the same
5 decision from all offices, because they're all trying to get
6 back to the one calculator. There's been big behavior
7 change on the part of the raters.
8 Yes, they also were very vocal on this. They were
9 very concerned that we were taking out the personal touch to
10 it. But now that they're in it and seeing it running for a
11 while, a couple years at this point, there's some confidence
12 in it and --
13 DR. KUSHNER: So it's less subjective.
14 MR. MURPHY: Exactly.
15 DR. McNISH: Does it not still get heavily
16 weighted by the quality of the CMP exam?
17 MR. MURPHY: Yes.
18 DR. McNISH: That's where we've seen --
19 MR. MURPHY: You hit it right on the head.
20 DR. McNISH: Yeah, and that's where we've
21 seen the differences between the quality of CMP exams that
22 are done over in Oshkosh versus Seattle.
23 MR. MURPHY: There's still -- That's a side
24 of the world that's beyond my control. I can talk about it
25 a little bit. If we look at the process of the DMA staff at

1 the undersecretary level, it's made a huge change in the
2 world of CMP examining. Prior to the establishment of DMA
3 the way we know them today, CMP clinics [inaudible] in some
4 of them. There was inconsistent execution, let's say, in
5 terms of how it was staffed, when it was staffed, how it
6 operated, et cetera. But by putting Dr. Cross at the top of
7 this, he's driving some standard practices and standard
8 configurations, operating procedures, et cetera -- didn't
9 just -- we're getting more consistent decisions at the other
10 end than what we were.
11 Now, the other side of that is it we're getting
12 them significantly faster. When I first came into this job,
13 they were running between 45 and 60 days, average, for an
14 exam. There are still some that take longer, some that get
15 done faster, but the point is they cut 30 days off the
16 process, and that translates right into a faster rating for
17 them. So From that side it's good.
18 Then the other side of it is it made it more of a
19 discipline, rather than a tendency to hide people here.
20 There's training requirements and then there's enforcement.
21 Before you can go in and do a DPI exam, you need to take
22 this training on what you're looking for with DPI exams.
23 They're scanning now for skeletal, eyes, hearing, et cetera.
24 DR. McNISH: POW?
25 MR. MURPHY: POW is great example. I had

1 that conversation yesterday with [inaudible].
2 DR. McNISH: She didn't get a chance to talk
3 to us because she's new. We'll let her off easy this time.
4 But next time --
5 MR. MURPHY: We had a conversation yesterday
6 after I came by and said hi, about how do we bring all
7 parties concerned inside VA into a single room to get them
8 more level set, here's how we deal with former POW cases.
9 The concept was to do a training session in March and do
10 another one in September. If I had to pick the two worst
11 months in the year from an VBA standpoint, I got
12 100 percent.
13 March is our big surge month, where everything
14 else you are doing that's not rating cases stops, and you
15 rate cases. In September it is the last 30 days of the
16 fiscal year, where the same thing, because I'm trying to get
17 to my year-end metrics and I'm not quite there yet so it's
18 all hands on deck, no annual leave, no playing, no nothing.
19 Do this. So we picked the worst two months on the calendar.
20 DR. McNISH: Seems to me like that could be
21 adjusted.
22 MR. MURPHY: We discussed it last night, and
23 here's what we came up with. I'll tell you the dates first.
24 It's the last week of April, first two weeks of May,
25 somewhere in that time period. It's after the surge. It's

1 before summer vacation starts. It's not a particular time.
2 There's no special event of any kind going on. And that's
3 when we're going to get the highest participation rate.
4 The next part of it is not two events six months
5 apart, where some people attend one and some people attend
6 the other. It's one event. All of the players come in.
7 You get a better participation rate. You give them lots of
8 time to plan. But the more important part is the consistent
9 message.
10 As far as you try to do things, if you do two
11 separate groups, you're going to get two different messages.
12 But if you have it in one place, all the players at one
13 time, one consistent message for everybody, one training for
14 the physician room, another training for the raters, and
15 then I go back in and introduce to the VBA world that says,
16 You must go through this training on a regular basis in
17 order to be certified and in order to be handling these
18 kinds of cases.
19 Now, the next part is the population of veterans
20 that we're looking at, I'm actually looking at numbers and
21 frequency, and what I'm considering is that it might be time
22 to move these under a single center of excellence so that
23 there's one set of raters that are specifically trained to
24 handle these kinds of cases. We do it today with radiation.
25 We do it today with Camp Lejeune. We do it with [inaudible]

1 cases.
2 So it's not a foreign concept. It works for us.
3 You build some expertise in there, and then when these cases
4 come through -- I could teach it all day long and make it
5 proficient now, but if you don't touch a case for 50 weeks,
6 by the time it gets in front of you, you've long forgotten
7 the subtleties that you need to be looking at. So I'm going
8 to take a look at that.
9 And the thing is it's got to do with how big. If
10 it's 9,000 veterans you're talking about and every one of
11 them files a claim every year, that's not going to work.
12 But if it's 9,000 veterans and 15 to 20 percent come in,
13 them who submit a claim, then maybe I'll be able to put it
14 in a single center of excellence. I may even have to split
15 it up into two.
16 But the idea for me is that if I get them into
17 that center of excellence, I can train and build the
18 experience so that the same raters are always with the same
19 cases. I think that's better for us. I think that's better
20 for them.
21 DR. AMBROSE: Two items with the training
22 seminars. One of the things that we have heard is that
23 there is a cap in number of attendees that triggers some
24 kind of audit or concern within VA, and that number was 100.
25 The plan established right now is that the physicians and

1 raters have to recertify every five years. So we would be
2 looking for a data-driven number so that we can schedule
3 appropriate amounts of seat time to allow for
4 recertification.
5 And if your concern is that two meetings don't
6 give the right consistency, can we ask for your support to
7 have a larger meeting once a year, if you feel that is what
8 is appropriate?
9 MR. MURPHY: Yes. There are some -- It's not
10 like, You can't do this. If it's anything over $20,000,
11 you've got to start through the process, and the higher the
12 dollar figure goes, the higher the authorization goes.
13 DR. AMBROSE: And that's perfectly
14 understandable. But again, because of the special
15 population that's being served and the requirements for
16 recertification, if the concept is that one single course
17 would better meet the VA needs, and if we've got your
18 support on it, then you get your central office.
19 MR. MURPHY: You can do it.
20 DR. AMBROSE: Oh, yes. That is --
21 MR. MURPHY: Here's the bottom line on it.
22 Anything that crosses the hundred thousand dollar mark needs
23 the secretary's office approval, or the chief of staff or
24 some people that work -- but it needs to go at that level.
25 We're getting so routine at it that we're planning

1 high-rises and timelines where you know you've got to have
2 to have 60 days for it. So you just have to make a decision
3 now, you know, work for -- the number should be -- I'm
4 guessing maybe 225, 250, just doing some simple math, if you
5 just said one person from each hospital and one person from
6 each regional office, plus support staff.
7 DR. McNISH: I would say this: My
8 understanding is that the concern about consistency had to
9 do with breaking the training up into two segments, which I
10 agree with, and I was kind of with you on that. But now I'm
11 hearing that we are concerned with having two EES seminars,
12 POW seminars, as developing the potential for inconsistency,
13 and I don't think that's necessarily true, because I think
14 we can maintain remarkable consistency in the training,
15 because we have the same faculty at our two annual seminars
16 that we're even doing.
17 So it's each person that goes to person or gets
18 exactly what each person that goes to the second seminar
19 [sic], and there's no duplication of people at those two
20 seminars. So the students are different, but they're still
21 getting exactly the same training, from the same faculty,
22 under the same lesson plan.
23 MR. MURPHY: There's another angle to look at
24 this, in the conversation with Stacy last night, some of the
25 materials we're allowed to use. We change the new

1 regulation every few months. So you get six months past,
2 and there's something in that that needs to be done. So I
3 think right now, just looking at a timeline between now and
4 May 8, within that timeframe, I think it's time to go back
5 in and do a rework of the training [inaudible].
6 The other side of it is once you have the training
7 developed, you can then turn it into some either live
8 meeting before the classes so that you can do them online
9 from when you get back to your home station -- I'm taking a
10 class, I understand it, hey, I need a refresher on this, go
11 login to your training website.
12 DR. McNISH: Yeah, if you have just one large
13 seminar, then certainly you decrease the stress on the
14 faculty, because --
15 MR. MURPHY: There's another factor, and it's
16 the part you really can't measure. If some of them go to
17 this group and some of them go to that group, after the
18 learning that occurs [inaudible] doesn't happen in the room.
19 It happens outside of the conference, and it happens when
20 this rater in Seattle has this conversation with one in
21 Lincoln and another one from Richmond, Virginia. And when I
22 get them all together in one room, it's just like a combat
23 multiplier.
24 And this is something that I've learned from what
25 we did with the challenge training, and now we're training

1 raters. I don't want you turning to the person at a desk
2 next to you, because he's going to tell you how to do it the
3 way you do it in that office. I want you to call your
4 friend who you're in basic training with on the other side
5 of the country, because then I get one answer, possibly, and
6 that's important.
7 We're two years into that, and that's exactly what
8 happened. I broke down the barriers, and I got offices
9 moving, and that's how I'm getting inconsistencies [sic] in
10 the rating decisions. And I think we've leveraged that in
11 this environment. It's not a function of money or time.
12 That's not a problem. It's because we put it together and
13 we're far enough in advance right now that we can do exactly
14 that. We can get the right players and --
15 DR. McNISH: Well, one large seminar per
16 year, I think, would be ideal, because it can be managed,
17 because we would be working within what we worked on the
18 schedule of limitations --
19 MR. MURPHY: -- at this level, 200, 250,
20 even, of these, probably four or five a year. So at this
21 point we'll open up the package, we'll change the numbers,
22 dates and locations, so that it's not -- it's not hard to
23 do, because you start doing it so routinely now, you're
24 going back to the same hotels. You rotate between two or
25 three motels. As we do these, standard setup, you need a

1 big auditorium, 250 people. You might need so many breakout
2 rooms, so this that. You need to know how to set it up in
3 terms of computer issues, equipment, et cetera, et cetera.
4 So it's really pretty simple to do if you just [inaudible].
5 DR. McNISH: Can I ask one of the principal
6 players in this, sitting back there --
7 Mac, how do you see this working out, from your
8 point of view, as far as faculty is concerned?
9 DR. ORSBORN: I'm very excited about the idea
10 of strong BVA support. That's something for [inaudible] to
11 respond to BVA and asked for raters to come, and different
12 participants, and they've always obliged, but we haven't had
13 as good a participation, the cross-pollination between our
14 VHA people and BVA people.
15 Mr. Murphy was talking about leveraging and
16 getting raters talking around the country at our conferences
17 having the information, VHA people talking to BVA people,
18 include that it's been a huge benefit. Having one large
19 conference would certainly reduce the stress on faculty, and
20 it has been one of the big things.
21 And Mr. Murphy talked about coinciding with their
22 big pushes for BVA people to come. Faculty has been a big
23 problem for BVA in that they find conferences in the March
24 timeframe or the September timeframe.
25 DR. McNISH: Great. Well, I see this is all

1 positive.
2 MR. MURPHY: Yeah. It's a good thing. And
3 it was just ten minutes sitting in the lobby, having a
4 conversation. And instantly she brought up the dates and
5 says, "Well, why would you do that? It conflicts with
6 everything else that goes on every year. The argument goes,
7 Well, we don't have great participation. There's other
8 things going on. Now we can get more people to show up.
9 DR. McNISH: Well, we knew that they had low
10 participation. Now we know why.
11 DR. CORNUM: Why did you surge in March, by
12 the way?
13 MR. MURPHY: I'm sorry?
14 DR. CORNUM: Why did you surge in March?
15 MR. MURPHY: I have no idea. That's just a
16 date that was picked. And the last couple years we've
17 decided March is the go-get-it date. It may be that March
18 is month number six so it's the midway point through the
19 year.
20 FEMALE SPEAKER: [Inaudible.]
21 MR. MURPHY: For some folks. That happens in
22 June. Think about it. You get out of high school. What do
23 you do? Four years later you leave, because you're getting
24 out in June. Well, the big time of new claims coming in the
25 door is the June, July, August timeframe. But the segment

1 of the year, just like I talked about, are those two months.
2 DR. CORNUM: Right. I understand September.
3 I don't understand March.
4 MR. MURPHY: Well, in October, the first
5 month of the fiscal year, we're running under a continuing
6 resolution. There's no travel, there's no new business,
7 there's minimal spending, and so you're in quiet mode. Then
8 you get into November. What does that mean? Holiday
9 season, November-December. Don't mess with people. Leave
10 them alone.
11 In January, what are you trying to do? You're
12 trying get over the Holiday hangover and get everybody back
13 to work. That puts you into February. So now, then, you
14 say, All right, we're not taking it up. What do we need to
15 do? Let's do a surge and make up for it in March.
16 In the summer, kids are out of school, annual
17 leave time. September, kids are back in school. So you
18 kind of stay out of the summer months. So you've really
19 only got about three months of the year you can do this kind
20 of stuff. So that's the thought process.
21 DR. CORNUM: Okay. Good.
22 MR. MURPHY: And look, we do the same thing
23 with our directors conferences, our service center manager
24 conferences, and everything else we do. We clump them into
25 these months so we don't interfere with other things, when

1 we get the most participation. So that's the logic.
2 The other question that I had last night was about
3 the new secretary, how are things going under him. It's
4 very refreshing. He looks at the world differently. He
5 comes in with a different mindset. I'll give you some
6 examples of everything that he looks at and scratches his
7 head.
8 Go to a city -- Tampa, Florida. You've got two
9 hospitals, a regional office, and a cemetery, all within a
10 very small circle. The cemetery has an HR department, the
11 VA. The regional office has an HR department. The
12 hospitals each have an HR department. We're all running
13 under the one set of VA rules. Why do we need four HR
14 departments? Why isn't there one? This concept is called
15 "shared services."
16 So if executed properly in the corporate world,
17 what would happen is -- I'm just assuming everything is
18 equal -- that's four offices of 50 people apiece. That's
19 200. I figured out a way to go in and lose 75 or 100
20 people. The rest of them go back through direct contact
21 with patients. I get efficiencies by doing the shared
22 services, which allows me to realign more people back into
23 direct contact with veterans.
24 DR. KUSHNER: Rather than terminating their
25 employment.

1 MR. MURPHY: We don't terminate. I'm a
2 taxpayer, too, so I get that. Right now I'm only here
3 screaming, saying I need more people to do the mission that
4 I have in front of me. And Congress says, Well, we don't
5 want to put more people in there, it's a temporary problem,
6 why hire 20 percent more people. In three years, people go
7 away, the problem goes away.
8 So we don't have to enjoin an increased number of
9 employees. So what do I do? I have to go back in to the
10 organization that I have and figure out a way to be more
11 efficient so that I can realign people to do things that
12 aren't getting done today.
13 DR. McNISH: Yeah.
14 MR. MURPHY: So the common sense approach
15 there is for the secretary to come in, drive shared services
16 in to drive that accountability, use of resources,
17 et cetera, and then realign those people so more doctors --
18 DR. CORNUM: It's like joint basing.
19 MR. MURPHY: Yes, same concept. Yeah. You
20 go right down here, it's joint base Lewis-McChord, right?
21 DR. CORNUM: Same concept.
22 MR. MURPHY: Same exact concept. I use HR,
23 but there's many. Go back in there and look at the
24 logistics, contracting, IT services. Bet there's probably
25 eight or ten different areas. Right now all of those VA

1 central offices are trying to put together the model for
2 what the secretary is asking.
3 The other one you hear him talk about is the IBA
4 and putting it there for security, instead of being, you
5 know, he's on top of the secretary in a distinct pyramid,
6 I'm the head of the support, or the pyramid goes the other
7 way. So it's done in such a way that I haven't seen in the
8 past.
9 When you go after a problem, attack it from the
10 standpoint if you were sitting in the veteran's chair, how
11 would you expect this to work. Now we've designed a process
12 to meet that expectation. That's just a common-sense
13 approach. Stop thinking like a process that's, We've always
14 done it this way, and start thinking of it, What's the
15 ramifications?
16 DR. McNISH: That's why the veterans have
17 been baffled by the two VAs for years and years and years.
18 They think it's the same place that they went where they saw
19 that same symbol.
20 MR. MURPHY: He received a lot of letters
21 from the press conference. They got his personal cell phone
22 number. So he receives a lot of correspondence from various
23 channels, and he sends that down to all of the various
24 things, and about four of them a day land in my office. And
25 it's everything from I went in and had an exam and my rating

1 decision was decreased and my [inaudible] was increased, to
2 I don't know, you name it, but somebody that, My stuff
3 wasn't right, and I need some help.
4 One of them was, I called yesterday and I gave you
5 my info, updated my phone number and contact information. I
6 moved so here's my new information. The next day they
7 called in to the regional office, and the regional office
8 says, Well, I don't have your current address to get a rate.
9 Well, what do you mean you don't have -- I just
10 called yesterday, and I just gave it to you. And the answer
11 was, Oh, you called the hospital. We don't have that
12 information.
13 So there's stovepipes in the basic information,
14 such as mailing address, email, on the record, right? Step
15 number one is drive that back into what we call a master
16 veteran index. And what goes in there? Name, Social
17 Security number, ID number, patient numbers from the
18 hospital side, I have a spouse, I have two children, I
19 have --
20 How many of you are USAA? You go into USAA, the
21 base question that they ask you right up front, Has any of
22 this stuff changed? Well, in VA, if I turn around and
23 establish that same process fee and then they [inaudible],
24 then we're all operating off the common data.
25 I learned how complex it is when I was about a

1 year after I came into this job and said, Okay, we'll send a
2 letter to all these veterans that something's happened. So
3 we identified a group. I think it was 20,000 or 30,000
4 veterans. Good. Told them we had to go back in and offer
5 credit monitoring services.
6 Because when we went through the home of records,
7 it turned out there's a multiple home of records for each
8 veteran, depending on whose system you had, and is it home
9 of record your first one, or is it home of record from three
10 positions ago. And when you come in and do that, it's not
11 as simple as I went in one system and I came to and
12 [inaudible] each of the different systems, and change the
13 home of record. So we were sending to an address that they
14 had valid for that person ten years ago. And we've updated
15 twice since then.
16 So that kind of highlighted the problem. The
17 secretary is involved with it, driving the mass veteran
18 index process, common core data. And then just some of the
19 repercussions that come up. If I go back in and I get that
20 common data on a veteran, which includes pendency, this time
21 we [inaudible] claim. I don't need to come back. I have it
22 already in the system. They make a dependent determination.
23 They make a rating.
24 Your child is 27 years old. Are they still in
25 college? Yes or no. That's the only question I need to ask

1 you. I have this person that has their child. Are you
2 still earning? Great. And then they put the extra money
3 into that person's rating decision for dependents. But we
4 haven't done that, and as a result they have 260,000 of
5 these dependencies that have to go back.
6 DR. KUSHNER: Excuse me. Dr. Cornum and I
7 have to leave. We have a car coming at 10:00.
8 MR. FLETCHER: We were discussing POWs who
9 are 70, 80, 90 percent and have IU. Now, if they pass, does
10 the spouse get the lesser amount?
11 MR. MURPHY: Yes. The IU only goes to the
12 veteran. Now, the spouse, if that person passes, is
13 entitled to the DIC, depending on the conditions around the
14 veteran's passing. So maybe entitled to DIC, but it doesn't
15 get bigger because the individual was receiving IU at the
16 time.
17 MR. FLETCHER: We were told she would get
18 $300 less because he didn't have a hundred percent and
19 permanent -- [inaudible]
20 MR. MURPHY: [Inaudible.]
21 MRS. FLETCHER: There is an added amount for
22 DIC --
23 DR. McNISH: Well, they want us to give a
24 name.
25 MRS. FLETCHER: Melanie Bussel's national

1 service officer, Norm Bussel's wife. If a veteran is IU for
2 ten years, if vet one year, POW wife will get DIC. If,
3 however, he is only IU, he has not been designated as
4 statistically 100 percent, and he's 80, then the wife will
5 get DIC, but she won't get the additional $200 or $300, even
6 though she's been married to him for 8 years. That happens
7 to be a problem for me, because Norm is IU. He's never
8 bothered to go back and get statistically 100 percent.
9 DR. McNISH: He's going to do that on his
10 100th birthday. So the next nine years, you're going have
11 to sweat.
12 MRS. FLETCHER: As a service officer, the
13 claims have been coming through quicker and -- one guy --
14 300 active claims work out of [inaudible] --
15 DR. McNISH: You need to speak louder.
16 MRS. FLETCHER: Took four months, got
17 straight one -- boom, and that's truly wonderful. It is
18 working better. Do Camp Lajeune claims ever get approved?
19 MR. MURPHY: Yes, they do.
20 MRS. FLETCHER: I haven't had one yet.
21 MR. MURPHY: It's not as prevalent as people
22 think.
23 MRS. FLETCHER: Also, MST claims.
24 MR. MURPHY: They are in the same bracket as
25 PTSD and combat fatigue. But that's not the case. Two

1 years ago it was a significantly smaller percentage. It's
2 taken some big -- We've taken some big steps [inaudible] in
3 these cases, unless you've been through the training that
4 comes with it, and here's what we have. The problem with
5 MST wasn't a -- Once I determined there was PTSD, what I
6 uncovered was a case of you never got the exam, because we
7 didn't properly identify the markers. So we spent a lot of
8 time identifying markers on when you should order an
9 examination.
10 MRS. FLETCHER: My third question is: I
11 often file fully-developed claims, and I have had at least
12 two of those bounce back and, Oh, you didn't file the form
13 properly, you know, You didn't file the right form. Did you
14 change the usual form?
15 MR. MURPHY: 526 EZ is the form, and the
16 [inaudible] evidence you want considered, and you're not a
17 National Guard member.
18 MRS. FLETCHER: Two of them have come back,
19 and I've had to send them back the copies of the things.
20 DR. McNISH: Well, can we try to stick to POW
21 stuff, please?
22 MRS. FLETCHER: Yes, sir.
23 MR. MURPHY: Take off on that just a second,
24 inventory and backlog. If we go back a year, we were just
25 under -- 18 months ago, under 900,000, somewhere 525, 540,

1 roughly -- total inventory today. Backlog was in the
2 neighborhood of 600,000, [inaudible] 242,000 and falling.
3 Significant progress, and the things that we've done, how
4 we're doing it.
5 What drove it is we put a process in place so that
6 they're working the oldest claims and managing from the
7 oldest, back, and they're still working from numerous other
8 fully-developed claims. I've got to pull those out and work
9 on them, and I have to ensure that where I'm spending my
10 time [inaudible] to manage them in buckets, versus
11 everything over two years and everything over one year, now
12 it's everything that's over nine months is in the oldest
13 claim buckets. And that's the big focus.
14 And every day we get a report that comes off a pie
15 chart. This is how many of the claims you worked
16 [inaudible] this is how many that are special, this is how
17 many -- then we look at that chart and all the graphs -- and
18 what it is, it's a management awareness that didn't exist
19 before. We didn't have a daily report like that, that you
20 could see the entire world on a couple of pieces of paper.
21 That process has brought a completely new [inaudible] --
22 under Secretary Licke [ph]. It's all her. She's forced an
23 awareness that didn't previously exist, and we've
24 [inaudible] cut the 60 percent and falling.
25 DR. McNISH: What's your appeal rate?

1 MR. MURPHY: The appeal rate is down
2 slightly, but it's depending on -- again, it still comes
3 back to the offices. The appeal rate has got more to do
4 with the veteran's confidence that they got a fair
5 assessment than it's got to do with actual evidence in the
6 file.
7 Here's another one. There's a drastic difference
8 in appeal rate when you file a fully-developed claim versus
9 when you come in and you just file a claim and then we take
10 it and run with it and you may not [inaudible] claim
11 decision hearing and get called for a complete [inaudible].
12 The difference is in a fully-developed claim, I
13 know you had the evidence, because I submitted it to you.
14 And then when you corresponded with me, you told me, I have
15 this evidence you gave me from Dr. Jones and Dr. Smith and
16 from this hospital.
17 So in the world where I just gave you a claim, you
18 don't know that all that stuff happened. But over here, you
19 know what happened. You gave it to me. So the appeal rate
20 is [inaudible] the claim versus the traditional route.
21 My theory on it is -- and I haven't proven it, but
22 my theory on it is that there's significant higher veteran
23 involvement in the fully-developed claim process. You know
24 it, you went and got it, you submitted the evidence, you
25 submitted the forms, you came in through that route. You

1 know it's there. So I have a higher confidence that all of
2 my evidence was considered in this case, I think. I'm not
3 certain. I can't hang my hat on it and say it's absolutely
4 that way, because it's the best thing -- the only thing I
5 can come up with to attribute [inaudible] significant
6 development.
7 We are running at about 12 percent. The number is
8 down slightly, and it still goes up and down [inaudible]
9 still dips down [inaudible]. And I think that goes back
10 to -- There's a big difference in somebody's mind when I say
11 our national quality of wheat versus our national quality of
12 energy units. One of them has B minus, and the other one
13 has an A, in terms of grades. So the perception is when we
14 report out that, Hey, our quality is now above 90 percent,
15 okay, I hope to hear they're going to be better. They're in
16 the 90s.
17 Let's break that down just a little bit.
18 Twelve percent comes in the door to us in terms
19 of, I've received a rating decision, but I'm not happy with
20 it, and I have more questions. Of that, four percent goes
21 to the board of appeals. The other eight percent is
22 resolved either through the "drow" (ph.) process or the
23 percent you've taken is eight, so now you have more
24 explanation so you just drop it and you don't file the NOB.
25 So two-thirds of the work that comes in the door

1 after the rating decision is done ends at that point. I
2 mean, it could be reconsidered new evidence and we made a
3 different decision, or we told you no, or we explained what
4 you had, and you're satisfied with the answer. Then the
5 other four percent go on to the Board of Veterans Appeals.
6 Of the stuff that goes to the Board of Veterans
7 Appeals, it's something in the neighborhood of a quarter
8 percent, half a percent, go to the Court of Appeals for
9 Veterans Claims. The rest of those get resolved at the
10 Board of Veterans Appeals level.
11 DR. McNISH: What's the time frame on the
12 ones that go to the BVA?
13 MR. MURPHY: It's not good. I don't know.
14 That's not one I want to misquote, but it's not fast. There
15 are still the remains that come back to us, that have
16 significant amounts of time. It depends on how you
17 actually --
18 I got to depend on the Board of Veterans Appeals
19 on this one. Once you get it on their docket, you are
20 worked in sequence, by law. They don't have a choice. You
21 get a docket order. They cannot go in and pull that out of
22 docket order. There's some very rare circumstances that are
23 extreme hardships, that are allowed to do that. But for the
24 most part, you get in line and you wait.
25 They can't do the segmentation like I described,

1 although you could probably benefit immensely from doing
2 just that. [Inaudible] -- 12 a week, but these others,
3 they're going to take some time, and they can be
4 [inaudible]. But they can't. By law, they're not allowed
5 to do that. So the BVA has to work with them in sequence.
6 And then there's not only the docket order for all
7 the BVA, but you're also assigned to a judge, and you stay
8 with that judge. You don't get jumped around from judge to
9 judge. This is your judge, and they own that case, and they
10 send it to him. So they manage the master docket, and then
11 they manage the docket for each particular judge. And
12 again, they're up against statutory limits on what they have
13 to do.
14 So there's a time when you've got to say there's a
15 speed of process versus statutory requirements and
16 consistency for the veteran, and where do you weigh it. And
17 the answer is certainly not waiting three years for the
18 decision. There's some ways that you can speed that process
19 up.
20 I know that they are working on [inaudible] the
21 BVA, us, and the Big Six Veterans Service Organization. The
22 process is already under fully-developed appeal, which will
23 place us out into a special lane under a separate docket,
24 essentially will create the express lane I described
25 earlier. And we have the ability -- the way it's designed

1 right now, we have the ability as a veteran now, by coming
2 in and saying, I've looked at your decision that we had.
3 This is additional evidence that I want considered in the
4 case. Please consider mine under the fully-developed
5 appeal, and you get fast-tracked through the process that
6 way.
7 It kind of works for us when we go in with us, the
8 Board of Veterans Appeals and the Veterans Service
9 Organization, to Congress, to say, We need your help with
10 the statute, and here it is. I no longer have to go in and
11 do all the arguing back and forth and have hearings on it,
12 because the veterans service organizations are coming in and
13 asking for the same things we are, and that's exactly what
14 has to happen in order to put them in place and get the
15 legal authority to operate the docket order, to create the
16 new docket order process. So we're going down that road,
17 but it's probably maybe a year.
18 DR. McNISH: One more question, and that is
19 on the lane three, where the POW claims go. When they hit
20 that lane, is there a trained, qualified, rated POW rater
21 that deals with those POW claims that are in lane three, or
22 is it just whoever is in lane three gets --
23 MR. MURPHY: I'm going to give you a
24 qualified guess, based on training and participation. The
25 answer is yes, the Guidance says you must be a currently

1 trained person before you can touch these kinds of cases.
2 And that was the case with the MSP3s. We went back in and
3 reviewed the process, redid the process, [inaudible] the
4 people. You certify them to do it and then limit it so that
5 only this person can touch those cases. We saw a
6 greatly-improved outcome. So based on what we're doing in
7 May, we repeat that same process for FPOWs.
8 DR. McNISH: Great.
9 MR. MURPHY: Then I go back in to my side,
10 into the policies and procedures side. Unless you've
11 attended training, five years is not frequent enough. It
12 needs to be -- I'd like to do it every year, but maybe
13 biannually. You need to come in and go through this event.
14 And again, it's a function of it's not a case that you deal
15 with all the time.
16 And even with the POWs, it's a broad spectrum.
17 Some people it's a day or two, and other people it's years.
18 And there's different physical effects on all those
19 individuals. So even if you're working and notice
20 significant volume, we're not seeing the types of cases and
21 making the right decisions, because POW cases have a
22 different set of rules and conditions that apply. So in
23 order to ensure the right outcome, I need to [inaudible],
24 and you do that by using their regular requirement to be
25 retrained.

1 DR. McNISH: That's one of the things that
2 gets emphasized at the seminars, every war is different,
3 every theatre is different, every camp is different, every
4 POW is different, and they need to be aware of the breadth
5 of potential that they're facing.
6 MR. MURPHY: Look, the individual is not
7 working these. They're trying to do the right thing. If
8 they're not, I know it's not because they don't care. It's
9 because I haven't trained them well. I haven't given them
10 the tools to do the right job in the first place. And I
11 think we're on the right path with that.
12 That was what I had, to come off my notes.
13 Anything that you need from me?
14 DR. McNISH: We've got a questions back
15 there. Carol? Carol?
16 MRS. FLETCHER: When you mention the Big Six
17 VSOs, do you include American FPOWs in that group?
18 MR. MURPHY: No, not in the Big Six. They're
19 not excluded, but it's American Legion, VAB, VFW, Paralyzed
20 Veterans, [inaudible], and Vietnam Veterans of America.
21 When I say "Big Six," that's those. Others are welcome to
22 come in and have conversations, but these are the ones that
23 are out and have significant stats in D.C. I'll just give
24 you a little more information on that.
25 We do discussions with all of the VSOs on a

1 biweekly basis, open discussion, open meeting, open mic.
2 Anybody can call in from anywhere in the country and listen.
3 Like all the information I just shared with you, every two
4 weeks there's consistent special [inaudible]. The Big Six
5 executive directors have regular meetings with the
6 secretaries of DHA, with DEA, at the undersecretary level,
7 and at every one of these quarterly meetings we do a deep
8 dive, where ComService [ph.] owns four hours in the
9 afternoon, and pretty much the whole bar hears everything
10 we've got and what do you want to talk about. And that one
11 opened up to anybody and everybody from non-veteran service
12 officers, state service officers, and any of the VSOs. So
13 it's a big, open, candid, frank discussion. We get some of
14 our best feedback in those discussions, what's going right,
15 what's going wrong.
16 FEMALE SPEAKER: Just for clarification,
17 [inaudible] if we were married for eight years preceding the
18 four PNT and including [inaudible]. There's no distinction
19 between the end receipt of 100 percent and IU for the
20 additional allowance for DIC?
21 MRS. FLETCHER: Depends on the eight years.
22 FEMALE SPEAKER: Correct. The eight years is
23 the bewitching factor.
24 MR. MURPHY: Now, that answers one question,
25 but it sends another red flag up, too, in [inaudible] case,

1 where he needed it and was totally not entitled to it. Now
2 he really won't need that, because somebody is getting
3 shortchanged right now, and we're going to need to go back
4 and reassess it.
5 MRS. FLETCHER: Well, he hasn't died yet.
6 MR. MURPHY: Oh. Then you won't have to
7 worry about that for a while.
8 MRS. FLETCHER: Better not. I told him if he
9 didn't make 100, I'd kill him.
10 MR. MURPHY: Other questions?
11 DR. McNISH: Anyone? Very refreshing, very
12 frank, very open, and very informative. Appreciate it very
13 much.
14 MR. MURPHY: Last comment, not part of the
15 agenda. I had dinner with some friends from Amazon. One of
16 the guys was a personal friend of mine, a West Point
17 graduate, runs their leadership training department. I told
18 them I was coming to talk with you, and he said [inaudible]
19 interested in coming out and talking with a group of their
20 executives that are going through the leadership training.
21 So I took a card, and I'll give it to you, and maybe you'd
22 be interested in just meeting and talking with him. I said,
23 "All right, I'll relay the message."
24 DR. McNISH: I'm sure some of us would.
25 MR. HANTON: There's several non-POWs, too,

1 that are -- Jerry Copy [ph.] is one.
2 DR. AMBROSE: Lee Wilson is another.
3 MS. JOHNSON: Not for free.
4 DR. McNISH: No, not for free.
5 MS. JOHNSON: I'm, like, there's no way -- to
6 get Amazon free.
7 (Multiple speakers.)
8 MR. MURPHY: That's between you and them.
9 I'm just --
10 (Multiple speakers.)
11 MS. JOHNSON: I would have to say they're not
12 doing it for free, no.
13 DR. McNISH: Yeah, there are four or five
14 guys that have really made a business of doing motivational
15 speaking on the basis of their POW experiences.
16 MR. MURPHY: Good for them.
17 DR. McNISH: There's several.
18 (Multiple speakers.)
19 MR. HANTON: It's called something like you
20 were just describing. I can't remember the name.
21 DR. AMBROSE: Leadership Lessons From Hanoi,
22 or something like that?
23 DR. McNISH: It's called Leading With Honor,
24 I think.
25 MR. HANTON: Yeah, that's exactly what it is.

1 DR. McNISH: It's a good book to read.
2 MR. MURPHY: That may be the perfect contact,
3 hand them the book.
4 DR. AMBROSE: They can probably buy the book
5 on Amazon.
6 DR. McNISH: Imagine that. Yeah, they can.
7 MR. MURPHY: I was telling you about a case
8 last night. A friend of mine is a West Point graduate. The
9 guy that you see in this particular part is an Air Force
10 Academy graduate and a pilot, KC-135s. Talking with him and
11 he says he was talking to another officer about the
12 leadership, trying to get him in, and the guy said, Well,
13 no, I don't -- look, I'll tell you what. I'll buy a hundred
14 copies of your book. Just come talk to the class. He said
15 okay. He went on Amazon and bought his own books, and now
16 the guy came up and talked with them. It works.
17 DR. McNISH: Those Air Force Academy guys are
18 smart, right?
19 MR. MORAGNE: We are.
20 MR. BUSSEL: I've spoken with cadets at West
21 Point, and I gave them a choice of whether they wanted to
22 hear about me being a POW or me getting shot down. They
23 wanted to hear about the last mission. They didn't want to
24 hear anything about the POW.
25 DR. McNISH: Thanks for spending time with

1 us, very much.
2 MR. MURPHY: You're welcome. If you'd ever
3 want to talk to me, I'll be happy to speak with you any
4 time.
5 DR. McNISH: Thank you. We'll be at central
6 office in April. April 20, 21, 22. Is that bad?
7 MR. MURPHY: Yeah. I won't be there. I
8 might be at the beginning, but the end of that week, it's
9 kind of like a mini family reunion, Wednesday, Thursday,
10 Friday, and the weekend.
11 DR. McNISH: Well, we'll be there Monday,
12 Tuesday, Wednesday so maybe we'll talk.
13 MR. MURPHY: So we'll be able to talk before.
14 DR. McNISH: If you can work it into your
15 schedule, we'd definitely appreciate it.
16 MR. ROBINSON: Is there anything else?
17 DR. McNISH: No. I think it's time for a
18 quick break, and then we'll reassemble for just a few
19 minutes, and then we'll be done.
20 (Break in the proceedings
21 at 10:20 a.m.)
22 (End of transcribed portion of
23 Day 3, Wednesday, November 19,
24 2014.)
25

1 C E R T I F I C A T E
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5 I, PATRICIA BLEVINS, Certified Court Reporter,
6 No. 2484, in and for the State of Washington, certify the
7 following:
8 That the foregoing Biannual Meeting of the
9 Department of Veterans Affairs Advisory Committee on Former
10 Prisoners of War was held and reported by me on Wednesday,
11 November 19, 2014 (Day 3) at the hour of 9:00 a.m., at
12 SpringHill Suites by Marriott, 1800 Yale Avenue, Seattle,
13 Washington, and was thereafter transcribed and produced, to
14 be distributed to the appropriate parties.
15 That the foregoing is a true and correct
16 transcript and production of my shorthand notes so taken, to
17 the best of my ability, dated this 12th day of December
18 2014.
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