U.S. DEPARTMENT OF VETERANS AFFAIRS

ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

BIANNUAL MEETING

VOLUME I

Monday, April 27, 2015

9:52 a.m.

Hamilton Crowne Plaza Hotel
1001 14th St., N.W.
Washington, D.C.

P A R T I C I P A N T S

MEMBERS PRESENT:

Dr. Thomas M. McNish, M.D., M.P.H., Chairman

Dr. Michael R. Ambrose, M.D.
Mr. Norman Bussel
Rev. Dr. Robert G. Certain
Dr. Rhonda Cornum, M.D.
Mr. Robert W. Fletcher
Mr. Paul E. Galanti
Mr. Thomas Hanton
Dr. Hal Kushner, M.D., F.A.C.S.

MEMBERS NOT PRESENT:

Dr. William F. Andrews, Ph.D.
Mr. Clarence Earl Derrington, Jr.
Ms. Shoshana N. Johnson
Dr. Charles A. Stenger, Ph.D.

ALSO PRESENT:

Mr. Eric Robinson, VBA, DFO, FPOW Advisory Committee
Dr. Robert L. Kroft, Ed.D., Employee Education System, VHA
Mrs. Melanie Bussel
Mrs. Carol E. Fletcher
Ms. Anna Crenshaw, Benefits Assistance Service
Ms. Purnima Boominathan, OGC
Dr. Madhulika Agarwal, M.D., Deputy Under Secretary for Health for Policy and Services, VHA
Dr. Marion Sherman, M.D., Chief, Mental Health VA Loma Linda Health Care System
Mr. Danny Pummill, Principal Deputy Under Secretary for Benefits
Mr. Tom Murphy, VBA
Mr. Kevin Friel, VBA
Ms. Leslie Williams. VBA
Ms. Jocelyn Moses, VBA
Dr. Stacy Pollack, M.D.
Ms. Danielle DeCarlo, OPP
Mr. Michael Gibbs, OPP
Ms. Allison Zmetra, VBA, Compensation Service

Ms. Alice A. Booher
Ms. Patricia Benker, National Service Officer
Ms. Victoria McLaughlin, McLaughlin Reporting

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P R O C E E D I N G S

CHAIRMAN McNISH: Welcome to our spring meeting, and we've got, as Rhonda said, we've got a quorum. We're missing some folks. Earl Derrington. I talked to him, and for health reasons, they're not going to be able to make it. Bill Andrews, as far as I know, no one has been able to get in contact with Bill to find out what's going on. We all know that the one meeting he did come to was where he had just been diagnosed with a brain tumor so we don't know the answer to that. Charlie Stenger is still officially on the Committee until whatever changes occur, probably in the near future. I talked to Charlie's wife and he's hoping to be able to come for at least a brief time since we're meeting here in D.C.

So thanks to all of you.

DR. CORNUM: How about Shoshana?

CHAIRMAN McNISH: Pardon?

REV. DR. CERTAIN: Shoshana.

MRS. BUSSEL: Shoshana.

DR. CORNUM: Anybody hear from Shoshana?

CHAIRMAN McNISH: Oh, right.

DR. KUSHNER: No one has heard from her; right?

CHAIRMAN McNISH: No, nobody has heard from Shoshana as far as I know.

MR. ROBINSON: I have not heard from her.

CHAIRMAN McNISH: Eric said he hadn't heard anything about her.

DR. CORNUM: Okay. Thank you.

CHAIRMAN McNISH: Thanks for filling that square. Victoria, thanks for showing up again to--

MS. McLAUGHLIN: Thank you.

CHAIRMAN McNISH: --subject yourself to this crowd. You're getting to be a member. Hey, we need to put you down as a member of the Committee.

[Laughter.]

REV. DR. CERTAIN: Then she wouldn't be able to take transcription.

CHAIRMAN McNISH: Welcome to the folks in the peanut gallery. Yeah, that's probably a good name for it.

Bob Kroft. We'll hear from him later. Marion Sherman, we'll also hear from her later, and she has an interesting topic to bring to us as the idea of granting, automatically granting 100 percent to all former prisoners of war, which hopefully will bring some interesting discussion and some material for our report. So we'll see how--we'll run it up the flag and see if somebody salutes. Be nice.

Joyce Moses, who's here--Jocelyn Moses. Sorry. Thank you. I didn't screw it up.

[Laughter.]

CHAIRMAN McNISH: Jocelyn Moses, who is here to make sure that Eric stays in line and I guess subsequently to make sure that I pronounce her name right, too. And she's Eric's boss, as I understand it.

MR. FLETCHER: Tell her to leave, Eric.

[Laughter.]

CHAIRMAN McNISH: Alice--tell her to get out of here. You can do it; right? We understand Boomer is coming later so then Jocelyn will have

somebody flying top cover for her, too.

And Alice Booher, who we all know, has joined us. So that's no surprise. And the ladies who have joined us. Unfortunately, my lady was planning to be here, and after a four-day trip to Colorado, which ended Saturday afternoon, she decided she wasn't quite ready to make another plane ride Sunday morning with me. So she didn't make it. But welcome to Melanie, to Carol.

And then our--one of the most loyal people that we have from the field who routinely shows up at our meetings and is much appreciated, Pat Benker. Thank you. All the way from Texas.

All right. Got some disappointments obviously associated with this meeting in that we had hoped that either the Secretary or the Deputy or perhaps the Chief of Staff, but I understand he's in job transition very soon, so I can understand why not, but we had hoped that one of those folks would be here.

And we had hoped that there would be some Committee transition accomplished while we were up

here with senior leadership available, but in typical government style, those things didn't quite make it to the top of the stack before we got here.

So we will proceed as we have with the current Committee in its current state and see how and when the changes occur. We know from the tasking that we were given last time, we know from that that there's transition to be expected and have no qualms that it's time for some transition on the Committee.

And Hal and Rhonda and Bob Certain were our appointed, quote, "subcommittee," if we are allowed to have those.

DR. CORNUM: Working group, I think we were described as.

DR. AMBROSE: Working group.

CHAIRMAN McNISH: Working group. I still call them--it's still a subcommittee, as far as I'm concerned.

[Laughter.]

REV. DR. CERTAIN: Let the minutes show it was a working group.

CHAIRMAN McNISH: Boomer said we could have a subcommittee so we called--

DR. KUSHNER: I like task force.

DR. CORNUM: Task force was good too.

CHAIRMAN McNISH: Task force. Yeah, that doesn't--that's not like a sub-mariner or a subcommittee, I guess. In any case, they produced a very-well thought-out report and recommendations, which will be, Hal is going to share with us tomorrow, I think, and, Hal, I hadn't discussed with you, but what do you think about the idea of trying to get everybody a copy of it to think about it tonight before your presentation tomorrow?

DR. KUSHNER: Yeah, I thought about it. That was my plan.

CHAIRMAN McNISH: Okay. Good. Good.

DR. KUSHNER: I was going to use the hotel business center to get it done.

CHAIRMAN McNISH: Okay. So let everybody have that, read it, mull over it. What you got, Tom?

MR. HANTON: If they call you a

subcommittee in the agenda--

DR. CORNUM: In the official agenda so I guess we're okay now.

DR. KUSHNER: There was some discussion about it, and that was the term--

CHAIRMAN McNISH: Yeah, but task force does sound better; doesn't it?

DR. CORNUM: It does. I want to be a member of the task force.

CHAIRMAN McNISH: That sounds military. Subcommittee sounds political.

DR. CORNUM: Sounds like Washington.

REV. DR. CERTAIN: Whatever doesn't require congressional approval use that title.

CHAIRMAN McNISH: Yeah. One of the reasons I got started a little early is I have something that I want to bring to the Committee, which is kind of a continuation of what we discussed last time, and then I would like to take advantage of this time we have this morning to see what topics the members of the Committee would like to bring forward, and then we can make sure that

they get presented or discussed or raised as a question to the appropriate folks that are here to talk to us.

Hello. Welcome. Hi, Stacy.

So, what I would like, I'm going to start this off by saying that remember last time we discussed the POW clinic that has been established at the San Antonio VA, and as you might expect from our experience in the past days with Jackson and with Seattle, these things happen because there is one highly or two or three highly motivated people who force them to happen.

And the clinic in San Antonio has happened because of a very highly motivated nurse and Dr. Dale Kellogg, who is--Dean Kellogg--excuse me--who is an extremely highly motivated physician, researcher, internal medicine by background, now in the geriatric research clinic at the VA, but--so you have to kind of clinch your teeth as you walk in because it says geriatric, but other than that--

[Laughter.]

CHAIRMAN McNISH: --they have done a great

job of establishing a POW clinic. He pushed it through. In our last report, as you may recall, we attached the proposal letter that he sent up to his leadership and actually got the clinic approved. And what I have brought with me this time, and I've asked Eric to make copies for everybody so we can take them home and shake them in front of the folks' faces, their--is what he calls their--what they're calling their tool kit, which basically is an operating manual with--highly referenced for the operation and the functioning of that clinic.

And I consider that to be an outstanding example of what we have tried to get from day one, and when we've been trying and trying to push for either a POW clinic or designation as one of the teams as being a POW team or something which would give all the local POWs, ex-POWs, the place to go, a center where they knew that people would understand what was going on with them.

So that is what's happening. They have the ability to book two former POW evaluations in per week, and they're booked out a couple or three

months in advance so it is being well received by the local POW community.

I like Dean's approach to, when somebody comes in and sits down, and he says, okay, first, you owe me a story.

[Laughter.]

CHAIRMAN McNISH: So that's kind of the way he initiates his conversation with the folks, and he is a great expert in military history. He has a great love of the military, and he, and it's really because of his interest, as well as a way to break the ice, is that he gets you to sit down and start telling some sort of a story about your experience, and then he goes into it.

They've got the nurse there, is highly motivated, and both of them, and you guys can shake each other's hand on the fact that both of them gained this high motivation by attending one of the seminars, which you, this Committee, has pushed through over the years, and, thank God, is still continuing. And I hope Bob's going to tell us that it will still continue because that maintains a

high priority in our reports.

So I will give you--I will make sure that Eric gets copies of this to everyone. I just printed out one at home and brought it with me. There's Web sites. It's highly referenced. There are Web site references for the documentation and so forth.

Yes, sir?

DR. KUSHNER: Do you envision a number of regional POW centers? Like San Antonio has a large military population with a large probably POW population, relatively large. Where I live I mean there aren't many so it wouldn't pay to have a regional center, but maybe up in Jacksonville where there are a lot of naval POWs, it might be. Is that what you're envisioning or at every VA facility have a specially designated POW place?

CHAIRMAN McNISH: Well, of course, every VA medical facility, or at least medical center--

DR. AMBROSE: The medical centers.

CHAIRMAN McNISH: The medical centers are required to have the Special Care and Benefits

Team, and I think it behooves everyone of them to at least be aware of this and have that as guidelines to follow.

MR. HANTON: Well, it's scalable if I remember listening to that briefing down there.

DR. AMBROSE: Yes.

MR. HANTON: It depends on the population. It's not a daily everybody is there all the time set-up. It's as necessary; right? Is that correct? I mean they have the procedures in place.

CHAIRMAN McNISH: The whole staff works there together in the geriatric clinic.

MR. HANTON: They do other things. That's not their primary job?

CHAIRMAN McNISH: Correct.

DR. AMBROSE: But they have to have the training.

MR. HANTON: Right.

DR. CORNUM: Right.

CHAIRMAN McNISH: But they've set aside two periods per week to see former POWs.

MR. HANTON: But if they didn't have a lot

of--if they didn't have a large population, it would be lesser.

DR. AMBROSE: And the other thing is for the hospitals, for the POW physician needs to be notified any time a former prisoner of war is hospitalized.

CHAIRMAN McNISH: Yeah.

DR. AMBROSE: So that they can go to the admitting team and advise them of the special circumstances, et cetera, of former prisoners of war. I mean we've seen it with recent hospitalizations of some of our Committee members and the experiences that they've had, and, you know, having to sensitize the teams taking care of those patients of the special circumstances of former prisoners of war and how to be sensitive to that.

CHAIRMAN McNISH: And once again, the example of the activism of this group in San Antonio, they have managed to get the flag that pops up on the, when you first open a former POW's record, that says "Former POW," and you got to

click to make it go away. That which we were told could not happen, but we know was at Detroit, they have made that happen, too.

So once again we've got our spotty areas, but the ideal, I think, would be to have a clinic like this to which POWs have access, and in San Antonio, once the POW has been seen there, they have the option of changing that to their primary care facility or staying with a doctor with whom they may have already established a relationship.

So there's flexibility there, but at least it's there, and, you know, the thing that you point out again is something that we've mentioned, and that we all know is happening, is that the number of POWs, VA's--in the VA are shrinking.

MR. HANTON: Dwindling.

CHAIRMAN McNISH: And getting resources for a shrinking number increases exponentially as the number decreases. And so that's something that we've got to be aware of and fight for, and I hope and pray that the current Secretary, who has a personal interest in former POWs, in that his

father-in-law was a World War II POW, will help us in that endeavor, and I have included reference to that in letters that I have written to him with hopes that it will help keep activities going our way.

And as long as General Under Secretary or whatever Hickey is in her job, I think there will be adequate attention from the benefits side of the world to the former POWs. Maintaining that type of level of interest in the health care side is something that pushing for programs like this, even just something coming out from Headquarters saying, hey, this is state-of-the-art, this is an exemplary program, all of you at least consider it, hopefully will help keep that interest alive.

So can we go around the table and see what topics you guys may have on your mind that we will want to make sure come up when the people are here briefing today? Paul.

MR. GALANTI: My biggest concern, I couldn't make the last meeting. As you know, my wife died last year, and it was a total shock

because I was supposed to go first, and--but I finally got everything together, and the 60-year-old widows have stopped sending me casseroles everyday.

[Laughter.]

MR. GALANTI: So things are back to normal. Also back to normal, I think this meeting, we haven't had any of the heavyweights at the VA coming this time is indication of where our priority is, and regardless of the platitudes they say, I think that's what's happened.

You know, I've watched the Virginia AXPOW Chapter almost go away. There are a handful of POWs left. There is nobody in Richmond except me. And the VA has some, but nobody knows where they are on their list. And so, you know, I think we are about to become a vanishing breed.

Fortunately, for the way that we do war now, a lot smarter than back in the good old days when you threw battalions against each other, I don't think we're going to see many more POWs. It keeps getting smaller every little--

DR. CORNUM: Not if we're fighting ISIS.

MR. GALANTI: Yeah. It's one at a time, yeah, right.

CHAIRMAN McNISH: If you find them, they're in two pieces.

DR. CORNUM: Right.

CHAIRMAN McNISH: A body and a head.

MR. GALANTI: So anyway I think it's important, but the thing I saw in here--we talked about this a long time ago, we talked about it in Virginia a lot--this just give everybody 100 percent and just save a whole--we're going to talk about that later.

CHAIRMAN McNISH: Well, we got a presentation coming on that one. So, okay.

MR. GALANTI: That's one of the things. And we are obviously very--it's not personal. There's lots of other people that are sick also who are in the military and--

CHAIRMAN McNISH: With the numbers as low as they are now, it's not a high cost venture for the VA. It's something that would be relatively

easy to do, and I'm not trying to steal your thunder. I just want you to know that you've got support probably from, I think probably from all of us.

Rhonda.

DR. CORNUM: I just am a little bit disappointed we don't see anything from the Mitchell Center and--are they dead? Are they not publishing?

DR. AMBROSE: No.

CHAIRMAN McNISH: No.

DR. AMBROSE: No, the Mitchell Center is still doing well. The staffing of the Mitchell Center has improved in that they have Navy corpsmen again. They have Commander Linnville is retiring, but they have a new lieutenant biostatistician who is getting up to speed. Dr. Albano is being very well accepted by the former prisoners of war who have been seen by him.

DR. CORNUM: Is that like John Albano?

DR. AMBROSE: Yes. John asked me what can I do to be--

DR. CORNUM: Trained by me as a flight surgeon.

DR. AMBROSE: Well, despite that, he's a good doctor.

[Laughter.]

DR. CORNUM: He was a good pilot.

DR. AMBROSE: But he asked what can I do to be successful in this job, and my advice was treat him like you'd want--treat the POWs like you'd want your family treated and treat them like you are their family doctor, and he has taken that to heart. We talk periodically, and John, John loves his work, and I think it shows in the evaluations that the Mitchell Center receives of his performance.

DR. CORNUM: Good.

DR. AMBROSE: I speak with Jeff on a periodic basis, and he's still hoping at one time to get, you know, the designation within the VA as a VA employee, work, you know, but work without pay in order to have more communication with the VA. That's something that we have pushed for regularly

in our Committee reports. So in terms of that, the Mitchell Center is alive and well.

CHAIRMAN McNISH: I talked to Jeff recently, and they just can't get the funding to come up here, but hopefully getting him as a designated member of the Committee will help.

DR. CORNUM: Should solve that.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: And that's clearly in the works.

DR. CORNUM: Okay.

CHAIRMAN McNISH: Tom?

MR. HANTON: Nothing. Well, one specific thing, and we talked about it, had a briefing about it in Seattle last fall, was the phony POW issue that always rattles around, and I know it's constantly in here, but--

CHAIRMAN McNISH: I think we've got that on--

MR. HANTON: --it's just, I don't know, it's like a burr in my--

CHAIRMAN McNISH: It's actually--there's

actually--I think you'll hear that there's actually some productive movement in the right direction in that at least they're listening to what Mike McGrath has to say now. In the past, they've totally ignored him. So I'm anxious to hear what's--

MR. HANTON: I know it's an old topic.

CHAIRMAN McNISH: Yeah.

MR. HANTON: I know. I don't have any new topics if that's what you're asking.

[Laughter.]

DR. CORNUM: Until that one goes away, you'd like to stay on that one.

MR. HANTON: Yeah.

DR. AMBROSE: If that was the question--

CHAIRMAN McNISH: That one I think--

MR. HANTON: The question was do you have any new topics? I really don't.

CHAIRMAN McNISH: Okay. That one I think we got covered in the agenda, and hopefully we can get a resolution or at least an understanding of where it is, but I think there's movement in the

right direction.

DR. AMBROSE: Yeah. Just as an addition to that, once every two or three years, I'm working, and somebody comes into the ER and tells me that they were a former prisoner of war from Vietnam, and I said that's very interesting, and where were you held? And it was a secret mission, this, that and the other thing. And they picked the wrong person to let that out to, and I'll go upstairs and pull down my book and say where are you in here?

And, you know, they get very indignant and usually leave, but there are lots of folks who are still trying to play that card.

CHAIRMAN McNISH: Well, we know there are three or four times as many out there claiming to be as actually were.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: You got anything else?

DR. AMBROSE: No, I've already talked about from the Mitchell Center, what Jeff had asked me to relay, and that's really about it.

CHAIRMAN McNISH: We may discuss that more later, too.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: Fletch?

MR. FLETCHER: One of my big things is, is that the Ann Arbor VA and another one of them in and around Flint, they have POW meetings. I was in the hospital five days this past week, and I never saw the doctor, I never saw the POW coordinator, I never saw the, whoever, because they do not, they talk a good game, but they drop it right there after you've gone. I'd like to see somebody or something done.

CHAIRMAN McNISH: And I agree with that 100 percent. There's some issue or attention to that in this program--

MR. FLETCHER: Okay.

CHAIRMAN McNISH: --for the clinic. Once everybody has had a chance to look through that, I think that's something that we definitely need to include in our report is that it's important for there to be, now that we have a POW advocate, that

POW advocate at a minimum should be notified any time a former prisoner of war is admitted.

And then it would be up to them, hopefully, or could be up to them, at least, to contact the POW physician and so forth. I know in San Antonio, that would be done without any question.

MR. FLETCHER: Well, but since VA--

CHAIRMAN McNISH: But that's because of the people.

MR. FLETCHER: Since Seattle, I've done a lot of thinking. My health is failing. I would like to resign effective the last meeting we have this year.

CHAIRMAN McNISH: Well, I--

MR. FLETCHER: No, no, let me finish.

CHAIRMAN McNISH: No, I appreciate that, and as we get, as you review Hal's report, I think you will see that some of the transitions that we, like Earl and so forth, and like yourself, have been considered in the development of that plan, and I appreciate what you say, and I think you will

see those types of things taking place to try to bring in some younger, healthier, if I may.

MR. FLETCHER: I think the biggest thing--

DR. CORNUM: So far, younger and healthier hasn't worked out all that well, has it?

MR. FLETCHER: --Dr. McNish--

CHAIRMAN McNISH: Well, no, no, not with Bill.

MR. FLETCHER: I think the biggest thing, Dr. McNish, is if Rhonda, who has been on the board quite awhile, you, Dr. Ambrose and myself quit today, the--

CHAIRMAN McNISH: Well, we hope not, and hopefully we have--

MR. FLETCHER: It would because the other ones don't--

DR. KUSHNER: Mr. Chairman, we have suggestions in our report, which will be promulgated tomorrow I think at two o'clock or 2:30.

CHAIRMAN McNISH: Yeah.

DR. KUSHNER: And I propose we just kind

of wait until you hear the--

CHAIRMAN McNISH: And let's get into that discussion at that time.

MR. FLETCHER: Okay. Okay.

CHAIRMAN McNISH: Once you've reviewed what's being recommended--

MR. FLETCHER: Okay.

CHAIRMAN McNISH: --and if you think that there are some ways to tweak that or some other suggestions, that's why it's being presented in an open discussion, not secret behind the wire, hand it off and make it happen. But I would like for the Committee to have the opportunity to review what our three folks did, put a lot of thought into it. I think Hal probably did as much of the actual ground work on it as--but, but certainly with participation from all three members and sincere consideration.

So let's all take a look at that, and if we've got some ways that we think that should be, might be tweaked or if we've got some suggestions--for example, you and Carol have been really

wonderful about getting nominees to me from the Korean War, ex-POWs, one enlisted guy and one officer.

MR. FLETCHER: Well, he started out as an enlisted.

CHAIRMAN McNISH: Well, I understand. Yeah, right. He started enlisted, ended up an officer, and then you sent me another one who was, who was an officer at the time.

MR. FLETCHER: Right.

CHAIRMAN McNISH: So all those things are also taken into consideration, and I much appreciate that.

MR. FLETCHER: But in ending this, I was not supposed to be here.

CHAIRMAN McNISH: I know. And I tried to talk--

MR. FLETCHER: My doctor told--

CHAIRMAN McNISH: --you out of it by e-mail--

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: --and it didn't succeed.

MR. FLETCHER: No.

[Laughter.]

REV. DR. CERTAIN: Really.

CHAIRMAN McNISH: And I think my last e-mail just said "tough nut" with explanation points after it. So--

MR. FLETCHER: My wife and my doctor both--Saturday my doctor called, and that's rare--

CHAIRMAN McNISH: God bless you for being here. I hope to hell it doesn't do any harm to your health and we appreciate it.

MR. FLETCHER: --talked to Carol and she--I came in, she said I've talked to your doctor. Are you sure you want to go? I said yes, and that was the end of the conversation.

CHAIRMAN McNISH: Okay.

DR. AMBROSE: Okay.

CHAIRMAN McNISH: Hal?

DR. KUSHNER: I have nothing to report.

CHAIRMAN McNISH: Okay. Until tomorrow.

DR. KUSHNER: Until tomorrow.

[Laughter.]

CHAIRMAN McNISH: Preacher?

REV. DR. CERTAIN: I have nothing to add.

CHAIRMAN McNISH: Norm?

MR. BUSSEL: I find at our hospital, and I'm sure it's that way across the country that there are a lot of psychologists and psychiatrists who are retiring, and I know that many of them have offered their services on a continuing part-time basis. Some of them haven't been accepted, and it seems to me that that's a waste because I know the Secretary talks about how hard it is to get new, new people on staff, and I think it was like--what do they need--10,000 new personnel, something that high.

A psychologist that I have been seeing for the last 25 years has formed POW groups because forming groups according to the war that you were in makes it much more acceptable to the POWs to talk about their experiences. And he had been very, very successful. I know he's done a lot for me. He's had 37 years of experience at the VA, and he's only 62 years old so he's, he has a part-time

private practice, and he would be a valuable asset to continue with.

So I think that the VA should really consider some of these guys who are willing to come in part time a couple days a week to do that. I know the psychiatrist that I was seeing has retired, and he comes in like I think two or three days a week. I don't think that they've hired anybody to replace him so he's been able to continue his work, but still he's in retirement.

CHAIRMAN McNISH: If there is some way that we can formulate that in a suggestion that these people have expertise in the area of former prisoner of war issues, and we would like to see consideration of finding ways to keep them as productive members of the VA community.

DR. CORNUM: Well, I can--one of the things I would recommend--

CHAIRMAN McNISH: Go ahead.

DR. CORNUM: --was--they may--if they're not employed, then they don't come under the VA's insurance problem, but if they became Red Cross

volunteers, they would. That's how we took volunteer physicians, neurosurgeons, and thoracic surgeons at Landstuhl because then you're--and that may not be true in the United States because in the United States, then they're competing with guys who are making money for those visits.

CHAIRMAN McNISH: Yeah.

DR. AMBROSE: There are ways to have folks, if they wish to volunteer, they can be Red Cross volunteer physicians within the medical facilities. Their liability is covered as a Red Cross volunteer.

DR. CORNUM: Yeah. I'm not sure. Maybe.

DR. AMBROSE: Well, it's happened in Pensacola so I know that.

CHAIRMAN McNISH: Well, that's good.

DR. CORNUM: Anyway we ought to recommend that to the VA is all I'm saying.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: Yes. Yeah.

DR. AMBROSE: And it depends on--and we can develop this later.

CHAIRMAN McNISH: Yeah.

DR. AMBROSE: It's whether or not they hire them as a part-time basis or whatever, but that's something we can develop later.

CHAIRMAN McNISH: Okay. We're eating into Eric's time.

DR. AMBROSE: Yeah.

DR. CORNUM: Okay.

CHAIRMAN McNISH: You're up, Eric.

MR. ROBINSON: Okay. Good morning, everyone.

DR. KUSHNER: Good morning.

MR. ROBINSON: Chairman, Committee, guest speakers, thanks for coming out for this event here. For those who don't know me, I am Eric Robinson, the designated federal officer for the Advisory Committee on Former POWs. I've been in the position for about six months, been with VA for about 14 years, working for the VBA side in Compensation Service.

As Dr. McNish mentioned, there were supposed to be some modifications to the membership

during this week here, but they have not been signed off yet by the Secretary's Office, and I assume that will happen pretty soon. So we have to postpone that at a later date.

There's coffee here if you guys want coffee in the back here. And rest rooms are one over here, one over to my left here, and for the annual dinner tonight, it's going to be--we decided that it's going to be here at the hotel here.

CHAIRMAN McNISH: Can you make sure that they've got room for us, we've got reservations and stuff?

MR. ROBINSON: I sure will. What's a good time?

CHAIRMAN McNISH: Six.

MR. ROBINSON: About six?

CHAIRMAN McNISH: Everybody okay with six?

REV. DR. CERTAIN: Yep.

CHAIRMAN McNISH: Okay. Cool.

MR. ROBINSON: Okay.

REV. DR. CERTAIN: Just warn them who we are so that they, you know, other people are not

seated near us that would be corrupted or influenced.

MR. ROBINSON: Okay. Got you there.

[Laughter.]

CHAIRMAN McNISH: We will have you pray for them, Father.

REV. DR. CERTAIN: Oh, good.

[Laughter.]

REV. DR. CERTAIN: Want a 30-second prayer or 30-minute prayer? Which would you like?

CHAIRMAN McNISH: Your choice.

MR. ROBINSON: 30 second.

REV. DR. CERTAIN: I'm with you.

DR. KUSHNER: I want a Episcopalian prayer, not a Baptist prayer.

REV. DR. CERTAIN: Right. Got it.

MR. ROBINSON: And that's all I have, Dr. McNish.

CHAIRMAN McNISH: Well, that was quick.

MR. ROBINSON: Yes.

CHAIRMAN McNISH: All right. I guess--I'm sorry, Anna. Just--

MRS. BUSSEL: May I add something to the discussion before?

CHAIRMAN McNISH: Go on.

MRS. BUSSEL: I had a problem last year with a POW widow who had had his 100 percent for more than a year. It was sent to "Filthy-delphia." His claim went to a team in Philadelphia, but the POW person on that team had left, and it kicked around for a year or so until I got a call from Philadelphia from a team member saying what did he die of? I said it doesn't matter.

I think we need to be very sure that anybody handling POW claims is handled by an appropriately POW--

CHAIRMAN McNISH: Yes, we have wanted that to be sure for 20 years that I know of so--

MRS. BUSSEL: No kidding, but I thought I'd tell--I did get it fixed.

CHAIRMAN McNISH: But we will continue to--

DR. CORNUM: To want it.

MRS. BUSSEL: To beat that one.

CHAIRMAN McNISH: --address--I think we will continue to hammer that in our report, that all POWs' issues should be handled by those who are certified in the field of taking care or providing benefits to former prisoners of war.

Ms. Crenshaw. Ms. Crenshaw is Assistant Director of Policy, Procedures, and Outreach, and she's going to talk to us about outreach efforts as it has to do with POWs. I'm sorry. You may go up there if you like or you may--

MS. CRENSHAW: The table is fine.

CHAIRMAN McNISH: Okay. If you're more comfortable sitting at the table, you can tell this is a very informal committee.

MS. CRENSHAW: Yes, I'll sit at the table.

CHAIRMAN McNISH: Thank you, Ms. Crenshaw.

MS. CRENSHAW: How are you doing?

DR. CORNUM: Good. Good to see you.

MS. CRENSHAW: Again.

DR. CORNUM: Again.

MS. CRENSHAW: Good morning.

[Chorus of good mornings.]

MS. CRENSHAW: Can everyone hear me? I have a pretty much a strong loud voice so even without the mic, I think you can hear me.

First of all, I'd like to thank you for inviting me to speak to such I mean just an awesome Committee. FPOW. It does something to me. It is one of the many programs that we have in VBA and at the Benefits Assistance Service. So I'm here to talk to you a little bit about FPOW outreach, and it's supposed to be an oversight briefing.

So before I go into just FPOW, let me tell you a little bit about what we do at the Benefits Assistance Service and within VBA. So VBA Benefits Assistance Service was stood up in May of 2010 to be the outreach arm of VBA, and that's exactly what we are.

We have more than 21 programs with FPOW being one of them. We have Women, we have Minority, we have Rural, we have Tribal, we have Homeless, and certainly FPOW, and we have an array of military programs as well, AW2, and Army Wounded Warrior and Marine Wounded Warrior with the current

conflicts that's been going on.

So outreach is not foreign to us. As all of you know, in FY 2014 and currently, VBA has been focused significantly on the backlog. FPOW claims are generally not part of that backlog because they are pretty much expedited. We do have FPOW coordinators. In the Regional Office, they're either an RVSR or a VSR. So it concerns me when I hear your comment that an FPOW claim was out there for over a year. That's unfortunate, and even the DIC claims, we hope that we can mitigate those. We are working on those.

And someone from here later will come on and talk about the DIC claims later in the process. We conduct outreach to the FPOW community, and we try to do targeted outreach. Specifically as we target outreach to various communities, we do targeted outreach for the FPOWs. Unfortunately, last year, our numbers did go down in outreach because, as I stated, we were focusing on the backlog.

It is not, we hope that eventually this

community will not increase. You know, no one wants this one to grow. We want this community to go down, but we do consistently do our outreach to them. In our outreach last year to the FPOW community, we did about 388 hours, roughly 400 hours. So that was down a little from the previous year.

We continue to outreach to surviving spouse, and so although it's not just FPOW surviving spouse, we outreach to all of our surviving spouses. So those numbers are included in there as well. So that's a different number for our outreach. I didn't bring all of the outreach, but last year alone, VBA reached over 700,000 veterans in our outreach endeavors, and for our surviving spouse, roughly about three or 4,000 surviving spouses. And like I say, all of the numbers are combined, not just separated out.

We did notice that there were significant numbers based upon the data that we had of FPOW deaths in 2014 and year-to-date. There were like 87 deaths in 2015 and more than 497 in 2014. Yeah.

The data--this is some of the data that we have, and I'm still trying to verify this data.

I got it kind of late so I notice that you guys are going to talk about the recommendations on Wednesday. If any--if there's some specific data that you absolutely need, let me know today, and we'll try and touch base with you before the Committee goes so I can give you actual numbers.

DR. KUSHNER: Those numbers are just raw--

MS. CRENSHAW: Just raw data.

DR. KUSHNER: --data?

MS. CRENSHAW: Raw data, right.

DR. KUSHNER: They don't designate cause of death or anything?

MS. CRENSHAW: No, they don't or what the--they don't.

DR. KUSHNER: Right.

MS. CRENSHAW: It could be--this is just like straight raw data.

DR. KUSHNER: Just die.

MS. CRENSHAW: And the number of awards that were terminated from 2014 to 2015, and that

could also be because of death and no surviving spouse, were about roughly 300. So it's kind of consistent if you look at the number of death and the number of awards that were terminated. And if the veteran's award was terminated, the widow would still be getting DIC, so those would be running awards.

And we are going to do some special--we normally do Rolling Thunder. All of you guys are very familiar with Rolling Thunder. This year we're doing the major flyover. It's May 8 through the 6th, and we are going to do something different this year. It's a little untraditional. We're going to do a Twitter town hall in recognition of FPOW Month in September, which is, we're going to, you know, have people come on, and online we're going to try a different approach to just staffing a table because technology seems to be increasing among all of us, and Twitter town halls have been, seem to be very, people are really taking to those. We've done one for the homeless. We've reached out and done a women's Twitter town hall.

So this reaches a lot of audience. We'll make sure you get, sir, all the information on it. And you can ask--wherever someone is at in the world, they can join on this Twitter town hall and ask a question, and we can get those questions answered. So instead of just being in a room and limiting it to a certain few, we'll publicize it, and we'll send out invites, and we all can, I think we'll reach a large audience.

Also, you talked a little bit about ensuring that all of the individuals that touch a FPOW claim is certified. I think that's very crucial. The Regional Offices do have designated FPOW coordinators. There are RVSRs or VSRs in all of the Regional Offices, but in addition to that, you know we do the certification through the training.

This year, thanks to the VHA being so gracious, VBA was able to secure 48 slots for the training, which is not something that we're normally able to do, and I know you guys had asked for that. My FPOW coordinator Leslie Williams,

who's sitting in the audience, she worked real hard on that, and I'd like to just give her a shoutout.

[Applause.]

MS. CRENSHAW: So those 48 slots, that's a big number, and we're proud to say that we'll have 48 coordinators attending the training this year.

CHAIRMAN McNISH: And they are chosen to be ones who will actually go back and utilize that training in their facility to deal with former prisoners of war; yes?

MS. CRENSHAW: Yes, they are, and then we are, we're working real hard with our FPOW coordinators. The training continues. Our Regional Offices continuously do training. It is not just a one-time training. These RVSRs, the rating specialists and our VSRs, they're some of the more skilled VSRs and RVSRs because of the conditions that FPOWs usually have. So they're skilled in the area of rating, they're skilled in the area of developing, and they do expedite the claims. They are not to sit there.

And that's pretty much all I have. Is

there any--

DR. AMBROSE: The case that Melanie brought up, and what you're just talking about, skilled raters in Regional Offices, one of the things that this Committee has been continually requesting is that if the Regional Office wishes to maintain control of a former prisoner of war case, especially a death award for DIC, that they be allowed to do that because, as you say, you've got trained caring people who know the POWs, know their families. They're able to turn the award around in 24 hours in many cases and make the award instead of having the requirement to send it to one of the three--

MS. CRENSHAW: Processing Centers.

DR. AMBROSE: --Processing Centers. This is something that we have been requesting almost every meeting. If that is something that you could carry forward, again, just using as an example this most recent case when a widow had to wait over a year to get the award, and these are not young ladies, and they are not people who can afford to

wait for that length of time to receive the award.

If that's something that you can assist this Committee with, I know that all the Committee members and all of the former prisoner of war families would really appreciate it.

MS. CRENSHAW: I will definitely work with Mr. Robinson and his team, and we will take that back, and this afternoon, you will have our Deputy Under Secretary here, Mr. Pummill, and that is something you can also raise up to him.

CHAIRMAN McNISH: Last time, last meeting, Mr. Murphy briefed us fairly extensively on the new computerized way of dealing with the DICs, and I didn't--hopefully, I'm sure Mr. Pummill will be bringing some information with him as to how that seems to be working out, but obviously somehow or other this person at least got dropped through the cracks.

MS. CRENSHAW: Yeah, that is unfortunate. I really hate hearing that. But we do work really hard at VBA to ensure that our FPOW community is taken care of. It's one that is near and dear to

us, and as the Assistant Director of Outreach, and that being one of my programs, it is one that we put a lot thought into. We do hold training calls with the FPOW coordinators. Mr. McNish has actually been a guest speaker on our call, and I actually invited Dr. Cornum not too long ago to become a guest speaker on the call.

So we do try to reach out to this community and actually bring people on those calls that can share experiences and that passion, and in addition to that, we do the regular training with them. The RVSR, they're required to do their regular training curriculum, but I think it brings something special when they can actually hear from a former prisoner of war, and it brings something home to them.

So--

MR. FLETCHER: My question is in Detroit, for example, Regional Office, within the past two years, there's been a different POW coordinator. One has--there's two now. One came to the seminar this past year, but the other one says she doesn't

know if they're going to let her come, and she is very interested in the POW. So I don't know what the answer is.

MS. CRENSHAW: Well, let me ask you, you're talking about for the training, so one of the things that we want to do is that we do want to certify everyone, and if they've already attended the training, and they attended within a period, a time frame, and I think that's like within the last five years, they're considered certified. So our goal is to meet your recommendations and have them all certified, and with the slots being limited, we try to reach out and get all of our FPOW coordinators certified.

So if they've already attended, then we want to ensure that someone that has not attended the seminar gets the opportunity to partake of that training and be certified as well.

Now, what we can do, this is something that is low-hanging fruit that we can take on because we can do some additional training with our coordinators. That is something VBA can take on

and make happen, and we can do that on our training calls. We can do that in our conference call. We can do with virtual training.

But the seminars are a little different, and as for the change in position, unfortunately, it's happening everywhere.

MR. FLETCHER: Okay.

MS. CRENSHAW: We try to keep--they are raters. If they're a VSR, they may very well get promoted to another position and be moved within the Regional Office. It's unfortunate, but we do maintain a pretty robust list. We keep it updated, and we try to ensure that when a new FPOW coordinator is appointed, we trained them as well and get them in, and those are the ones that we want to send to the seminar that's coming up.

MR. FLETCHER: The good side of this whole thing is that Detroit handles the DIC claims. They do not leave Detroit. They rate them the day they get them. They certify that this was a POW, and it's on its way down to wherever it goes to be paid. And that's the lucky thing, and it came

about because I went down and talked to them, and I talked to several people that are high up in the staff, and they first said "well." I said no, don't do that. A lot of these widows can't wait a year, can't wait six months.

CHAIRMAN McNISH: Shouldn't have to wait two weeks.

DR. AMBROSE: Yeah.

MR. FLETCHER: That's right. No, you're right. I agree with you.

MS. CRENSHAW: And someone will be here to speak to the streamlined process that they have for processing those claims. I don't want to step into someone else's lane, but I do, as a VBA manager, will want you to know that we are aggressively still focusing on FPOW. It's not a forgotten community. We recognize it, and we put forth 100 percent or 110, whatever it takes, to ensure that those claims are expedited and processed and the FPOW themselves and their widows are treated with the respect and dignity that they deserve. So I would not want any of them waiting.

CHAIRMAN McNISH: Let me come back to the outreach issue. I mean the Twitter town hall, I'm not sure I can totally conceptualize what that is because I let my wife do the Twitter and the Facebook stuff.

[Laughter.]

DR. CORNUM: No, she tweets, sir. She's not twittering.

MS. CRENSHAW: She's not twittering.

[Laughter.]

CHAIRMAN McNISH: She takes--actually I'm not sure she's even on Twitter, but she does Facebook, and that's, and I have chosen to keep that off of my phone, but, in any case, in the past, there have been numerous ideas advanced as to how to find those POWs that are out there in the weeds and they ain't interested in being found necessarily. Certainly have never signed up with the VA.

Among those have been some dead ends apparently like some of these states have the FPOW license plate. Well, can't we just go to the state

and get the list? Well, a lot of the states won't release that list. Of course, maybe one of the reasons they won't is because a lot of those folks may not really be former POWs, but where I'm going with this, have you guys come up with any other unique or new ideas of how to find those folks?

MS. CRENSHAW: Well, we are working on some different approaches. One of the reasons that we believe that a Twitter town hall is a good avenue is because it is social media. Now, the veteran themselves may not be on social media. However, their grandkids, their spouses, and their family members are a big part of social media, and they--my kids tell me that social media is the way to go.

My chief that's sitting over there tells me that social media is the way to go, and he says paper is dying out, rapidly dying out, you know, but I still like a good old-fashioned newspaper myself. However, I'm the Outreach Assistant Director so I have to embrace all of these new ideas, and I don't tweet either, but I do at work

when my staff does. I noticed that everything that my kids do is on Instagram or social media. If I want a picture of them--

CHAIRMAN McNISH: Facebook.

MS. CRENSHAW: --and it's Facebook, that's why I had to set up a Facebook account to get all of their latest pictures. I kept up with them in college on Facebook so although it may not be our primary mechanism, the grandkids, the family members, they're on social media, and we feel that by using social media, we're going to connect with some of them.

We may find some. We're going to be able to talk about the benefits that they're entitled to, the benefits that they may be missing. We want to educate them and empower them to let them know what we have at the VA. We want them to get an eBenefits account even if that's foreign to them so that they can see what it is that they are entitled to, what they may have been missing, and we hope that we--I know there are some unfortunately that we have not reached out to. We want to. So we

feel that that's one of the mechanisms. It's different. It's innovative, but we feel that it's worth the try.

CHAIRMAN McNISH: Well, I certainly appreciate your very positive and--

DR. CORNUM: I think she's right on.

CHAIRMAN McNISH: --meaningful approach to it.

DR. AMBROSE: Yeah.

DR. CORNUM: I think she's absolutely right on.

CHAIRMAN McNISH: Yeah, on social media. Yeah, I agree.

MR. FLETCHER: I agree with it.

DR. CORNUM: Yeah, and particularly if the grandkids are contributing to the upkeep of the grandparents, and they think somebody else will.

CHAIRMAN McNISH: Yeah, hey, my granddad was a former prisoner of war, blah, blah, blah, and then you follow up on that.

DR. AMBROSE: Exactly.

DR. CORNUM: Yeah, right now they're just-

-

DR. AMBROSE: One thing, it's a different kind of outreach. It would have to be the states. Each state has different requirements in terms of reporting death and the cause of death in their death certificates, et cetera.

And it depends on what, how they report it, et cetera, in educating the VA or the FPOW physicians, et cetera, in terms of helping the spouse with a DIC claim to put in as specifically as possible a cause of death that might assist in establishing connection, and again it's going to have to be outreach to the VHA side and improving knowledge of the state death certificates if they are the primary physician who signs them.

MS. CRENSHAW: We do do some outreach with our state partners, with our--and it's not particularly just FPOW, but when we partner with the states and we conduct outreach to them, we do with the county veteran service officers and our state women veteran coordinators.

We do a lot of outreach where when I

conduct my outreach briefings, when I train my employees to conduct outreach briefings, I try to open those briefings, like I did, to tell you that all of the outreach we do, it encompasses so many groups. But it all, FPOW could fall in any of those groups so we want to make sure that we get the message out there, what we're doing and how we're doing it, so that any targeted group, especially the FPOW group, can hear because this is one that you don't hear a lot about.

You hear a lot about women veterans right now. You hear a lot about homeless veterans because it was an agenda priority for our Secretary, and women because they're an emerging demographic. We've always been around, believe that or not. We've been there, but now we're standing up.

[Laughter.]

CHAIRMAN McNISH: If you weren't, we wouldn't be.

MR. HANTON: Or some of us wouldn't be here.

DR. AMBROSE: Absolutely.

MS. CRENSHAW: Yeah. We're standing up and being counted, and women, you know, so the focus has been there. FPOW has been there from day one, and we want to, like I said, they follow up on all of those groups.

We do have, we are trying to develop a new tool where we can pull out more granular data, and in terms of when we go to an outreach event or when we host an outreach event, we don't have to report one demographic; we can report multiple demographics. So if it's a woman FPOW, they can be a woman, FPOW, homeless, many, or minority--several categories. And so we won't just catch one; we'll catch two with our new outreach reporting tool that we're trying to get out and hopefully we'll have deployed out there by no later than June.

CHAIRMAN McNISH: That's great. Anyone have any further questions for our guest?

MS. CRENSHAW: Thank you.

CHAIRMAN McNISH: Thank you, again, for a very good professional presentation. Melanie, you

had--

MRS. BUSSEL: Well, just that the oldest person in the room tweets.

[Laughter.]

CHAIRMAN McNISH: Good for him.

MRS. BUSSEL: Norman has a Twitter account and tweets daily.

DR. KUSHNER: I have one. I just never used it.

MS. CRENSHAW: We'll be inviting you back soon. Thank you so much.

CHAIRMAN McNISH: Okay. In attention to modernity and electronics, would everybody please make sure that their cellphone is on silent, do not disturb, and all the magic things to keep that from happening. That wasn't mine, by the way, that went off awhile ago. Mine doesn't make that noise. I kept looking to see what it was.

DR. AMBROSE: Also, your iPads and stuff like that, you need to turn them to silence as well.

CHAIRMAN McNISH: Yeah.

DR. KUSHNER: Yours is "Scotland, the Brave." Right?

CHAIRMAN McNISH: Yes, with bagpipes. You will hear it if it's on.

DR. KUSHNER: I heard it three years ago. It made an indelible imprint on my brain.

CHAIRMAN McNISH: Rhonda.

DR. CORNUM: Well, since we have a couple minutes between the last thing, I did think of an extra thing I'd like--

CHAIRMAN McNISH: We do unless you're just really anxious to get on to ethics.

DR. CORNUM: No, sir.

[Laughter.]

DR. CORNUM: No, sir. I was going to ask since we have her here that in the spirit of former POWs, that--and we just talked about POW Month in September, I'd just ask if Alice would talk about, a little bit about the thing that's going on this fall at Andersonville, which is--

CHAIRMAN McNISH: Sure. Yeah, we've got some time.

DR. CORNUM: 150th year anniversary of causing it to be a federal cemetery and stuff.

MS. BOOHER: Well, it's part of it, yeah. Yeah, it's part of the Civil War 150th Sesquicentennial celebration, and the National Park Service is doing a lot of things in here. In Washington, they have done some extraordinary things with Ford's Theater and whatever.

But Andersonville with their new superintendent, who has finally surfaced after six months of being no one quite knew where, anyhow a fellow named Sellers has signed on to a program where basically they are, among other things, it will be traditionally in September during POW Month so they have always had a guest speaker, and they've always had a convocation at that Georgia school, and they've always had certain things.

But one of the primary things that they're doing this year is doing a funeral service for the 13,000 who never got a funeral service, and they're doing it with luminaries, which is visually really awesome.

CHAIRMAN McNISH: Real candle ones or the fake battery operated?

MS. BOOHER: I didn't ask that.

REV. DR. CERTAIN: You can turn them on with a little switch.

MS. BOOHER: I suspect since it's going to be a couple days' worth, it may be battery thingies.

CHAIRMAN McNISH: Battery. Okay.

MS. BOOHER: But anyhow, and they're doing a number of other things, including something that Hal will be interested in. As it turns out, at the tail end in I think it was May or June of 1865, when Clara Barton and Atwater and all the other people were finding, were finalizing their identification of the bodies and all the things, the good works they did there, when they raised the flag at Andersonville, the person who was permitted to raise it was Clara Barton.

So the service this year and the raising, which will take place after the service, after the luminaries and all the other things, the flag

raising will be done by Rhonda.

CHAIRMAN McNISH: Oh, good. Don't mess it up.

DR. CORNUM: For my 13,000--no, I'll work really hard on that.

MS. BOOHER: She's going to practice. She's promised she'll practice between now and then.

CHAIRMAN McNISH: It goes up quickly, down slowly.

[Laughter.]

MS. BOOHER: But they're working on a number of things. They've got some traveling exhibits and whatever. They really are trying to make an effort with very little money and apparently no staff at all. They have had--I don't know--six maybe.

DR. CORNUM: They've had some challenges.

MS. BOOHER: Six or seven have left staff, senior staff. So we figure the last person out is going to turn off the lights. I mean everything was being done by one poor lowly park ranger, but

now they have a new superintendent.

CHAIRMAN McNISH: Is that why people left or is this superintendent going to attract help?

DR. CORNUM: I'm not sure we know.

CHAIRMAN McNISH: Okay.

MS. BOOHER: We have opinions in that regard.

CHAIRMAN McNISH: Okay.

MS. BOOHER: But I'm not sure that they're based--

REV. DR. CERTAIN: But you're being recorded so watch it.

[Laughter.]

MS. BOOHER: I know. I'm not sure that it's based on fact, but we have decided opinions in that regard, but he now is answering his e-mails. So he is no longer on the hit list.

DR. KUSHNER: No longer dead. Is this part of--is the Ride Home going to be part of this ceremony?

MS. BOOHER: It is--

DR. KUSHNER: Is it going to be

coincidental with the time?

MS. BOOHER: It is going to be coincidental with it, but because they have an internal pissing contest between the Ride Home people and the Carter people, yes, it will take place at the same time, but--

DR. KUSHNER: Uncoordinated.

MS. BOOHER: Yeah, whatever.

REV. DR. CERTAIN: What's the dates for that?

MS. BOOHER: I've got my calendar. Rhonda? Like 18-19--

CHAIRMAN McNISH: What day are you pulling on the rope, Rhonda?

MS. BOOHER: 18-19th, 20, something like that?

DR. CORNUM: I'm looking. Just one second.

REV. DR. CERTAIN: In September?

MS. BOOHER: Yeah.

DR. CORNUM: Yes, September, I'm not--stop telling me it won't work. Well, yeah, it's 18th,

19th and 20th, is Friday, Saturday, Sunday.

DR. KUSHNER: Yeah. I think that is the Ride Home.

MS. BOOHER: Yeah. And the Ride Home folks will be there. We have been told that Jimmy Carter has been invited to be the speaker, but apparently--whatever.

CHAIRMAN McNISH: That's too bad I'm going to have to miss it.

DR. KUSHNER: Yeah, I was going to go. I wish you hadn't said that.

[Laughter.]

MS. BOOHER: Well, he hasn't, as I said, we understand that there's this discussion between the Riding Home people and the Carter people. Apparently they had some kind of a bit--and the reason they have invited Carter is because Carter is one who signed off on the Andersonville.

DR. KUSHNER: Right.

MS. BOOHER: You know, the--

CHAIRMAN McNISH: As governor or as president?

MS. BOOHER: As president.

DR. KUSHNER: As president.

CHAIRMAN McNISH: President.

MS. BOOHER: As president.

MR. GALANTI: He did it because it's in Georgia.

CHAIRMAN McNISH: They elected him president.

MS. BOOHER: Well, I mean it does happen to be in Georgia, in his hometown.

DR. KUSHNER: It's right close to his hometown.

MS. BOOHER: Yeah, spitting distance.

CHAIRMAN McNISH: Peanuts and all.

DR. CORNUM: No kidding.

MS. BOOHER: Americus. Literally spitting distance.

DR. KUSHNER: Yeah, that's where he flew into Plains. That's the airport for Plains.

MS. BOOHER: Yeah.

DR. KUSHNER: I'd like to say something apropos what Alice said.

CHAIRMAN McNISH: Please.

DR. KUSHNER: This talk about Andersonville. I was just privileged and honored to be invited to National Infantry Museum at Fort Benning for their Sesquicentennial Celebration of the end of the Civil War, and I was on a program with four professional and distinguished historians, and my talk was on the treatment of POWs in the Civil War, which is an interest of mine, and I would just like to call attention to everyone here that Andersonville was a horrible thing. What happened to Andersonville should never happen, but Elmira and Camp Morton, Indiana and Camp Douglas, Illinois were just as bad.

CHAIRMAN McNISH: My great-grandfather died at Camp Douglas.

DR. KUSHNER: Right. So history is written by the victors, and nowhere is that more apparent than in the story of POW camps.

CHAIRMAN McNISH: Right, right.

MS. BOOHER: Well, I would point out that in my articles, which have been running now for two

years in the POW Bulletin, I do one North and I do one South, and they are all equally rotten.

DR. KUSHNER: They were horrible.

MS. BOOHER: The next one is Elmira, and it is horrible.

DR. KUSHNER: The North had the resources.

MS. BOOHER: I mean I was born and raised around Camp Morton and we didn't talk about it in Indiana. I mean we really didn't talk about it, and there are good reasons why we didn't talk about it. So--

CHAIRMAN McNISH: Well, as Hal said, the victor writes the history. Okay. Well, how about if we take about a five or ten-minute stretch, and then we will proceed to get ethical.

[Whereupon, a short break was taken.]

CHAIRMAN McNISH: Can we get seated and quiet again? All right. I notice that some of our people in the back have fled the sinking ship because they didn't want it to be implied that they were not ethical. So, but with that implication either understood or present, that we need to be

trained so that we can be ethical rather than an appearance having done it properly--I'm just a little cynical.

MS. BOOMINATHAN: No, no, I got you.

CHAIRMAN McNISH: We have attorney Purnima Boominathan, who is going to help us, remind us, what we are to do ethically, and hopefully maybe there will be some discussion or questions.

MS. BOOMINATHAN: Absolutely. Well, good morning, and my name is Purnima Boominathan, and kudos for getting my name on the first try. That was excellent.

CHAIRMAN McNISH: Well, I practiced in the last five minutes.

MS. BOOMINATHAN: Yeah, I know.

[Laughter.]

CHAIRMAN McNISH: Wait till this afternoon, and I will probably not be able to do it.

MS. BOOMINATHAN: So I am an attorney with the Office of General Counsel at the Department of Veterans Affairs. And I work on a team that only

does government ethics so we do not do personal ethics or professional ethics or health care ethics, I think, which is a hugely popular topic right now for VA.

We do government ethics, which is really sort of a specific subset of what we can and we really can't do as government employees. So all of you serve on this wonderful Advisory Committee, and initially we always like to take a minute to say thank you so much for your service because you do so graciously and you do so, you know, really I think without much thanks, but, you know, we definitely appreciate it.

These advisory committees do so much for the agency, provide so much wisdom and advice and counsel, and I really enjoy the opportunity to see what you guys are up to to hear and learn more about your work.

And so I'm going to talk to you about government ethics. I hope that this will be a conversation and not a lecture. If you have questions, please feel free to ask questions, and

also if you have colorful stories, that really makes the presentation go by a lot quicker, and I think also gives us an opportunity to think about examples.

You know, it's easier when you have an actual example of something that you've seen happen around you or you have a question about something than me talking to you off of a piece of paper.

So who's a Special Government Employee? Well, all of you are. You were appointed to serve on a Federal Advisory Committee for no more than 130 days within a one-year period, and that, you know, with or without compensation. So we sort of assume that you will all be serving less than 60 days. If you serve longer than 60 days, we'll get some notice about that, and we may need to just chat with you really quickly.

And you're not a Special Government Employee if you serve as a representative of another organization to the Committee. So there are specific, you know, you've all been designated as Special Government Employees. I think everybody

at the table here has been designated.

So the most important piece of information is you should know our phone number--out of the entire ethics training--because then you can call us, and you can ask us questions. And so our phone number is 202-461-7694. If you didn't get it right now or you misplaced your paper, your DFO can provide that to you.

We also have an e-mail address. The DFO can e-mail that out to you. If you have a question, and you think that there might be a potential issue, please feel free to call or e-mail us. We're here not 24 hours a day--during business hours. Somebody will answer the phone. Somebody will get back to you.

And I really think that that's what these trainings are really about, letting you know that we're here to assist you and support you if something does come up. If you're not sure if you can take the Venti versus the Grande Latte, you know, somebody is a government vendor or not, you know, we can help you with that.

So why should we get government ethics advice I mean other than the opportunity for me to sit here and wear a suit? Why do this every year? If you seek advice from an ethics official, it is almost virtually certain, and I say virtually certain, that you won't be criminally prosecuted, and I say almost virtually certain because I can't speak for the VA Inspector General.

But if you seek ethics advice from an ethics attorney and we give you documented ethics advice, we give you an e-mail, later on if a problem comes up, you say, oh, no, no, no. Purnima Boominathan, she cleared this one. You go find her and talk to her first.

And I think that that's called our safe harbor provision, you know. We want to make sure that everybody here feels really comfortable and, you know, we talk about the issues. Things might come up in conversations with myself or one of my colleagues that maybe we haven't thought of initially, and it's really good to get it in writing. You know, writing is safe.

So ethics rules apply to all of you even when you serve without compensation. They might apply to you on days when you're not even serving on this Committee so it's good to think about it, and you are government employees for all intents and purposes, but there are special subsets of rules that apply just to you, and I think that that is really recognizing the fact that all of you don't work as federal government employees 365 days of the year. You all have outside jobs and things like that, and we want you to do those jobs and not to have any potential conflicts.

So these rules I think are really laid out nicely just to sort of make sure that you're aware of the intersection of where government might intersect in your outside lives.

So financial disclosure. This Committee doesn't have to file them. So hooray. It's a boring form. Nobody here has to fill this out.

MR. FLETCHER: Oh, God.

MS. BOOMINATHAN: It's true. I review them. So you don't have to worry about that.

We're not going to discuss it.

So we're just going to kind of discuss some of the basic categories of ethics laws, and, again, if you have a question, please sort of jump in. The first is a financial conflict of interest, which is 18 U.S.C. Section 208, and I'm supposed to read you the entire regulation, the statute, so you'll have to forgive me.

It is a crime for you to participate personally and substantially as a government officer or employee in a particular matter which will directly and predictability affect your financial interests or a financial interest imputed to you.

Everybody is still looking at me. That's good.

CHAIRMAN McNISH: Yeah, unless you're Secretary of State, but that's all right.

[Laughter.]

DR. CORNUM: Or the President.

CHAIRMAN McNISH: Yeah, that.

MR. GALANTI: That's Special Government

Employee.

[Laughter.]

DR. CORNUM: But so all you're saying is that I should not be advocating here for the VA hiring more psychologists if I run a psychology contracting company?

MS. BOOMINATHAN: Absolutely.

DR. CORNUM: I don't.

DR. AMBROSE: Unless you make the recommendation to the Committee to recommend that to the Secretary--

MS. BOOMINATHAN: Yeah, unless it comes--

DR. AMBROSE: --as part of our Committee report.

MS. BOOMINATHAN: Your Committee work. That is true. You two could take over next year. I don't even need to show up. It's true. There's actually a Venn diagram, and I don't have a screen here, but the Venn diagram really says your outside financial interests, your government interests, and then there's that little--you know, there's going to be the area where they overlap.

When things fall into that overlapping area, that's where we have concern. So you brought up the, you know, situation where you might be recommending somebody for employment. That wouldn't be appropriate. But if it was in the course of your Committee work, that changes sort of the scheme of things.

DR. AMBROSE: We've been well trained.

MS. BOOMINATHAN: Absolutely.

DR. CORNUM: And we've done other committees.

MS. BOOMINATHAN: And you listened.

DR. CORNUM: And we listened.

MS. BOOMINATHAN: So, you know, when we want to think about it, we want to break it down. There are a lot of people, even though it's not my financial interest, my spouse's financial interests are imputed to me because I probably care about what happens to my spouse's money, and I'm probably going to use some of it at some point. Let's face it.

CHAIRMAN McNISH: Even if your spouse was

a former president.

MS. BOOMINATHAN: Well, I haven't had that happen yet. My husband hasn't run for president yet, but, yes, no, it's true. Your minor child, we think that that person's financial interests matter to you. Your general partner, if you have a business relationship with somebody, their financial interests probably matter. Any sort of an organization where you might serve as a director, a trustee, an officer or an employee.

So basically you're a physician with Kaiser-Permanente. We assume that you are interested in the financial interests of Kaiser-Permanente.

And if there's anybody that you're negotiating with in the future for future employment, we would assume that you really care what happens with that organization and their future financial health. It's important. So you want to think about that when I come to the financial conflict of interest slide. It's not just you, but it's sort of the universe that you

live in.

So now are we talking about stuff where, you know, you might make an attenuated decision that might ten steps down the line affect your outside employer? No. We're talking about things that really have a direct and predictable effect, something you might directly and predictably do on this Committee that would really, you know, very certainly affect that outside person, your dependent child, your spouse, your outside organization.

We're not talking about the domino effect of 20 people down the line that might have some sort of attenuated effect on your husband's retirement plan. There are really things that are really close cause and then there are things that are far apart. We are concerned with things that are really close, that have that direct and predictable effect.

We're not, you know, speculation. We're not engaging in speculation. We're engaged in actual what's going to happen in the future.

And what's an particular matter? We're interested in decisions like contracts, like a specific employment contract, grants, you know, probably, maybe not so much for this Committee, but, you know, we have committees that are engaged in cemeteries' real estate acquisitions. That would make a huge difference for persons that hold, have significant real estate holdings, some things like that.

We're not sort of interested in things like if you made a recommendation about all hospitals or all prosthetics, that's going to affect a lot of hospitals. So even if you have a financial interest in one of them, we don't think that that would affect your decision-making when it comes down to it because you're really thinking of all of the hospitals in America.

So, again, it's not a broad policy thing. We're not saying that you shouldn't make recommendations broadly, just really, really specific things where your financial interests might come into play.

DR. CORNUM: The McNish leg we would not want to be recommending.

CHAIRMAN McNISH: No, it's half metal.

MS. BOOMINATHAN: Apparently for more than one reason.

[Laughter.]

MS. BOOMINATHAN: This is a good Committee. I got to say. I've done a couple of these in the last three or four weeks. This is a good Committee.

CHAIRMAN McNISH: Should you recuse yourself or can you recuse yourself from discussions on those types of issues?

MS. BOOMINATHAN: Absolutely. If you think that there's a potential conflict of interest, you should stand up and announce my name is Purnima Boominathan, and I think I might have a potential conflict of interest. The reason you're making this very loud proclamation is so that it goes into the meeting's notes, and that they're published.

So later on if there are any issues, all

we need to do is open the meeting notes and say, oh, Purnima Boominathan thought that there might be a potential conflict of interest. She stood up. She recused herself from the discussion, and we'd ask just sort of, just to be really safe, that you leave the room. The DFO will come and he'll bring you back in once that particular discussion is over.

Thank you. So you don't need to be here. You can take this moment to go out and call me or send me an e-mail, and we can talk about it, and that's what you do in that time after you've got your Starbucks and you fill up on that, call me, and say, hey, I think I might have a problem, and then we set up a time to meet or a phone call.

CHAIRMAN McNISH: Like even if we have a conflict of interest or lack of interest in ethics discussions?

MS. BOOMINATHAN: The lack of interest I can't help you with.

[Laughter.]

MS. BOOMINATHAN: So I think we just spoke

about this. You can talk about things that are of general interest, broad policy matters here. Even if your financial interest falls into that pool, into that large swimming pool, it's okay if you're one of many. If there's a special and distinctive fact, we would ask that you recuse yourself from such a discussion.

Now we talked about if you have interests because you might have a financial interest in the company, because you might be employed by that company, be an officer or a director. This also is something of interest if you own stock in the company. So this not just extends to your outside employment but also to your financial holdings. And so if you own significant--yes?

MRS. BUSSEL: What happens if in a general discussion, it suddenly comes down to a specific one where you would be involved and you can't tell in advance to recuse yourself?

MS. BOOMINATHAN: At that point you get up and recuse yourself. If it falls, you know, we give this example of a discussion of whether or not

clinicians should have iPads. You know, if a medical advisory group is having this long discussion about whether or not there's--not iPads. I shouldn't say that--tablets, you know, whether or not it would be beneficial for all clinicians in a hospital to hold tablets? And all of a sudden this discussion, like you said, starts off with all tablets. That encompasses so many different products on the market; right?

It starts shrinking and shrinking and shrinking, and all of a sudden, the committee has boiled it down to a recommendation: we think all clinicians should have iPads. That's really going to affect the financial interests of one company--Apple. And you hold a lot of stock in Apple. You put all your retirement savings in Apple.

You have to stand up and recuse yourself. That would probably be the best thing to do. Now we don't anticipate that this is going to happen, but we, again, we don't know what's going to happen in your Committee discussions and, you know, things like that. And so it's just, it's best to just

take stock, you know, go home and just flip through and make sure, think about what you hold, and if it might have a potential issue here.

DR. AMBROSE: What would be considered significant?

MS. BOOMINATHAN: So there are actually financial thresholds. We--$15,000 is considered significant.

DR. AMBROSE: Okay. So if you hold $15,000 in a certain stock?

MS. BOOMINATHAN: Yeah. And also we look at sectors. If there's health care sector, you know, sometimes you can own in health care sector. That could be--

DR. AMBROSE: A mutual fund or something like that?

MS. BOOMINATHAN: Yeah. And then lots of times when you hold mutual funds, and I'm certainly not a financial expert, there's a bunch of things in that mutual fund. You know there's $3,000 in "X" and $5,000 in "Y"--and I'm sure somebody here is a certified financial planner and is going to

correct my verbiage soon--you know, those are really diversified holdings. You're not holding much. But then there are things like health care sector funds where you're holding $100,000 all in health care. So, you know, those are the kinds of things you might want to look at closely.

DR. AMBROSE: So it's a dollar figure, not a number of stock shares figure.

MS. BOOMINATHAN: Yes, it is a dollar figure, not a number of stocks or shares, although I, it might come up, the stocks and shares issue, but I think it's a dollar amount.

Are there any other questions? Everybody is going--

DR. CORNUM: We all wish we had them. That's all.

MS. BOOMINATHAN: True.

CHAIRMAN McNISH: Yes, wish we'd bought Apple when they were--you know.

MS. BOOMINATHAN: I know. Back when they made that computer. Oh, well, now we know. So there are ways, if it does come up that you have a

situation where there is going to be a specific discussion, and you have to be involved, you are the key point person on this. You cannot be replaced. We can work out a situation where the General Counsel's Office, we look at it, and we make the decision, your contribution on this matter for the Committee is so overwhelmingly important that we are going to write you a waiver. We understand that you own $50,000 in Apple stock, but even then you need to weigh on this decision.

So those happen--that happens very rarely, just to let you know, but it's a possibility, you know, and there are other ways we can get around it. You can recuse yourself from the discussion. That's always a good one, and you know you could also sell your stock although, let's face it, people may be unwilling to do that. But these are options in place for all of you. I just wanted to let you know.

So the next part. Appearances matter. As federal government employees, we want to make sure that we appear to be at all times objective. We

don't want to show favoritism. We don't want to be giving preferential treatment to any organizations or to individuals.

And so I think that that's something we should all be thinking about when you're serving on your Committee.

So in addition to the criminal conflict of interest law that I referenced, we have something called the Standards of Conduct, which are principles that every federal government employee has to adhere to, and in that is a very similar conflict of interest sort of law. It's not a law. It's a rule. It's a guideline, but it's in there, and it's under the 14 Standard Principles.

So it basically says the same thing, and the way I like to think about it, and the way I think that we all think about it is if somebody looked at the decisions that you were making, would a reasonable person with a good knowledge of the facts question your decision making?

So would a reasonable person who was looking at us having the specific discussion think

that there was a possible conflict of interest knowing your outside financial interests and hearing what we were discussing? And I think that that's a good barometer for all of us. You know, we're all reasonable people, and I think we can sort of do a kind of a gut check.

And really I think that at the end of the day, we want to make sure that we don't end up on the front page of the Washington Post, you know. If we do, we want to be there because we've done something really phenomenal and not for any other reason.

And so I like to think that if I was doing something and I thought that if my picture ended up on the front page of the Washington Post, and there was a caption, if that would look good or look bad, and that's kind of the smell test.

So in addition to the financial conflict of interest, which I think is a really important one, we want to make sure that you do not receive non-federal compensation for the performance of your official duties. So nobody should be paying

you to sit here other than the federal government.

You should not be given money that could influence the performance of your duties. That is a long way to say don't accept bribes.

[Laughter.]

MS. BOOMINATHAN: It's fancy language for don't accept bribes, and bribes are one of those things that you don't want to give; you don't want to receive. You don't want to be on either end of it. There's never a good place to be with a bribe.

This is usually where the colorful story comes in. People have all sorts of stories about things they've seen over the years.

If you do work on something on this Committee and it involves like a private company or a contractor or a vendor, don't switch sides. Don't go work for them. Don't say, hey, I happen to know that they're going to be getting a really, really lucrative contract with VA because I was on this, you know, and I just saw that they had a job listing. I'm going to go join. That's a really, you know, obvious way. Don't switch sides in the

middle of a game is the way I like to think about it.

There are certain time lines after which you could go work for them. If that comes up, let us know. We'll talk to you about them. We'll see what the discussion was here, what your job might be there. It might not--it might be that it's the same company but a completely different, you know, function and really separate and discrete, and so, you know, we can talk about it and work on it. But I think the general rule is while the ball is in play, don't switch sides, you know. You're still playing for VA; you're on our team.

So I talked again about the timing, about your post-government employment. There's a related standard of conduct on prohibition. While you're serving as this Special Government Employee, while you're serving on this Federal Advisory Committee, you should not serve as an expert witness for a party opposing the government where you participated as a Special Government Employee in the underlying proceedings as a government

employee.

MR. GALANTI: Unless you're a whistleblower.

MS. BOOMINATHAN: Yeah. Well, then, in that case, you know, then that's different. Unless you're a whistleblower.

So if you're asked to serve as an expert witness and the United States is a party, then I would just ask that you come to us and we have a quick chat about it to see what the facts are. It might have nothing to do with what's going on here. It might have something to do with another federal agency or something. It's always really just good to come and talk to us and make sure that we're all on the same table, and so many of you are distinguished professionals and would be asked.

CHAIRMAN McNISH: Just quick tangential, whistleblower would be a fact witness rather than an expert witness; am I correct?

MS. BOOMINATHAN: No, I'm not sure. No, you wouldn't be an expert witness; you'd be a fact witness. Yeah.

MR. GALANTI: Lawyer talk.

MS. BOOMINATHAN: That's probably--that's true. You're clearly a lawyer.

CHAIRMAN McNISH: No, but I work with a lot of them.

DR. CORNUM: And he's an expert witness in a lot of things.

MS. BOOMINATHAN: And you're an expert witness. Probably most importantly, yeah, you're an expert.

CHAIRMAN McNISH: But not in anything related to this job, but yes.

MS. BOOMINATHAN: Good. That's probably true. Yeah.

DR. CORNUM: Yeah, I would argue that my experience with whistleblowers is they have not been very factually oriented.

[Laughter.]

DR. CORNUM: They've been grudge oriented. But I'll just stop there.

MS. BOOMINATHAN: Okay. So the Standards of Conduct. I spoke about that before. Public

service is a public trust. We want to make sure that we are all--you know, we're all receiving taxpayer dollars. I think that the 14 Principles that I referenced before can really kind of boil down to two main thoughts: don't use your public office for private gain and don't give any unauthorized preferential treatment to any private organization or individual.

CHAIRMAN McNISH: Makes sense.

MS. BOOMINATHAN: We don't want you to use any information that you might hear to further a financial transaction. So if you learn about some information about a potential contract is coming up, it's not a good time to go out and buy stock based on that.

You should not use government property, government cell phones, government e-mail, for anything other than authorized or official purposes. Don't, you know, you laugh, but--

DR. AMBROSE: Buy your own server.

DR. CORNUM: Yeah, buy your own server.

CHAIRMAN McNISH: Yeah, right. Bite my

tongue.

MS. BOOMINATHAN: I tell the story because I find it hilarious, but I think it's instructive, and not so much for all of you, but, you know, government workers work many days of the year. There was a young gentleman, who was very politically motivated clearly, and he sent out something like 500 tweets during the day, political tweets.

CHAIRMAN McNISH: Gee, how did he get anything else done?

DR. CORNUM: There is the question.

MS. BOOMINATHAN: That is the question. So they took it up. They wanted to know is it-- he's engaging in political speech--

DR. AMBROSE: Activity, yeah.

MS. BOOMINATHAN: But it was his private cell phone, but he was at work, and let's be fair, if you're sending out 500 tweets, how much work are you actually accomplishing? Was it on work time? So they decided not to prosecute him. I can see certainly the confusion in that case. He was using

his own private phone and it was his own personal tweeting account.

But I think it sort of lets us know that the intersection between what we're doing on these social media platforms and things like that and our work lives are kind of getting closer and closer and closer, and we need to be mindful and careful about what we say and things like that, and, you know, be cognizant that, you know, he was at work, and so, you know, I don't know--I didn't follow up to see what actually happens. I do know they declined to prosecute him, but he may have received some reprimand. I would certainly think his boss would be--

CHAIRMAN McNISH: Or he got a new job.

MS. BOOMINATHAN: Yeah.

MS. BOOMINATHAN: I hope his boss reprimanded him.

MR. HANTON: Well, back in the day before we had the computers or cell phones, and people would use--and I was in the government for 30 some years--using the old, good-old telephone, and you'd

hear the folks in whatever office all day talking to their friends or spouses. I mean it's the same deal.

MS. BOOMINATHAN: Absolutely.

MR. HANTON: Who's paying your day?

MS. BOOMINATHAN: Yeah.

MR. HANTON: Who's paying that hour you're sitting there.

DR. CORNUM: Yeah, presenteeism.

MR. HANTON: If it's on lunchtime or whatever, little bit--

MS. BOOMINATHAN: Your 15-minute break.

MR. HANTON: Yeah, but some people would carry it to extremes.

MS. BOOMINATHAN: No, I 100 percent agree with you. We're not trying to say you shouldn't check the weather before you step outside to see if it's snowing. We're just trying to say don't tweet all day on behalf of your preferred candidate when you--500--

MR. HANTON: Yeah. Well, that was two issues. It was a political part and government

time.

MS. BOOMINATHAN: Yeah, the Hatch Act and government time. Yeah, it was a good cross-over learning case for us when they presented it at a conference, but I say that to you also because I can't imagine how you send out 500 tweets without getting carpal tunnel either.

[Laughter.]

REV. DR. CERTAIN: Especially in one day. What do you do the rest of your days?

CHAIRMAN McNISH: Oh, my grandkids could do that in about 30 minutes.

DR. CORNUM: Right.

MS. BOOMINATHAN: That's what he was trying to argue, I think, was that he was a really fast tweeter, is that he could tweet--anyway.

MR. HANTON: I don't tweet, but is there a way to like copy and paste and send? I don't know.

DR. CORNUM: But you can do it--you can dictate it.

MS. BOOMINATHAN: You can do it. You can do a dictation. You can dictate it.

CHAIRMAN McNISH: Yeah.

DR. KUSHNER: You can speak it. Yeah, he can speak it.

MR. GALANTI: You could actually just speak with little clips of speech.

MS. BOOMINATHAN: That's what we're saying. Yeah, dictation has enabled--yeah.

MR. GALANTI: And it goes away. And it goes away.

MS. BOOMINATHAN: So teaching, speaking and writing. You can't be compensated for teaching, speaking or writing that relates to your official duties. So essentially if somebody says can you please come speak on behalf of your Federal Advisory Committee, and they're going to give you a $1,000 honorarium, we should really talk about that.

First of all, let's make sure that it's okay with the Committee and, you know, the VA that you're representing the Committee outside and also to discuss the honorarium because it could be considered compensation for teaching, speaking and

writing for doing your federal duties.

CHAIRMAN McNISH: But within the VA, that would be okay?

MS. BOOMINATHAN: Yes, within the VA because then you're not going out. And we're certainly not going to pay you to talk to us again.

[Laughter.]

REV. DR. CERTAIN: We've noticed.

MR. FLETCHER: I've got a question. I spoke at a school--

MS. BOOMINATHAN: Okay.

MR. FLETCHER: And I told them that I did not want to get compensation for it, but they mailed me a check anyway. What is that?

MS. BOOMINATHAN: Did you speak at the school on behalf of this Federal Advisory Committee?

CHAIRMAN McNISH: No, just about his experience, I think.

MR. FLETCHER: No, POW.

MS. BOOMINATHAN: About being a POW. Well, so, that doesn't relate to the--

REV. DR. CERTAIN: It's cash in the bank.

[Laughter.]

REV. DR. CERTAIN: That's what that is.

DR. KUSHNER: You sent it back, of course.

MR. FLETCHER: Yeah, you know--

MS. BOOMINATHAN: So that's related to your personal. In your personal capacity, you spoke about your experience being a POW and so--

REV. DR. CERTAIN: Honorarium is taxable income.

MS. BOOMINATHAN: Yeah. That's your personal decision about what you'd like to do with it, you know.

MR. FLETCHER: Okay.

DR. CORNUM: They send me a 1099 every time.

MS. BOOMINATHAN: It isn't part of your government service. You weren't there, you know--

MR. FLETCHER: Representing the advisory board.

DR. CORNUM: Talking about how to get the VA to take better care of POWs.

MS. BOOMINATHAN: Yeah. So, and then if you are representing, if you are going out, you know, in your professional capacity, and you give a speech, you want to include that you serve on this Federal Advisory Committee, as long as it's part one of the many biographical details that you list, you know, professor at Harvard University, distinguished, you know, lawyer, environmentalist, member of the Federal Advisory Committee, that's totally fine.

Okay. Yes. The Starbucks question. So you shouldn't be given a gift because of your official position, so in this case because you serve on this Committee, or from a prohibited source. So let's talk about the official position. Now if somebody knows that you serve on this Committee and they have a vested interest in the activities of this Committee, and they offer to buy you unlimited Grande Starbucks for the rest of the year, we would ask that you not accept that because they're giving it to you in some sense because they want to influence what you do in this Committee.

And at the very least, even if they didn't want to influence what you did, it could just be seen as a conflict of interest, that you're taking something from somebody that has an interest in the activities of this Committee.

The other one is from a prohibited source. Now you shouldn't take gifts from prohibited sources, and prohibited sources are entities or individuals who are doing business with VA, who would like to do business with VA.

DR. AMBROSE: Kazakhstan.

[Laughter.]

MS. BOOMINATHAN: People who could be affected by what you do here. These are all prohibited sources. So we would just ask that you think about that. Now we're not trying to chill you going out to dinner with your, you know, best friend who you've known for a years, who is also a veteran. A veteran certainly does business, you know, might have business with the VA. Might have a vested interest in a decision that's going on here. We're not trying to chill your personal

relationships. This is really sort of just when it's in the universe of here.

Now we want to remind you again that you can always accept, you know, anything that arises outside here. So if your employer is saying we're going to pay for you to go to a conference, that's not a problem. That has nothing to do with your Federal Advisory Committee service.

If, you know, you're getting a gym discount because you walked in on May 1, you know, good for you. Take the gym discount, exercise. Those are not sort of the things that we're worried about. Those are things that everybody gets. You know, Cingular Wireless offers discounts to you if you sign up in January something, that's not an issue.

There are some other exceptions that you can invoke if it's less than $20. You know, you might want to call us if you think that there's a possible issue. You know the rule is that you can accept something that's less than $20 provided you don't accept more than $50 in the calendar year.

So--

Fundraising. So you can engage in fundraising in your personal capacity as long as you don't solicit funds or support from a person whose interests may be affected by the performance of your duties.

So anybody who you know who might have an interest or an issue that's before the Committee, it might be a good idea not to ask them to, you know, donate to UNICEF the year that you're the UNICEF ambassador.

You know, and it would also--we would probably ask that you not engage in charitable fundraising while you're on Committee work, you know, when you're here, just to prevent any appearance issues and also not to be using your government time for your outside activities.

There's some other laws and regulations that, you know, I just sort of want to touch on really briefly, but I'm not going to go into detail. There are things like the Emoluments Clause and the Foreign Gifts and Declaration Act

and things like that.

So if you go to another country, and the official government wants to give you a really expensive gift, you might just want to call and let us know, first of all, because it's interesting when people do that. That doesn't happen very often. But, you know, for this to apply, you'd have to be going on official government service. You'd have to have the official passport and things like that, and then there would be restrictions on what you can receive from the foreign government.

So if you're in China, and the government gives you, you know, a beautiful sword or--

DR. CORNUM: And they will, and then you just have to get some of your people to say--

MS. BOOMINATHAN: Absolutely.

DR. CORNUM: --it would be really bad for relations if we--

REV. DR. CERTAIN: Turned it down.

DR. CORNUM: --insulted them and turned it down.

MS. BOOMINATHAN: Yes, so but we need to,

you know, we should just have a brief conversation.

DR. CORNUM: Then they want me to give it to the Army Museum.

MS. BOOMINATHAN: Yeah.

REV. DR. CERTAIN: But they're building Volvos. Who wants one?

[Laughter.]

MS. BOOMINATHAN: So we would just want to have a conversation about that, you know. These things sort of happen really rarely, and I'm not going to bore you by reading the exact how much you can accept and not accept.

Somebody did ask me if they get a dog in China, how they would get it back into the United States, and I said if you get a dog in China, you have bigger problems than getting it back into--passing the veterinary vaccination rules.

DR. CORNUM: I can tell you how to do that, by the way.

CHAIRMAN McNISH: Lot of guys brought one out of Vietnam.

MS. BOOMINATHAN: The Hatch Act. And as

we all know, the Hatch Act restricts the political activities of government employees. So this really only applies to all of you when you're engaged in government business. So we'd ask that you don't engage in political activity when you're on government property, while you're here attending these Committee meetings.

We'd ask that you don't solicit contributions for political campaigns while you're here, and, of course, you are all entitled to run for political partisan office, but we'd ask that you don't campaign while you're serving on the Committee. You know, he's shaking his head. He's not running for office.

Any questions?

CHAIRMAN McNISH: Melanie?

MRS. BUSSEL: If you are here as part of the Committee, but you also want to go and hassle your senator about something, is that prohibited? Now, that's--

MR. HANTON: It's not political activity. You're not out there campaigning for somebody

that's running for office.

MRS. BUSSEL: Yeah, yeah, okay.

MS. BOOMINATHAN: And we've gotten this question a lot in the last few months about testifying before Congress, and you can always testify before Congress in your personal capacity, you know. That we have no--you know, we're not restricting anybody. These are our rights, you know, if you want to go up to the Hill or you've been called in by your congressman to testify.

But you can't represent the Committee on the Hill, you know, and that's the distinction that we want to pull in. Your personal presence and testimony, that's completely--we'd like it if you let us know.

MR. GALANTI: If you get subpoenaed, you get to do it anyway.

MS. BOOMINATHAN: That's true. Then you have little or no choice really. So I hope that I didn't bore you for too long.

CHAIRMAN McNISH: No, this is one of the more pleasant ones we've experienced.

[Applause.]

MS. BOOMINATHAN: Oh, well, you know--

DR. KUSHNER: It was riveting.

MS. BOOMINATHAN: Thank you. I thought I should have gone into theater, but law school called me.

[Laughter.]

CHAIRMAN McNISH: We wish you good luck.

MS. BOOMINATHAN: Thank you so much, and thank you again for all the service that you do for VA. I know that the Federal Advisory Committees, you know, we'd love it if they were on the front page for all the service, and your group photos were there, to say thank you for the countless years and effort that you've put into it. That's not just the case. But I know I certainly appreciate it.

DR. AMBROSE: We do it for the exorbitant pay.

MR. FLETCHER: You know you say nice things about the advisory board. Probably one thing some of the newer people don't know, the

advisory boards, 250 of them, were questioned on why and what and how? Guess what? We came up number one, and the person that did it personally called me to thank me and asked me how do you guys think alike? I said because we're all prisoners of war. No, we came out number one out of 250 advisory boards.

REV. DR. CERTAIN: Who rated this?

DR. CORNUM: You don't have to raise your hand.

MR. FLETCHER: Oh, yeah.

REV. DR. CERTAIN: It's for all the departments.

MS. BOOMINATHAN: Thank you so much.

[Applause.]

CHAIRMAN McNISH: Thank you for being so tolerant of our humor.

MS. BOOMINATHAN: No, I liked it.

CHAIRMAN McNISH: All right, folks. Anything of urgent nature or even semi-urgent that we need to discuss before lunch? If not, we can take our lunch break and be back by 1:45. Be back

by 1:30 because the Deputy Under Secretary is going to be here, and we don't want to keep him waiting.

DR. KUSHNER: 1:30?

DR. CORNUM: Okay.

[Whereupon, at 11:52 a.m., the Advisory Committee recessed, to reconvene at 1:45 p.m., this same day.]

A F T E R N O O N S E S S I O N

[1:45 p.m.]

CHAIRMAN McNISH: Paul has something to say before we get convened again.

MR. GALANTI: This is Glimpses of the New Veteran, and I played a very little part in doing this. But Alice in her typical--she writes about half of the Journal for AXPOW now these days, and anyway, this is something worthwhile, and I happen to have a few fliers for it that I'll just pass around, and I think it would be worthwhile reading it. It goes state by state and just tells what the benefits are. Every state has a bunch of them.

DR. CORNUM: It is good. Many of us had a little bit of this.

MS. BOOHER: Those two, speaking as chapter writers--

DR. CORNUM: As chapter writers, we're just--

MR. GALANTI: Oh, it's a conflict. That's right. I wrote a chapter or something.

DR. CORNUM: I wrote a chapter, but we

don't get any money so it doesn't matter.

CHAIRMAN McNISH: You didn't recuse yourself.

[Laughter.]

DR. CORNUM: Yeah, if you recommend everybody buy it, then we have to recuse ourselves from that decision.

CHAIRMAN McNISH: So everybody gets one; right?

DR. CORNUM: Maybe not.

CHAIRMAN McNISH: Is this in Amazon to be read on Kindle?

DR. CORNUM: Yes.

MS. BOOHER: No, it is not. It is purchasable from Amazon.

CHAIRMAN McNISH: That's the only way I read books now.

MS. BOOHER: Well, too bad.

DR. CORNUM: Your loss.

MR. HANTON: I'm going to be in Durham. Do they have it in stock?

MS. BOOHER: Yes.

MR. HANTON: At UNC?

MS. BOOHER: No, they have it at Carolina--

DR. KUSHNER: UNC is not at Durham. Duke is at Durham. UNC is in Chapel Hill. Don't ever make that mistake again.

REV. DR. CERTAIN: Which one did you attend? Duke?

MR. HANTON: But it's close.

DR. KUSHNER: Eight miles.

MR. HANTON: I think I'm staying in Chapel Hill. That's where it is. The wedding is in Durham.

CHAIRMAN McNISH: It's all Research Triangle.

DR. CORNUM: Right.

CHAIRMAN McNISH: I don't know if Fletch is going to be able to join us again because he went back upstairs and laid down. He kind of wiped himself out by being here this morning.

DR. CORNUM: Who did?

CHAIRMAN McNISH: Fletch.

DR. AMBROSE: Fletch. He didn't follow the doctor's orders.

DR. CORNUM: Not any of them. Or his chaplain's orders, nothing. Nor has he probably ever so why would that surprise us?

CHAIRMAN McNISH: Well, more's the pity that we weren't able to have senior people presenting certificates of appreciation. For somebody like him, it needs to be done. Not just mail you a "suitable for framing."

DR. AMBROSE: Yeah.

DR. CORNUM: Yeah, because that will stay in the envelope. This is a pretty impressive thing they put together.

CHAIRMAN McNISH: Yeah, it is. It's got hotlinks to all kinds of stuff buried in there.

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CHAIRMAN McNISH: Let's get started a little bit early. Carol told me that Bob had to just go lie down. He had completely worn himself out this morning, I think. So it will be good if he can come back, but there's a good chance he

won't be able to.

In talking to Mr. Pummill, who is going to be talking to us next, and expressed to him our concerns that somebody like Fletch, who has served on the Committee for 21 years, and has really made an extra effort to get here because he figured it was likely to be--and was offering his resignation, as you heard--to be his last meeting, and we were expecting to get folks from the Secretary's Office to present something, a token of the VA's appreciation for all of Fletch's service, and we found out kind of late that that wasn't going to happen.

But Mr. Pummill has come up with the idea that perhaps when he's in Michigan, he could arrange to meet with Fletch at the VA facility there and express the VA's appreciation, and I hope that that can be worked out.

And, of course, Danny Pummill is the Principal Deputy Under Secretary for Benefits, and I would be remiss if I didn't also acknowledge that in the audience is one of the greatest supporter,

cheerleaders, fans of the Committee and of the POW issues, Mr. Tom Murphy. Thank you, sir, for being with us.

So Danny, it's yours for as long as you want it.

MR. PUMMILL: Okay. Good afternoon, everybody. I've got, they gave me a canned brief. I'll just go through some numbers, but mostly whatever you all want to talk about, what issues you have, what you want to discuss, and then I'll make Tom go fix them because that's what Tom does. He's good at it. And I will--I will work out in the next 30 days--like I said, we get up to Michigan a lot because we're doing a lot with the state right now, and I'll get up to--I'll figure out which VA hospital it is.

CHAIRMAN McNISH: Ann Arbor I think is the one that's closest to him.

MR. PUMMILL: Yeah. And we'll set something up. We'll give him a presentation in front of the people there that know him and stuff like that and give him a nice thank you for all his

years on this Committee and all his years of service to other veterans. It's kind of the least we can do so that would be pretty easy, and if I can get somebody more important than me to do it, I'll have them do that, too.

[Laughter.]

MR. PUMMILL: There's lots of people more important than I am.

CHAIRMAN McNISH: Well, at least with less letters in their office symbol.

MR. PUMMILL: There you go. Well, you know, in D.C., you get paid by the length of your title.

CHAIRMAN McNISH: Yeah.

MR. PUMMILL: So I tried to get the longest title possible, you know.

CHAIRMAN McNISH: You may have done it.

MR. PUMMILL: Yeah.

[Laughter.]

MR. PUMMILL: From a VBA perspective, I just came to tell you, you don't believe everything you read in the press. We've done a lot in the

last two years for veterans, some for this Committee, mostly for veterans as a whole. I testified two times last week, once in front of the Senate for the Senate Appropriations hearing with the Secretary, and then the following day in front of the Veterans Committee of the House with Chairman Miller and his crew, and that on IG issues in the Philadelphia RO and the Oakland RO.

And we've been getting beat up pretty good in the press about lots of things. One of the things that we were trying to stress at that hearing is the IG investigations from Oakland happened two years ago, and the one from Philadelphia happened about 18 months ago.

A lot of the issues have been fixed already. Some of them aren't fixed yet. We're still fixing them. They did ask me at the end of the hearing, Chairman Miller said how about a closing statement? What can you say about what's going on? And I said basically, to paraphrase, I can't remember my exact words, but two years ago when I took this job, I was astounded that here it

is, 2013, United States of America, and we're doing all of our claims work, all of our POW work, DIC, dependency, education, home loans and everything, it's all paper. We don't have an automated system.

We didn't have an automated system. So we have, you know, Secretary Hickey liked to throw out, we, three times the Empire State Building and so many aircraft carriers' worth of paper. I guess it was five tons of paper we were moving a year. Our bill just to send packages was like two digits in the millions, just to mail the stuff around from place to place. It was absolute insanity, and how do you track something like that?

We had files in buildings. We had files in warehouses. We got files in caves. We got files in salt mines. I mean for real. I was shocked at the extent of where we have files. We had pictures in the newspaper, Winston-Salem, where they said the federal government was going to condemn our buildings because the weight of the paper files was so great they were afraid the floors of the buildings were going to collapse and

that we had to get some of the files out of there.

So how do you take care of veterans that are filing claims at a greater and greater rate and you don't have an automated system? At the same time, you've made a promise to the veterans of the United States that you're going to do claims in 125 days, and you don't have enough people to do the job. So I told Congress, basically we're in a situation where we've got a lot of people that are working very, very hard to do the right thing right now.

We have been in mandatory overtime for five years. Everybody in VBA works mandatory overtime. They don't--you know--is it ten hours a week, Tom?

MR. MURPHY: 20 hours a month.

MR. PUMMILL: 20 hours a month. They have to work 20 hours a month mandatory overtime, everybody. We've been doing it for five years. They don't have a choice. They hate it. They hate us for making them do that. They want their weekends back. They want their evenings back.

That's a lot to ask any workforce to work 20 extra hours a month mandatory. If it was optional, that's a little bit different.

Take that mandatory overtime and then a promise to do a claims in 125 days when we had about 611,000 claim backlog at the time that we started, and so people are going, oh, my God, we're already in mandatory overtime, now you want us to do a million claims a year plus 611,000 claims in the backlog, and, oh, by the way, at the same time, I want you to change everything you're doing and go from a paper system to an automated system to include I'm going to start doing your mail, centralized mail.

So massive change management on an unprecedented scale. I mean the fact that we were able to go through all that and still do claims and get them done and reduce the backlog astounds me. It's just--it says something about the resiliency of people that, you know, people care, they can pretty much do anything.

I told the Congress and the Senate that

what we have done is in the past we go in front of them for hearings, and at the end of every hearing Chairman Miller says what can this committee do to help you out in VBA? What can we do to help you? And we always say the committee has been more than generous in giving everything that we need to do our job. All the resources that you have provided to VBA are more than adequate. That's not true.

We didn't have enough people. We didn't have enough money. We didn't have enough resources. We didn't have the right resources to change over to an automated system, and so what we have to do is we have to do a better job when we go to the Hill of telling our elected officials what we need to do the job. Then our elected officials can look at the big budget of the United States and say, okay, where do veterans stand? How do care about our veterans?

How much of this national treasure, you know, the taxpayers' well-earned dollars, are we going to devote to veterans, but if we don't give them that up-front, we kind of put them in a bind a

little bit, you know, like they don't know what to do. They think we have everything we need.

We have been asking for more people. We asked for more people in the appropriation last year. We asked for more people in the supplemental appropriation last year. They were unable to give it to us. We haven't given up. We're still asking. We have reduced the backlog from 611,000. Today it's 171,000. Our goal is that by the end of this year, December 31, we'll be at what we're calling a functional zero.

We're playing games again. It's not going to be zero because there will always be a claim from a veteran that is so complicated, so tough, so intricate, that you just can't get it done in 125 days and be fair to the veteran to do the proper research and everything. We always make sure the veteran gets the back pay. We'll pay everything we can up-front as quickly as we can, but nobody could ever promise that any claim can be done in a certain matter of days because that's a little bit unrealistic.

At the same time that we've reduced the backlog, our claims go up every year. We had a phenomenon where we went from World War II all the way up to about three years ago where claims by veterans for all categories of claims stayed relatively the same in the country. Then all of a sudden, in the last three years, claims have been going up and not a little bit. One of the charts they gave me to show you is this is the, this shows from 2000. I don't know if you can see it very well. This is a better idea. It shows how the claims have been going up the last couple years.

And everybody looked at the old tables, those of you who did that kind of stuff in the military, stratification tables, where you're trying to figure out how many casualties you're going to take, you know, what's going to happen when you go into combat basis, the type of enemy you fight, whether in a defense or an offense or, you know, attacking or retreating.

Well, we had tables that we used inside of VA that said here's how many claims that we think

we're going to get, and basically is you know at the end of World War II, out till when those veterans would have reached 50, 60 years of age, very few of them, one or two percent more, started filing claims.

At the Korean War when they got 50, 60 years old, about five to six percent filed claims. The Vietnam era veterans, now that they're hitting their 60s, their claims are up about ten to 14 percent. So every generation, it goes a little bit higher. So based on the information we have, all the statistics, it says, okay, about 20 to 30 years from the Iraq, Afghanistan wars, we're going to see an increase in the claims for veterans as they start reaching their late 50s and the early 60s.

Well, guess what? They're not waiting. Okay. These veterans are smart. They're educated. They're sophisticated. They understand their veterans' benefits. They know how to file their veteran's benefits mostly because of organizations like this. The word is out there. They're told how to do it. We're helping them do that.

They realize that there are benefits and services that this country provides to its veterans, and they're not waiting to apply for them so they're applying for them.

Two years ago, we did 900,000 claims. A year ago, we did 1.3 million claims. This year we're going to do 1.4 million claims. Next year, we're going to do 1.5 million claims. So our claims are going up every year.

Along with the claims is what a veteran claims. In World War II, a veteran would claim one or two things. And all the way up through the Korean War, it was still about three. When it hit the Vietnam era, what is it now, Tom? Contentions?

MR. MURPHY: The current conflict departing/separating, we're at 12 to 14.

MR. PUMMILL: 12 to 14. So 12 to 14. So 1.4, 1.5 million claims, each person claiming between 12 and 14 issues that require medical examinations and follow-up and things like that.

It's a good thing. It's a good thing that our veterans are finally applying for the benefits

and services they deserve. The worst thing in the world is when you go someplace, and you're talking to a veteran--I have a next door neighbor that our little 4th of July neighborhood picnic last year, he was talking about, he had just had a heart attack, and I asked him, well, are you going to file a claim with the VA? And he goes, well, I had a heart attack, why would I file a claim with the VA? And I said, well, you're a Vietnam veteran. Yeah, I know for a fact you had multiple tours in Vietnam. Well, he had three.

He's a former Marine, and he says, but Vietnam didn't cause the heart attack. And I go you know what? There's a thing called the Agent Orange presumptive. He goes, well, how does that apply to me? This is a guy who's a retired colonel that lives in D.C. working for a government contractor. How could he not know that he was eligible for benefits under the Agent Orange presumptive?

But sometimes we take those things for granted. So we got him set up. He went down

there. He ended up getting 70 percent disability because of his ischemic heart disease, and he could have been getting that for years and just didn't know it.

So, you know, the mission of a lot of these organizations is to make sure that the veterans know what's available for them, what the American people have asked us to take care of veterans. In addition to the Compensation and Pension, here's some other stuff that we did last year, and it's a lot. Just in the GI Bill last year, $12.4 billion were paid out, and that's to beneficiaries.

Post-9/11 GI Bill, $50 billion to 1.4 million students. Compensation Services, $58.4 billion. Pension and fiduciary, $5 billion. Life insurance, $1.3 trillion in coverage, veterans life insurance--1.3 trillion. That's six-and-a-half million beneficiaries.

Home loan guarantee. We guaranteed 440,000 loans last year, $100 billion, just in our loan guarantee.

Transition and employment--this is one of the good things--we started this transition program where when kids leave the military now, it's not the old days where they just leave and they get nothing or where they got the death by PowerPoint they used to call it and get a four-hour PowerPoint briefing. They have a legitimate in-depth two-week long training session provided by the Department of Defense, Department of Labor, Department of Education, Department of Veterans Affairs, where they're provided their benefits and services.

Last year, we did 17,000 briefings at 270 military installations. So far those briefings resulted in 320,000 veterans being able to get a job when they left the military. Our goal this year is 580,000 veterans to get a job. That's huge where we get the employers right there as part of the transition program.

Also, we get them to apply for their benefits, sign up for their medical thing, and it's not all about paying them. One of the things we're trying to do is Dr. Cross who works over at VHA

says what he wants is every veteran that leaves the service to do a separation health examination so we have a health examination when the individual comes into the service. That's a marker. We have a health examination when they leave the service as a marker.

And then we get, we have them fill out a questionnaire, and so all the things that they do when they transition. He believes that some day in the future that will provide us, instead of getting an Agent Orange like we did out of Vietnam, maybe ten or 15 years from now, veterans start coming down with some kind of new disease or cancer, well, then VHA can pull up their database and say where were these veterans? Okay.

These ones got out of the military service at these military locations. You know what, they all served in Fallujah in 2005 over a six-month period. So now instead of waiting for veterans to get sick, we contact that universe of veterans that served there during that period, and we say, look, you know, your fellow veterans are coming down with

this disease, please come to the VA hospital and get checked, you know, for such and such so we can do preventative medicine instead of having to treat it later. In the long run, that's huge for the national treasury of the United States.

Some of the other things, voc rehab, last year, 93,000 veterans in voc rehab, over a billion dollars, and the Benefits Assistance Service, we have 4.3 million veterans that are now registered using eBenefits and signed up for claims on eBenefits.

This, this slide shows our workload. This is our workload increase in the last five years. So we got to figure something out. We either have to get better automated. We got to get more people or we're going to have to do things a lot better than we're doing right now because that slope is going to continue to go up. These kids are smart that are getting out of the military today.

Okay. I literally, when I talk to them, I have young men and women say, we'll go to an event, and I'm helping somebody. Okay. Have you filled

out your claim yet? Well, I'm filling out my claim. I'm doing this and this. But I have a question. Well, what's your question? Well, on the VASRD on page 100, you know, and they'll literally have a screen open with the VASRD and a screen open with their claim, and then they'll have their medical record there, and they're cross-referencing in between. I mean they're pretty much their own doctors in some cases, but they're getting there.

This page just right here shows our caseload, our number of veterans, and you can see how that's going up, too. This slope is going to continue to go up if not turn up even higher.

It is what it is. The numbers are there. We're going to be able to handle it, but we have to do things better than we're doing right now if we're going to continue to handle it at the rate we're handling it right now.

It doesn't do anybody in the country any good at all if we get to 125 days at the end of this year, and then we go back to a huge backlog

again because I can't imagine that the Congress of the United States is going to allow me to pay 110 to $150 million in overtime every year to do my job.

At some point, they're going to say this is your budget; you have to figure out how to take care of veterans within your budget. So we know that. We owe that to the American taxpayers. We owe that to the veterans. And, of course, we owe to Congress on how do we do a better job at providing these benefits and services to our veterans.

The transition to VBMS, which is our automated system for claims, is almost complete. What we don't have in VBMS is we don't have pension, we don't have fiduciary, we don't have education, we don't have home loan. It is really just a claims program, and it's not an automated claims program in that the system doesn't allow the computer to make all the calculations for you. So all we've done is we've taken all of our paper and we have automated it so that it is on an electronic

format.

That allows us a couple of things. One, the most important thing is you can't lose a record anymore because the records come to us in the mail, they're immediately put into a digital format, and then they go into our database, and they're sent around the country in a digital format.

We are getting ready right now to implement the second phase of our automated mail where the mail is never even going to get to our Regional Offices. It will be taken by the Postal Service and scanned at central locations so it's scanned before we even get it.

Yes?

DR. CORNUM: But it's still scanned?

MR. PUMMILL: It's still scanned; it's not--

DR. CORNUM: It's not searchable or analyzable?

MR. PUMMILL: To a very minimal level.

DR. CORNUM: Okay.

MR. PUMMILL: There's some minimal

indexing. It's not where we want it to be. It's not--a doctor can't sit down and type in cardiology and get all the heart stuff and thumbprints. It doesn't go there.

DR. CORNUM: And get all of it; right.

MR. PUMMILL: You still got to go screen by screen by screen and find it. So it's still time consuming. It's still tedious.

DR. CORNUM: You just can't lose it.

MR. PUMMILL: Yeah, you can't lose it, which is huge.

DR. CORNUM: Which is huge.

MR. PUMMILL: Yeah, and it's there forever. We can find it faster. So if Rhonda Cornum comes in and wants to file something, it's kind of like CVS, you can be anywhere in the country.

DR. CORNUM: Right.

MR. PUMMILL: And you can go in and you can give us your name and your Social Security number, we can pull up your file, any clerk in the country can now pull up your file and can do what

needs to be done in your file. And with the mobility of veterans today, that's a great thing. That's a good step in the right direction.

It also allows us to, we're getting ready to start our National Work Queue this fall. So we're not going to be doing claims in your state anymore. So if you're in New York, and you file a claim, it won't necessarily go to New York. It's going to go into a central repository, we're going to send that claim to the next person with availability and the expertise to do your claim.

So we're going to try to get people like POW claims, people that are really, really good at POW claims, they're going to get the POW claims.

Sexual trauma claims are going to get sexual trauma. So people have a lot of experience we're going to try to get the claims to them so that it goes faster. I mean all this, trying to have a Regional Office in every state that only manages that state's files doesn't make sense anymore. It's kind of dumb. I mean all these kids served together. They fought together. They're in

the same humvees, same helicopters together, we can certainly do their claims together.

We will still maintain an electronic file at the state so that if you go and have a question or something, there's somebody there that can answer your questions, but once again just like a pharmacy, anybody you talk to at VA will be able to bring up your file and see everything right in front of them at any time that you call.

MR. HANTON: So it's really a records management program right now.

DR. CORNUM: Right.

MR. PUMMILL: That's exactly, that's a good way of putting it. But we have to take the next step. We have to figure out how to automate claims. There's still a little bit of an issue across the nation when a veteran in California says, hey, wait a second, I've got, you know, a messed up rotator cuff, and the guy in Florida has got a messed up rotator cuff, how come he got 30 percent and I got 20 percent?

We both did it at softball at the National

War College, you know, throwing pitches, and it's both the same damage. Well, we still have individual doctors doing the examinations, individual persons looking at it, we still have that human factor in there. We have to get to the next step where we can automate some of those decisions so we get a little bit more consistency out there.

A lot of the things that Tom Murphy is working on right now with the DBQs, the questionnaires, we're getting closer and closer and closer, and we're developing the automation things, tools allow us to do that, but now we got to tie in everything. Where's my education record? Where's my home loan record? Where's my pension and fiduciary? All that's got to be in one place, in one database, and it can't be a record database anymore. It has to be a fully searchable, fully functionable database that actually starts making decisions for us.

MR. HANTON: I worked for five years in the Air Force trying to do that. It's not an easy

thing to do.

MR. PUMMILL: It's hard. It's very hard.

MR. HANTON: Yeah, it's called data standards for starters.

MR. PUMMILL: Yeah, yeah, I mean if we could do it, we'd be there already I'd guarantee you.

MR. HANTON: Because every one of them has got a different data field, I can guarantee it.

MR. PUMMILL: Yeah, and as you can imagine, I mean with your background, one of the problems we have is we're pulling up the files and like for Danny Pummill, there's a Danny Pummill, there's a Danny G. Pummill, there's a Danny G.I. Pummill. There's, you know, there's like ten variations of my file and each one is a separate file. So I got to pull them.

DR. CORNUM: And they're all you.

MR. PUMMILL: They're all me, and I got to make sure there's not another Danny Pummill. There was. We found one other kid that was an E-6. But, you know, so you got to work that and make sure

that you got the right person, and then how do we get our file and VHA and DoD's file to be the same?

We do have, now when you leave the military, as of January of this year, your file electronically, your medical record, your personnel record, your dental record, gets scanned by your service, and then either sent electronically or by disk or by fax, whatever arrangement we've made with that service, to the VA. So we're getting the ones that are coming off Active Duty.

We're still not really good at the Guard and Reserve yet. We're still trying to figure that out. Yes, sir?

DR. AMBROSE: It's good that these are happening. For the physicians who are here, prior to being on this Committee, how much did you know about the VA disability system while you were in the military? None. I'm the same way.

MR. PUMMILL: Yeah.

DR. AMBROSE: How much information would you put into a separation or retirement physical? It was basically, okay, your heart is beating, your

lungs are moving air in and out, you can answer I wish to go, and that was about it. It was a 15-minute appointment.

MR. PUMMILL: Right.

DR. AMBROSE: With a primary care doctor. In the rank and file VA physicians, if you go in the clinics to talk about the fellow who had the heart attack, ask a clinic doctor about the Agent Orange presumptives. They don't know what they are.

MR. PUMMILL: Yeah.

DR. AMBROSE: They don't even know they are in.

CHAIRMAN McNISH: A lot of them don't know there are presumptives.

DR. AMBROSE: They don't know what the word means. So it's a lack of knowledge about the system, both within the DoD and within the VA, the clinical side, because what would be, again, if we're talking about an ideal system, it would be whenever a new diagnosis is entered into an electronic medical record, a prompt comes up saying

this is, this potentially qualifies for an additional benefit, but the rank and file clinicians are not educated about the impact of the clinical decisions that they make.

It's ignorance used in the old sense of the word, meaning a lack of knowledge.

MR. PUMMILL: Right.

DR. CORNUM: Yeah, and there's no reason they would have to because if you had an integrated system, the computer would know where the guy had been, and what his status was, and whether he had service connected, and whether it was an Agent Orange exposure, and, doc, I don't want my cardiologist to spend his time learning about presumptives. I would prefer he spend his time learning about how to make sure that catheter is where it's supposed to go. So there's no reason for every doctor to know all those things.

DR. AMBROSE: No, no.

MR. PUMMILL: Nor will they. Yeah.

[Laughter.]

DR. AMBROSE: The integrated medical

record--

DR. CORNUM: But the integrated record should be able to do that for you.

DR. AMBROSE: Yeah. That, again, that would be the ideal to which you are progressing.

MR. PUMMILL: I agree, and I think that's what they're trying to get to, trying to get to a joint DoD-VA to start with, and then VA-VBA, everything inside the VA. You are absolutely right. We get that everyday.

Most of the docs in the VA that are doing the actual clinical work out there, they don't know anything about Compensation and Pension, and then our Compensation and Pension docs don't know anything about the clinical side. A lot of them are contract docs.

One of the things when they separate now is we're using Compensation and Pen docs that are doing the Compensation and Pension examination for discharge, and that's being done by Dr. Cross and his guys because of that very issue.

And we still have the issue where doctors

do not like to do Compensation and Pension examinations. Doctors tell me that a Compensation and Pension examination is not medicine; it's a forensic examination. I'm a doc. I want to cure people. I'm not measuring stuff.

We, in Compensation and Pension, while I hope everybody gets cured, for the purpose of Compensation and Pension, it doesn't matter. I need to know the measurements. I need to know how much can you measure--how much can you move your arm? How much can you move your leg? What's your metabolic rate? You know, those are the things I need because that's how the VASRD is tied back.

And a doc is going this is crazy. Why am I measuring stuff? I want to cure. I want to treat. So you have that dichotomy, yeah.

DR. AMBROSE: Well, you do.

MR. PUMMILL: Yeah.

DR. AMBROSE: But a thing that might help, do you want the clinician doctors to do all the measuring? No.

MR. PUMMILL: No.

DR. AMBROSE: Do you want them to know when they should refer somebody to one of the benefits docs in order to--

MR. PUMMILL: Yes.

DR. AMBROSE: --to do it? Yes. And that's where, like Dr. Cornum was saying, a prompt could come up, or if you can, if you can give just a little bit of information to the clinic docs who want to help people, letting them know that going from this rating to this rating means this amount of money or benefit to a person, that resonates with clinicians who want to help people.

MR. PUMMILL: Right.

DR. AMBROSE: So a brief overview saying that if you find something new, please refer them to the benefits people.

MR. PUMMILL: Yeah, the goal we want to get was what I think Dr. Cornum was alluding to.

DR. AMBROSE: Yeah.

MR. PUMMILL: And that's where a person goes and sees a doctor, they have their medical appointment, and at the end of the medical

appointment, you--

DR. AMBROSE: You're in the diagnosis.

MR. PUMMILL: --you're getting ready to check out, and the person at the checkout window says, okay, I'm checking out right now, here's your next appointment with the doc. Oh, by the way, you have an appointment with the Compensation and Pension doc because what we--

DR. AMBROSE: Yes.

MR. PUMMILL: --saw today said you might be eligible for an increase of your pension of, you know, certain percent, certain amount of money. When would be a good time for us to schedule this Compensation and Pension exam for you? That's where we need to get.

DR. AMBROSE: Exactly.

DR. CORNUM: That would be my vision.

MR. PUMMILL: Yes.

DR. AMBROSE: Yes. Yes.

MR. PUMMILL: Yeah. Get out of the doctor, get it, you know, and that's our goal.

DR. CORNUM: Right. That would be my--

MR. PUMMILL: That's where we want to be. To be honest with you, we still haven't broken the code for the DoD-VA, the one record yet.

DR. CORNUM: I'd like to recuse myself from that conversation.

[Laughter.]

CHAIRMAN McNISH: Along that, along the line of lack of communication between different parts of the VA or the VA and DoD, before I left San Antonio, I asked our committee there, I said, you know, I'm going up to D.C. What would you like me to ask or what would you like me to raise as an issue to these folks up at Central Office?

And their answer is what we would love for you to take to Central Office is the idea that we need both VBA and VHA to have access to each other's computerized systems. We currently have two separate ones, and they don't speak. What are we doing about that?

MR. PUMMILL: We're not doing anything right now. We do have two different systems. We have the compensation system, and we have a medical

records system.

DR. CORNUM: And this is unique to each VA?

MR. PUMMILL: Yes, yes.

DR. CORNUM: So they don't talk to each other either--

MR. PUMMILL: Right.

DR. CORNUM: Even TRICARE, even AHLTA, at least, is across DoD. Theirs is not because they've allowed every single VA to--

CHAIRMAN McNISH: Develop their own.

DR. CORNUM: --develop their own. I mean it all started with the same basic package, and had they started that way, they could have done it. But they allowed them to customize them so that you can't--

CHAIRMAN McNISH: So they're proprietary systems with each VAMC.

DR. CORNUM: Within each VA; correct.

CHAIRMAN McNISH: Or VA, VARO?

MR. PUMMILL: Well, what we are working is we are taking the steps for the Compensation and

Pension doctor can now go into VBMS--we're up to the next steps now where we can take the Compensation and Pension docs so the Compensation and Pension doc, in addition to doing their examination, can pull in the Comp and Pen files so he or she can see what's in Comp and Pen because that has, that has a weight, has bearing on the decision that he or she makes.

So we're getting to that point. What we don't have yet is the Compensation and Pension record and medical record because they're two completely different things, you know, and that's the dichotomy of it right now.

DR. AMBROSE: Another resource for the, at least the Vietnam POWs and some of the others who have gone down to Pensacola, the Mitchell Center has been doing physical examinations on this group since many of them were repatriated back in the '70s.

That's another excellent resource to be tapped, and we consistently say they would love to be affiliated with the VA in a work-without-pay

status.

MR. PUMMILL: Okay. Mitchell Center?

DR. AMBROSE: Mitchell Center.

CHAIRMAN McNISH: Robert E. Mitchell Center for Prisoner of War Studies.

MR. PUMMILL: Okay. But, yes, as far as integrated record moving forward, we have a long way to go yet. We're not close to where we need to be.

Sir?

MR. BUSSEL: Around 1949, I'd never been to a VA hospital, and I got a letter from the VA in Memphis, Tennessee, asking me to come in because they were trying to get a fix on how POWs were going to be physically and mentally in the future. And so I came in, and they examined me, and the doctor said, well, how much compensation are you getting? I said I don't get anything.

He said, my God, man, he said you're a nervous wreck. Your palms are dripping water and this and that, you know, so they awarded me 40 percent. And I went to the VA ever since. But I

think even today veterans should be welcomed to or invited to come into the VA when they get out of the service after the first couple of months that they're out and establish and coordinate with the VA where they can go in and have medical service.

MR. PUMMILL: You're absolutely right. Our goal right now is even actually one step further than that, more than just welcome them to come to the VA when they get out. What we want to do is we want to be part of the life cycle of education inside the Department of Defense so that when young men and women get to basic training, and they're getting their law of land warfare and here's your benefits, and everything like that, that there's a VA person there, and the VA person in basic training, officer basic course teaches a course, a one-hour course, in that curriculum on here's your VA benefits because some of your VA benefits you are eligible for right now, the day you join the military.

Some of them you can get in 90 days, some of them in a year, some of them, you know, in two

years, GI Bill ones, and then some when you get out. We want a building or a kiosk or a place on every military installation so that everybody on post besides that big M for Mickey D, McDonald's, on post, there's a big VA so that they know there's a VA on post.

You can go into that place, you can have a cup of coffee, get a glass of juice, and the person behind the counter can talk to you and your spouse about your benefits, what you've earned, what you need to do, how you need to transition, how you need to look for a home, about your education, about a job when you get out, transition, all that kind of stuff, help you with your records and have a computer there that you can sit down and you can start working on your claim and stuff while you're there. That's how it needs to be.

We need to be integrated with DoD, part of DoD, so that when you join the military, you know not only am I soldier, sailor, airman, Marine or Coastie, I'm also a veteran, and I'm a veteran this day, and I have certain rights and privileges and

responsibilities as a veteran. That's where we need to get. That was Secretary Shinseki's vision, and that's what we're trying to push. Yes. That's the other part; right?

MRS. BUSSEL: Norm and I have been service officers now for more than a decade, and I have to say that the claims are going through faster. What used to take a year is taking six months or whatever, and I commend you because we've seen a difference.

I am, however, terribly concerned about your centralization process whereby claims in New York are now going to be mailed to whomever.

MR. PUMMILL: Right.

MRS. BUSSEL: We have the New York Office rather well trained.

[Laughter.]

MRS. BUSSEL: And they do, thank God, send us hard copies of what they're sending to the veteran.

MR. PUMMILL: Right.

MRS. BUSSEL: I do file claims across the

country because we're national service officers, and other VAs do not do that. So we're left kind of I have no clue what's going on with a claim in Maine or in California. New York will send me--if you start sending these things across the board from New York, I ain't never going to hear about them.

MR. PUMMILL: Actually how it's--it does not work--you're right. There's a problem with it right now. How it's supposed to work is that when we get into the National Work Queue and the claims are going all over the country, if a service member is from New York, and that's where their residence is, their zip code is when they file their claim, it goes into the centralized mail system that gets done someplace.

If there's a power of attorney associated with that, that power of attorney goes to the New York office, it prints out so the VSO can either pick it up in that office or it gets mailed to them. It is still that state's responsibility on all power of attorneys to make sure it gets to the

VSO, the veteran service officer.

Okay. So that's--but, yeah, right now it's a mess.

[Laughter.]

DR. AMBROSE: And one of the things that we have harped on consistently is for the DIC claims.

MR. PUMMILL: Yes.

DR. AMBROSE: In order to allow those Regional Offices to process DIC claims if they wish to maintain the ability to do so. We heard this morning about a case, DIC, a widow had to wait over a year, and in the majority of--well, many of the folks at the Regional Offices with whom we have spoken wish to maintain control of former prisoner of war DIC claims, and by and large, they have those turned around in a number of hours, if not just a few days.

MR. PUMMILL: Should be automatic.

DR. AMBROSE: It should be, and again because the, in the Regional Offices, there are people who have come to know--

MR. PUMMILL: Sure.

DR. AMBROSE: --and essentially become a part of the POW's family, and they want to take care of them, and they have been very disappointed that the ability to care for those former prisoners of war has been taken away from them. They voluntarily would like to retain control of that processing. So again we raise that one more time.

MR. PUMMILL: Okay. All right. Who's? Got a DIC expert back there?

MR. FRIEL: So for the former POWs right now, if the POW is rated at 100 percent at the time of death, and the surviving spouse has been on the award for at least a year, we pay the benefit within six days of notification of the veteran's death without the requirement for an application.

So we've gotten to the point now where we're automating them if they meet the requirements of 1318, which is they have to be 100 percent for a year prior to death and the spouse has to be on the award for at least a year. But we're paying them within six days of notification without the

requirement for any application whatsoever.

For the regular DIC, when they come in through paper, where we cannot initiate it up front, right now our turnaround time for former POWs is 36.1 days. This year so far we've paid over 560 of those claims. So we've definitely done a lot to move forward.

MR. PUMMILL: What do we have to do to take the next step to pay them all automatically like for former prisoners of war?

MR. FRIEL: So part of the problem with that is it has to do with death certificates and being able to validate whether or not a cause of death was related to the veteran's service-connected condition. The automation process of that is going to be a little bit difficult for the fact that not any two states have the same death certificate.

MR. PUMMILL: I thought--somebody is shaking their head. It's--

DR. AMBROSE: If they're 100 percent.

MRS. BUSSEL: He's had his 100 for a year

and his wife has been his wife for that year.

MR. PUMMILL: Well, that's the question that I'm asking, is for other than the 100?

MR. FRIEL: No, we don't get any--we don't even need an application. In that circumstance, we don't even need an application.

MRS. BUSSEL: You don't need a cause of death.

DR. AMBROSE: So the problem lies then with the--

MR. PUMMILL: Less than a hundred.

DR. AMBROSE: --former prisoner of war who is less than 100 percent is the problem; correct?

MR. FRIEL: Yes, sir.

DR. AMBROSE: So, and that has to be unfortunately a state-by-state because many states now have changed the requirements for what is included in a death certificate, as I understand.

CHAIRMAN McNISH: Unless you give all POWs 100 percent.

DR. AMBROSE: Yeah.

MR. FRIEL: That's not my call, sir.

CHAIRMAN McNISH: I know that. I know. The "you" was generic.

DR. AMBROSE: Yes.

MR. FRIEL: Yes.

MR. PUMMILL: How many are there? POWs right now? 2,700, something?

MR. FRIEL: Yeah, about that.

MR. PUMMILL: I have the numbers here somewhere.

DR. KUSHNER: What was the number?

CHAIRMAN McNISH: 503--

DR. CORNUM: 530 were paid--died last year and been paid.

MR. FRIEL: What we had paid this year for former POWs for DIC is 560, over 560.

MR. PUMMILL: Well, it says we have 8,319 in the BIRLS system. Okay.

DR. AMBROSE: So less than 10,000 total POWs.

CHAIRMAN McNISH: Listed as POWs.

MR. PUMMILL: Yeah. About 6,000 World War II, 800 Korea, 473 Vietnam, 33 from the Pueblo, and

then we have U.S. Embassy, TWA Flight 847.

DR. AMBROSE: So they've actually scrubbed the numbers better than they have in the past.

CHAIRMAN McNISH: Yeah, they got the Vietnam number down to something realistic.

DR. AMBROSE: Yes.

MR. PUMMILL: Okay.

DR. AMBROSE: That's a compliment, by the way.

MR. PUMMILL: Well, thank you. I didn't know if it was or not.

DR. AMBROSE: No, it is.

REV. DR. CERTAIN: Well, you know, part of it was, as he indicated about his own record, there could be five different records on the same person with a slightly different spelling or initial or non-initial. Some of it is posers.

DR. CORNUM: In general, they only have one Social though.

DR. KUSHNER: Mr. Pummill, would you give those figures to Victoria?

MR. PUMMILL: Oh, absolutely.

DR. KUSHNER: So that we can have them in the transcript. I'd like to have those numbers.

[Paper furnished by Mr. Pummill is given to Mr. Robinson, DFO for the FPOW Advisory Committee, for inclusion in the record.]

MR. PUMMILL: Nothing on here that says they're for official use only. So you guys blew it if you don't put them on there.

CHAIRMAN McNISH: We're official.

MR. PUMMILL: Yeah, okay. So actually--

DR. AMBROSE: And we're ethical.

MR. PUMMILL: They're pretty good numbers and they're important numbers. It's not just for this group but for the country.

CHAIRMAN McNISH: Six months ago they weren't good numbers, sir.

MR. PUMMILL: That's what they were just saying.

CHAIRMAN McNISH: That's why we're attentive to that.

DR. AMBROSE: Yes.

MR. PUMMILL: Okay. Well, we're getting

better at something I guess.

CHAIRMAN McNISH: Yeah.

[Laughter.]

MR. PUMMILL: The other thing I want to talk about real quick is the new Secretary, Bob McDonald, likes to be called Bob. Gave everybody his phone number, which is, he still hasn't said it's a mistake, but he's getting thousands of calls literally a week and e-mails everyday.

One thing he did, remember, you see the pyramid all the time that shows an organization, and it's got the boss at the top, and it's got everything at the bottom. He turned the pyramid upside down, and he put all the veterans at the top, and put us at the bottom, and what he's doing is he's saying no matter what we do inside of VA, if we don't have the trust and confidence of the veterans and their families, we're wasting our time.

So we have to have--I had a couple conversations during the break with some people--we have to have customer service. We have to have,

when you go in there, that you're greeting, you know, yes, sir, yes, ma'am, what can I do to help you? And make sure veterans are taken care of. We still have too many people that don't understand the importance of their job and the importance of their mission.

So he's trying to turn it around. He makes us wear the ICARE, the MyVA buttons. He's calling it MyVA now, and the whole thing is that veterans have to know that the one place they can go and they're always going to be welcome, they're always going to get a friendly face, and they're always going to get help, is the VA.

And he's trying to completely turn around places where he does not have that. Most places in the VA have always been pretty good. We do have pockets out there that don't do a good job. To further that, he's breaking the country up into five segments. He's calling them districts.

I have a map. I can leave you with that, too, that just, you know, with your secretary, that shows the districts, and the district has complete

states in it. He doesn't break any states up. So every state is going to have a representative of the VA and, for instance, those of you who are familiar with San Diego, San Diego has a veterans community engagement council, where they have all the veteran service organizations, there's a former POW that sits on that council. Then they have the VHA, the local hospital, the VBA, the Benefits Office, and the NCA, the National Cemetery, and they meet once a month, and they sit there and they hear concerns in the community.

And the idea is that so at San Diego, they have the three people from the VA that can fix San Diego things. So if it's a San Diego level issue, they can fix it in San Diego. Well, McDonald wants to take that a step further. If you can't fix it at San Diego, can you fix it in the state of California? So I want these community initiative boards at every major city in the United States, and then I want one at the state level. So try to fix it at the community level, try to fix it at the state level.

If you can't fix it at the state level, fix it at the district. If you can't fix it at the district, come back to me, and the idea is to get full veteran engagement at all levels out there, and so that every city in the United States, every major city, when they have their monthly meeting, there is going to be a VBA, a VHA and a National Cemetery expert there to talk to those veterans, to talk to those community leaders, and it's not just government.

It's nonprofits, it's support organizations, it's the veteran service organizations, it's everybody coming together as a whole. Some are going to be better than others, just like anything else, but I think it's the right idea, and it gets more people in the United States involved in taking care of veterans.

I think it will get more veterans' issues to us. I certainly know that I don't go to bed early any more at night because I spend all my evenings getting e-mails that both Bob McDonald and Allison Hickey send to me, which I send to Tom and

all the guys out here.

[Laughter.]

MR. PUMMILL: Because--to answer those veterans. And at first it was okay, this is a pain in the ass, you know. That's a lot of work, but then you get them. We got one this morning from a young lady, and it wasn't even a VA thing. It was I got a temporary retirement from the Army. They sent me a letter saying my temporary retirement expires in two weeks. They're going to stop my temporary retirement, but they haven't told me where to go for a physical or where to do anything.

I've got two children. This is the only income I got. What do I do? And so she sent that to McDonald. So he sends it to me. I know a guy named Tony Stamilio who works over in the Army Staff. So I sent it over to Tony. Yesterday or this morning they took care of her. They got a-hold of her. They called her in for a physical, and they're going to make sure that she gets transferred over to the VA.

Last year she would have got lost. She

had no place to go. So I can't complain about the little bit of extra work because there are people out there that desperately need the help, and this is their way to get in. And if we can push that down to the community levels, I think that's better because lots of these issues are community issues. Very few of them are national VA issues.

But it's MyVA. That's what he's pushing toward. I'll get the Committee here a whole copy of his MyVA brief so you can see what he's going, what his direction is, but it's basically, you know, our only job is take care of veterans. Our only job is to make sure that the treasure that the taxpayers give to our government to care for veterans is spent wisely and veterans are treated with dignity and respect and get every opportunity to apply for the benefits and services they've earned.

So that's the whole key to it. Simple, but huge, huge change because we have in the past, especially on my side of the house, in VBA, we tend to sit in big warehouses in the inner-cities across

the United States, like the old insurance people with the thousand desks, with their heads down, the green eyeshades, knocking out the claims and sending them. Those people never talk to a veteran. It's all by paper.

How can you do that? You got to have contact. You got to know what they feel. What do they need? What's not in this file that you can't see? Well, that's tough to do. That's the hard next step that we've got to take with the people that we got.

The automation I think that we're trying to put in place will help us. That's--I blew my briefing completely. I wasn't even close to what I was supposed to brief, but I tend to do that.

[Laughter.]

MR. PUMMILL: I'm glad you made it back down. Is that Mr. Fletcher? Mr. Fletcher. I'm glad you made it back down, and he's smiling, too, which is good. Okay.

But any questions or concerns? We got all our experts here, whatever we can do to help you.

You all are still--we have priorities inside of VA. You know, always have. Former POWs. Nothing more important, nothing higher. I mean the people that have not only sacrificed and served for this country, but then be held as prisoners of war by insurgents, by other countries, by whatever, you know, in their lifetimes, you know, we owe you men and women that little bit extra.

That's the purpose of this Committee is for you guys to let us know what that is, and our job is try to figure out how to do a better job at getting you those benefits and services because unfortunately I don't see the world getting safer. I don't see things calming down anyplace. I'm afraid for my grandchildren. I have seven grandsons and one granddaughter, for when they grow up, you know, what the world is going to be like.

So I want to make sure that we're providing the right services to our veterans today so those services will be there for them when they grow up tomorrow. Okay. Questions? Concerns? Issues? Did we kind of cover it all?

CHAIRMAN McNISH: Yeah, you covered it very well.

MR. PUMMILL: Okay.

CHAIRMAN McNISH: And one thing I would like to share with you because even though it is the VA hospital in San Antonio, they have astutely involved the VBA in developing a program, which is something kind of like what we've been pushing for for years literally in this Committee, and they have developed in their geriatric research clinic a former prisoner of war clinic.

MR. PUMMILL: Oh.

CHAIRMAN McNISH: This is the--what they call their tool kit. It's printed off the Web, and we can get the Web source because there are a lot of hotlinks in the last part of it, and it's well referenced and so forth.

But if you would not mind sending that down to whatever level it belongs, to at least review it and get back to you on how the VBA might help encourage those types of things at other facilities.

MR. PUMMILL: Certainly.

CHAIRMAN McNISH: And we've got a really enthusiastic doctor and nurse and medical social worker, and they are working very closely with the VBA with the benefits folks there to try to improve the benefits levels or the rating level for all the ex-POWs, and it's, I think it's an outstanding example. So--

MR. PUMMILL: I will do that. And I'll check on that Mitchell Center down in Florida. I wasn't aware of that before. And somebody sent me an e-mail this morning when I was coming here and asked me if I knew that King's College in London had a huge POW database too, that the British Army has compiled over the years, and I didn't know anything about it.

So that was a brand new one on me, but I need everything we can get our hands on. But I'll check on this one first.

CHAIRMAN McNISH: I'm going to be at a conference at Oxford. Maybe I can contact them there.

MR. PUMMILL: Yeah, if you ask them. They said they have a huge database. They have a POW database. They have a PTSD database. I didn't know about either one of them. First I'd ever heard about it.

CHAIRMAN McNISH: Nor did I.

DR. CORNUM: I knew about their PTSD data. I didn't know about King's--I didn't know about the POW one though.

MR. PUMMILL: Okay.

CHAIRMAN McNISH: Interesting.

MR. PUMMILL: All right. Ladies and gentlemen, thank you very much. As always, it's been a pleasure. I enjoyed it.

CHAIRMAN McNISH: Thank you so much.

[Applause.]

DR. AMBROSE: Here's a point of contact for the Mitchell Center.

MR. PUMMILL: Oh, okay. Thanks.

CHAIRMAN McNISH: Where are we with time? Let's take a quick break because we're running behind, but everybody probably needs to stretch a

little bit and come back in say ten minutes at the most.

[Whereupon, a short break was taken.]

CHAIRMAN McNISH: All right. All right. Is everybody back and ready? All right. We heard from VBA. Now we get to hear from the other half of the one VA.

[Laughter.]

REV. DR. CERTAIN: Well, you forgot the third.

CHAIRMAN McNISH: Well, that's only after you die, and I don't think it's involved--

REV. DR. CERTAIN: Oh, ever? We need to talk.

[Laughter.]

CHAIRMAN McNISH: Ever. Okay. But anyway, Dr. Madhulika Agarwal is the Deputy Under Secretary for Health for Policy and Services, and she kind of got quickly wrestled into this requirement today.

DR. AGARWAL: Sure.

CHAIRMAN McNISH: Because the person who

was supposed to have spoken to us has gotten called to the Hill to testify on Wednesday and needs the prep time. So you are the substitute, but it's up to you.

DR. AGARWAL: Thank you. So good afternoon.

[Chorus of good afternoons.]

DR. AGARWAL: And it is my privilege to be here with you. As I think Mr. Pummill had noted earlier, this is probably the most important group for us. We think of all veterans as being very, very important, but you all have a very special place, and I am here today representing Dr. Carolyn Clancy, who is our interim Under Secretary for Health, and, as Dr. McNish just said, that she would have rather been here than where she is.

[Laughter.]

DR. AGARWAL: Or will be.

DR. KUSHNER: I saw her on television.

DR. AGARWAL: You did.

DR. KUSHNER: I saw her on C-SPAN last night.

DR. AGARWAL: Oh, last night.

DR. KUSHNER: Yes.

DR. AGARWAL: She's everywhere, and I know in spirit, she's probably here too. But needless to say, there are many issues that--and I was actually going to start with what Mr. Pummill already described, on the changes that our new Secretary is bringing about. He likes to be called Bob. He actually insists on being called Bob. So most of us are getting used to it. Most of us still try to call him "sir," and "Sir Bob."

[Laughter.]

DR. AGARWAL: That's how it goes. So, and he has truly inverted the pyramid. That's one of the things that when you all meet him, he's going to describe on how he sees himself/us as sort of the servant leaders at the bottom and the veterans right at the top. And he's structurally creating an organization to sort of execute that as veterans being at the center of everything that we do, the five districts, and I'm not going to repeat everything that Mr. Pummill already said.

But as you can probably tell, the VHA and VBA are working together to provide services and to address the issues as and when they come up, and there are many. But our support for what you all have asked us to do remains immense, and I'm actually not--I don't have any prepared as I was describing earlier--any prepared talking points as such, but I know that you all have some questions so we can make it into an interactive session. That is going to be probably much more useful of our time together.

So with that, let me just sort of open it up.

CHAIRMAN McNISH: All right. Thank you.

Bob, did you want to ask about the smoke thing?

MR. FLETCHER: Not necessarily about smoke thing, but I will. I was just granted 30 percent for smoke because when I was a prisoner of war, we burnt all kinds of wood, woods that probably we had never known the name of, but what was in that wood, nobody knows. But the doctor that examined me was

able to say he felt beyond a shadow of a doubt that this wood material caused me to have lung problems.

But he said I also have COPD. That has something to do with it. He just didn't use that alone. I just wonder is the VA or could you look at that for especially Korean POWs? I know there's not many of us left. I had two friends of mine that died because of their lungs filling up, and the VA wouldn't treat them. And I hope, you know, we can get a step on this. If another former POW comes in, that you or somebody, wherever they are, will say, ah, we know about that rather than nothing.

DR. AMBROSE: Bob, if I can help you with that.

MR. FLETCHER: Sure.

DR. AMBROSE: Yeah. The 30 percent was for COPD secondary to the inhaled smoke in the camps in Korea, and, again, each of the different POW populations had different experiences. In World War II, you had the Pacific theater and the European theater. Each of those groups had

different experiences.

In Korea, because of extreme cold, cold injury is a big part of the Korean POW experience, and in the camps in which they were held because of the smokey environment, the physician that saw Mr. Fletcher considered that inhalation of smoke to be an integral part of why he has developed COPD.

So one of the things that Mr. Fletcher is asking is that perhaps, and this would be maybe for the educational seminars--

DR. AGARWAL: Right.

DR. AMBROSE: --to raise that as a question that could be raised to similar, POWs with similar experiences, to see whether or not they need to be investigated further--

DR. AGARWAL: Right.

DR. AMBROSE: --to have COPD as a compensable condition, not necessarily a presumptive, but at least something that could be investigated if the clinical history--

DR. AGARWAL: Suggests.

DR. AMBROSE: --dictated as such?

DR. AGARWAL: Yeah.

CHAIRMAN McNISH: Well, you could look at it, if I may, kind of like Agent Orange is limited to Vietnam.

MR. FLETCHER: Yeah.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: Whereas, if a very quick study--it would have to be quick because we don't have time to wait for these guys. But if a quick study could be done to say there is a high prevalence of COPD in the Korean ex-POWs that we can't necessarily tie to their smoking history, then it could for a Korean ex-POW, I would think every damn one of them was burning whatever they could to try to stay warm in those winters.

DR. AGARWAL: Uh-huh. Right.

CHAIRMAN McNISH: That it could be considered as a separate presumptive for Korean ex-POWs.

DR. AGARWAL: Yeah.

CHAIRMAN McNISH: Or at a minimum, like Mike says, make sure that everybody knows to look

at it in Korean POWs, but, you know, we've got enough of a database that a quick computer review could be done.

DR. AGARWAL: Yes. So the short--

DR. KUSHNER: I have a comment. I was held in South Vietnam for three-and-a-half years, and we cooked and heated with wood and so exposed to smoke. But I'm just curious as how you could exclude confounding variables in a study of this type and separate it from people who smoke cigarettes?

CHAIRMAN McNISH: We haven't done it with Agent Orange.

DR. KUSHNER: That is my question.

CHAIRMAN McNISH: Yeah, I mean it is done as was a reasonable possibility now as opposed to what used to be a scientific probability.

DR. AMBROSE: As likely as not.

CHAIRMAN McNISH: As likely as not.

DR. KUSHNER: Okay.

DR. AMBROSE: And a 50/50 draw goes to the veteran.

DR. AGARWAL: Right.

DR. AMBROSE: Is the standard that's being used.

DR. AGARWAL: So, no, I hear you, and actually it's a very good discussion. What I can do and will do is I will take it back to our epidemiologist, and we have administrative databases, and you're right, you know, we can glean some information from that, and that should certainly help, about prevalence of certain conditions or certain entities or diseases, but to get the kind of information that you're asking about, all the different confounders--

DR. KUSHNER: Just curious.

DR. AGARWAL: --or the variables, that would not be--it would not be comprehensive, but it could certainly give you a quick look as to what it is.

DR. CORNUM: But let's say 100 percent of them smoked, but they also had a higher percentage of COPD than 100 percent of people who smoked who weren't exposed to that, that would sort of be a

hint.

DR. AGARWAL: Yeah.

CHAIRMAN McNISH: Right.

DR. AGARWAL: That's what our--

DR. CORNUM: It's pretty cheap, but it's a hint.

DR. AGARWAL: --epidemiologists will help us do. And I will take that back. So that's something that I will do.

CHAIRMAN McNISH: Bob, you had something else?

MR. FLETCHER: Yeah. VBA insurance, for example, I'm 100--I'm 280 percent service-connected.

DR. AGARWAL: Wow. I didn't know that was possible.

MR. FLETCHER: I'm 100 percent for my body, and I'm 100 percent for my heart, and the rest are add-ons. I guess that's the way I'll put it. They have been billing my insurance when I go to the VA hospital. I got it right here for you. And you can have it. They've been billing my Blue

Cross/Blue Shield, and every time I call them, they said we'll take care of it.

A month later I'll call Blue Cross/Blue Shield, give them all my numbers, and everything else, and they said, no, we never received a check from them.

DR. AGARWAL: Mr. Fletcher, why don't I take more information from you offline, and I'll get our business office people.

MR. FLETCHER: Sure.

DR. AGARWAL: Okay.

MR. FLETCHER: Thank you.

DR. AGARWAL: Thank you.

So one other point that I want to bring, I know it's of great interest to you all, is our continuing of the former prisoners of war and benefits conference, and you, as you probably all know, it's being held in August in Atlanta, and Rob Kroft from EES is doing an excellent job in helping us with it along with Dr. Pollack, who is sitting at the back, in getting this organized.

So I do not know if you had any concerns

or questions related to that.

CHAIRMAN McNISH: That's obviously one of our very high priorities and has been for--

DR. AGARWAL: Right.

CHAIRMAN McNISH: --over the years that it has been developed. And I understand that it has been funded again for at least this one, and we also heard this morning that a large number of VBA folks, 48 VBA folks--

DR. AGARWAL: Right.

CHAIRMAN McNISH: --are going to be able to attend.

DR. AGARWAL: Participate. Yes.

CHAIRMAN McNISH: Which is very positive, so but what we're looking forward to Rob briefing us, or Stacy is briefing us, tomorrow morning on that. So, but for all the support that VHA has provided to it, thank you.

DR. AGARWAL: You're so welcome.

CHAIRMAN McNISH: I think it is--I think it is the key to a lot of the improvement that has been done.

DR. AGARWAL: Right.

CHAIRMAN McNISH: And let me give it to you now since that subject has come up, but you saw me share this with Pummill earlier, but the San Antonio has pulled together a former POW clinic.

DR. AGARWAL: Right.

CHAIRMAN McNISH: And this tool kit that they put together is very comprehensive and very thorough, very good.

DR. AGARWAL: Uh-huh, uh-huh.

CHAIRMAN McNISH: And anything, as I said, that can be done to spread this to other places--

DR. AGARWAL: Right.

CHAIRMAN McNISH: --as an ideal to be worked toward is good.

DR. AGARWAL: Right.

CHAIRMAN McNISH: And the reason that that exists is because a very highly motivated doctor and nurse went to the seminars and came home with the background, the educational background--

DR. AGARWAL: Right.

CHAIRMAN McNISH: --now to be able to pull

that together and understand what was needed.

DR. AGARWAL: Yeah.

CHAIRMAN McNISH: So the only reason I bring it up now is that I think it spun off of those seminars.

DR. AGARWAL: Right.

CHAIRMAN McNISH: And I don't think there is anything more valuable that we do to try to improve the care of the POW veterans as the seminars, to educate people on how to do it.

DR. AGARWAL: Right. Well, thank you for sharing this with me, and I had heard from Stacy about this particular clinic and, I agree, you know, they have very clearly gone ahead and identified the role of the different members and created the tool kit on how to sort of replicate this effort in some areas where we certainly can see more POWs.

This may not be something that would be scalable at all 152 sites and the 900 points of care, but certainly, you know, I think there are more sites than one that can offer this sort of

service.

CHAIRMAN McNISH: Absolutely.

DR. AGARWAL: Yeah. And just, by the way, at that other conference, I heard you all mention the Robert Mitchell Center. I understand that Dr. Jeffrey Moore will also be participating, and he will also be talking at this particular conference.

We're still working on getting him the WOC clinical privileges that you all have asked for. Dr. Bossarte had let me know that while he's pursuing it with the Pensacola clinic to see that he can get that as soon as possible.

DR. AMBROSE: Good.

CHAIRMAN McNISH: Dr. Moore wasn't able to be with us because he's had trouble getting funding. Dr. Ambrose has brought the information, at least that Jeff would have shared with us--

DR. AGARWAL: Right.

CHAIRMAN McNISH: --were he here, and we're trying to work on ways to make sure that he gets here on a regular basis.

DR. AGARWAL: Yes.

DR. AMBROSE: The only problem with the Pensacola clinic is their administrative head, Tom Brown, has taken a job at a DO medical school down in South Florida, and so we're looking for a new administrator there at the Joint Ambulatory Care Center in Pensacola.

DR. AGARWAL: Yeah.

DR. AMBROSE: So that may be one thing--

DR. AGARWAL: Some of the delay.

DR. AMBROSE: --that's delaying it right now. I just found out that Tom had moved on, but we may have to bring whoever the new individual, whoever it is who is selected, have to bring that to their awareness.

DR. AGARWAL: Yeah. I was not aware, but I do know for whatever reasons, credentialing privileging in our organization takes longer than it should. And the effort is definitely required of all who are involved and engaged in it, and I know Rob Bossarte, he's an epidemiologist who works here, but I think he too is sort of shadowing, and he's personally making some phone calls to see how

we can get this expedited.

DR. AMBROSE: Yes, because I don't know what the procedures for privileging at the VA, if somebody is already privileged through the DoD, I don't know if there's any kind of cross--

DR. AGARWAL: That's a very important point. This is something that we are working on because at some point I think it would be good if we can have one federal credentialing, at least credentialing. Privileging has to be done at a local level.

DR. AMBROSE: Sure.

CHAIRMAN McNISH: Yeah.

DR. AGARWAL: But if we can cover the credentialing front, that would be great. We use different ways--we call it VetPro. DoD has a different--

DR. CORNUM: CCQAS.

DR. AGARWAL: CCQAS.

DR. AMBROSE: CCQAS.

DR. AGARWAL: Exactly. So the CCQAS is the way we are proceeding towards so that it's

going to be--it's undergoing some whatever technical modification so that it can do both. But it's a bit of a long-term IT project so I cannot tell you even the time frame.

CHAIRMAN McNISH: Sure.

DR. AGARWAL: But that's exactly the direction we are heading. So the effort would not have to be done twice at two different places and the exchange would be much easier.

DR. AMBROSE: Okay. All it takes is an appendix cue from one military facility to another.

DR. AGARWAL: Yeah.

DR. AMBROSE: And you're blessed to go work.

DR. AGARWAL: Right.

DR. CORNUM: You take it with you and you show up and you get your little badge and you can just keep working.

DR. AMBROSE: You walk in. Yeah.

DR. AGARWAL: Right.

MR. GALANTI: Let me just throw something very positive into this conversation and thank you

and VHA for everything you're doing. I've been involved with the VA both as a patient and as a service officer for American Ex-POWS, and as the Commissioner of Veteran Services for Virginia, which has more veterans per capita than anybody, and I think the VA is doing one hell of a great job, and the press doesn't pick up on that.

DR. AGARWAL: Well, thank you.

MR. GALANTI: And part of the problem is the Phoenix thing hit during election year.

MR. FLETCHER: Yeah.

MR. GALANTI: And all these guys are going to get elected by screaming out about how bad things are. I wish there were some way the VA could put up the things that we hear a lot about what's going on, the more positive stuff.

In another life, I also ran the State Medical Society in Virginia.

DR. AGARWAL: Right.

MR. GALANTI: So I got to watch all of the doctors get together.

DR. AGARWAL: Right.

MR. GALANTI: It's a very interesting evolution with one of them telling me one time at our House of Delegates meeting, I said, God, this would be a great place to have a heart attack, and this young doctor, who's now the Secretary of Health for Virginia, said it would be the worst place in the world to have a heart attack because they'd all be fighting each other to see who takes charge.

[Laughter.]

DR. AGARWAL: So true.

MR. GALANTI: You lose sight of the big picture, and the VA should be able to do what it does, let alone what it's doing. And what's caused that, in my mind, the Phoenix flap, was snowbirds hitting Arizona all at the same time, their load goes up incredibly during the winter.

DR. AGARWAL: Right.

MR. GALANTI: And they get told they get a reward if they can make the numbers, and they can't make the numbers so they fudged them, and they did all these other little clever things to make it

look like they were doing it. It's just human nature. So you got to be real careful with incentives because if you load them artificially up-front, they don't work.

DR. AGARWAL: Right.

MR. GALANTI: But anyway, just, this is from one guy, I won't go anywhere else except for VA down in Richmond with its "Mark 1 Mod 0" hospital, but it's a good one, and I know all the other ones around there. It's just great. So anyway take that as just a compliment from one veteran who's very happy with the VA hospital, and also I know the other ones, too, in Virginia, but it makes me proud to be part of it.

And it makes me mad when the VA can't fight back, and you sit up in front of a bunch of bloviating assholes, just somebody that has about a third of the education of all these Under Secretaries they're talking to, and they do it just to humiliate them.

DR. AGARWAL: Gosh, we should have you on--I wish we could record you.

[Laughter.]

DR. AGARWAL: No, I kid you--

DR. CORNUM: It is being recorded.

CHAIRMAN McNISH: Right here. You want the transcript, it's right there.

DR. AGARWAL: I wish we could actually then broadcast even to our own staff who have--

DR. CORNUM: Even to your own staff. That would be--

DR. AGARWAL: Because we have been so demoralized.

DR. CORNUM: Yes.

DR. AGARWAL: You know, and you're absolutely right. Most people come in everyday wanting to serve and make things better, but unfortunately somehow, and I'll say this, that the media has only managed to pick up anything or everything that they can find as being negative, which of course makes the news, and the good news gets buried.

So but to hear from someone who receives services and someone like yourself, it, I think

would be very heartwarming for our own staff to hear. I mean they hear us talk about it. They hear the Secretary. But someone actually whose voice really matters is yours. That's our reason for existence.

CHAIRMAN McNISH: You can certainly get this verbatim out of the transcript if you want to use it.

DR. AGARWAL: We would love that.

DR. CORNUM: Or put him on your video screen and just have him say it again.

[Laughter.]

MR. HANTON: Especially the part about the bloviating people.

DR. CORNUM: The bloviating.

MR. GALANTI: That's right. Now if they could just find a bigger parking lot for Richmond, it would be great. If you don't have a 06--

REV. DR. CERTAIN: Don't start with the parking lot issues.

MR. GALANTI: I just look at when that hospital was built, it was the showboat of the

whole VA, mainly because Dave Satterfield, our congressman, was the ranking member of the Veterans Subcommittee of the Armed Services Committee, and so it was a showboat. This was 1974-75. The hospital is exactly the same. They've added a few things on, but the number, that parking lot just had--why do they put so many--so much acreage out here. And now everyday not only the parking lot is filled, but everybody is parked illegally on side streets, and it just--they keep asking the VA to do more and more and more and more and more, and then they come up with the new presumptive. So everybody who has already filed a claim and only got 30 percent is going to refile and try and get some more.

And it's, it just clutters the system, and the little things that the press doesn't know about, I'm not sure they'd even care about it if they did because it's more fun to have somebody to crucify.

DR. AGARWAL: Right.

MR. GALANTI: But anyway from me, thank

you.

DR. AGARWAL: Yeah. Thank you. Thank you.

CHAIRMAN McNISH: San Antonio has finally decided to go three-dimensional and build a parking deck instead of just trying to find more spaces on flat land.

MR. HANTON: They're doing the same thing in Charleston.

MR. GALANTI: I think they are in Richmond, too, except they--

MR. HANTON: Charleston's got a good hospital, too. I can--I'm a little healthier than you because I'm younger, but I've never had any issues with those guys down there either.

DR. AGARWAL: Yeah.

DR. CORNUM: Well, I just started going to the VA this year, and I'll say I had nothing but good experiences, and we have a six-story parking garage.

MR. HANTON: Yeah, they've been working on--something wrong with Charleston. I don't know

why it's taking it them so long.

MR. GALANTI: This is from the toughest hospital commander in the history of the Army.

[Laughter.]

MRS. BUSSEL: Norm and I see hundreds of veterans because of our, as service officers. They all have wonderful things to say about the medical care they get. They may bitch about the benefits, but they don't bitch about the care.

DR. AGARWAL: Yeah. Yeah. That's been, you know, I practiced for 20 years before coming into Central Office. I ran primary care and the emergency room at the Washington, D.C. VA, and I can tell you that undoubtedly, and I mean occasionally we would, of course, hear about complaints, but by and large, the majority of the people, of the veterans that we saw were very satisfied with the services that we were providing.

We certainly are a huge system, and then there are pockets. There are pockets of great excellence, and then there are some where it is not as good as it should be, and I think if we can get

some consistency across the board and be uniformly good in how we deliver services. One of the major focuses of the Secretary is to make us more of a customer service organization than we've ever been at all places and at all times. So if we are successful, then that's exactly what should happen.

MR. FLETCHER: I just got out of the hospital this week. I'm not even supposed to be here. And I can say this, that once in the hospital, I was treated with excellence so I have to agree with Paul. Even when I went to the clinic, boom, it's been good treatment, but then you, like you say, you run into the few who gripe. I don't care what you do, they're going to gripe, and I've heard them. And so I want to thank VBA for taking good care of me, or VHA--I'm sorry.

CHAIRMAN McNISH: We're glad they did, Bob.

MR. FLETCHER: Uh?

CHAIRMAN McNISH: We're glad they did. We're glad you're here even though you shouldn't be.

[Laughter.]

DR. AGARWAL: And if there's anything else that I can--

CHAIRMAN McNISH: Any other questions for Dr. Agarwal?

DR. AMBROSE: We heard a lot about how they wanted to hire more physicians and things such as that. Can you just give us an update on how that's going?

DR. AGARWAL: Yes. So let me talk about a couple of things. I think the Choice Act, which is what you're referring to, last year after Phoenix when Congress passed the legislation, we had some conditions about on how we could provide the Choice services through this legislation, the Choice program.

And they allotted a certain amount of money for services outside of the VA to the order of $10 billion, and they also provided about $5 billion, which is to recruit for personnel, direct services, you know, physicians, nurses, psychologists, psychiatrists, what have you, to be

able to provide services at the front lines.

So major effort has gone on both ends, and I'll talk separately about each. So about the recruitment efforts, you know, there are many ways to go about recruiting, and one thing that Bob, our Secretary, has done, that he has gone out personally to major universities and has spoken about on what the VA, VHA offers in terms of training and then about service, and how the folks who are finishing up should consider coming and joining us.

And as you all probably know, that there's a large debt that many of the medical students, nursing students, pharmacy, accrue over a period of time. So there are programs that have been set up for education debt reduction so we become much more attractive so that we can actually recruit people.

This has been--the recruitment efforts have been underway for actually maybe more than this year, for the last three to four years, especially in mental health services with psychiatrists and psychologists.

At one time I think we were being criticized because it looked like we had hired everyone who was coming out of their training in psychology or psychiatry at the VA and leaving others short. So there was some rumblings about that. But needless to say, I think our interest is in bringing the most qualified people that we can into the organization.

So lots of PSAs. You probably must have seen the Public Service Announcements over different TV channels. I could name them, but they are sort of going out asking and telling people about the recruitment. And I think it's working. The reason I say that, I actually also have a daughter who is out, a medical resident somewhere, that now practices are changing drastically in very important ways that had started when I was at the medical center.

You know, the graduates who are coming out are very much interested in providing clinical services as opposed to running a business, which eventually a practice becomes. So I think we are

able to attract more and more people who are actually attracted to the mission and then also be able to do what they were trained to do initially.

So with the combination of these debt reduction programs, the opportunities to be able to serve and teach, which is a mission of ours, and then do some research, I think it's a good bet to sort of create that.

The second part is the Choice program itself and the service delivery. We have a third-party administrator, and I'll just broadly tell you that--and maybe because we had such an early start and we had to meet certain deadlines--but it has not been as successful, and you can probably hear more in the hearings that are to come in May. There are two hearings that are going to happen about why and how we have not been able to get as many to be served outside of the VA.

One is, of course, you could argue that it could be a veteran choice or a preference, but then the second thing is that it's not so easy to find services, especially in rural and highly rural

areas, for which this is intended. I should say qualified people because they have to meet a certain threshold of qualifications and accept certain reimbursements to be able to provide those services. So that's currently the state.

I have a sense that as we have been a provider organization for a long time, we will continue to hopefully be a provider organization, but we will also be a health plan, which is what the Choice program is to provide services when we cannot meet the needs within 30 days or within a 40-mile distance.

DR. CORNUM: It's TRICARE for the VA.

DR. AGARWAL: Yes, it is.

DR. CORNUM: It's just plain TRICARE for the VA.

DR. AGARWAL: It is. It is. That's exactly what it boils down to.

DR. AMBROSE: And they have recently changed it from a 40-mile distance to a 40-minute drive time, I believe, isn't it? Or 40 miles, 40 miles not by--

DR. AGARWAL: The driving distance as opposed to the geodesic.

DR. CORNUM: As opposed to the bird flying distance.

DR. AGARWAL: Yeah. The crow flies. Yeah.

DR. AMBROSE: Yeah.

DR. AGARWAL: Which is the geodesic distance, and then--

DR. CORNUM: Yes.

DR. AGARWAL: Yes, that has recently--actually just changed last week. So that's been a very recent change.

MR. FLETCHER: Getting back to what Dr. Ambrose said, I know my psychiatrist notified the VA that she was going to retire a year ago, and they have not found a replacement for her, and so they've asked her to extend that for a year, and she said she wants to join her husband in Africa.

MR. GALANTI: She just wants to get away from you.

[Laughter.]

MR. FLETCHER: She's good.

DR. KUSHNER: Good reason to retire.

MR. FLETCHER: But so she said yes, I'll extend my time until you find somebody, and so I know it's--I've heard other people say it's--professional people--it's very difficult for doctors getting out of school because they have such heavy debt--

DR. AGARWAL: Yeah.

MR. FLETCHER: --that they need to get out and--

DR. AGARWAL: Make money.

MR. FLETCHER: --make money and try to clear some of that debt.

DR. AGARWAL: Yeah. Yeah.

DR. AMBROSE: And one of the things--

CHAIRMAN McNISH: Debt reduction.

DR. AGARWAL: Yeah.

DR. AMBROSE: Well, the debt reduction programs that Dr. Agarwal was talking about is one of the things that I talk to the students and house staff where I'm teaching now. There's a program

called income-based repayment. If you sign up for that, if you work for a federal, state or local governmental agency or a not-for-profit, as it's structured right now, if you do that for ten years, they forgive the balance of your loans.

And that can be hundreds of thousands of dollars. Now there's talk about limiting the amount that they will forgive.

DR. AGARWAL: Right.

DR. AMBROSE: But it's, one of the things that I talk to the folks about in terms of consider the VA, Public Health Service, Indian Health Service, military as an employer after you finish your training because that continues to meet this, this entity that could help with debt reduction.

And in line with that, Army Reserve is putting out recruiting things where you can have up to $250,000 of your debt paid--

DR. AGARWAL: Right.

DR. AMBROSE: --by Army Reserve by going into their medical corps.

DR. AGARWAL: Yes.

DR. AMBROSE: So there are initiatives, and I would say compare VHA to what other government military entities are doing in terms of trying to recruit.

DR. AGARWAL: Uh-huh.

DR. AMBROSE: And then the other thing that you were saying, Bob, I don't know if you and I were talking about it or someone else was talking about it, in terms of people who don't wish to work full-time anymore, but are there part-time opportunities, and are there opportunities for volunteering as a Red Cross volunteer for physicians, psychologists, nurses, et cetera--

DR. AGARWAL: Yeah.

DR. AMBROSE: --and are those being explored as well?

DR. AGARWAL: Yes. So the answer, short answer is yes to all three. We have, of course, full-time. We have part-time employees, and then also volunteers, a pretty significant number of volunteers for physicians, especially for physicians, I would say, in our programs.

Then there's a fourth one that's sort of coming through, which actually is a federal government regulation that got passed on phased retirement, which is an interesting concept, that if you have served for an "x" period of time--I forget exactly what it is--and then you wish to sort of work only part-time, but also serve, which 20 percent of your time has to be as a mentor training--

DR. AMBROSE: Oh.

DR. AGARWAL: --yeah. So that's a prerequisite for being able to participate, that you have to be able to bring up your junior faculty, junior staff up to the mark, and then provide services the other half-time, and they're compensated on half of their annuity, which is a very attractive program.

Now, for VA, they are working on the policy, and it's not ready because I had inquired for someone else about it, and hopefully by the end of the year, or early next year, that should be available to our very seasoned people who have

reached a certain point where they think that they would much rather work part-time instead of losing all institutional memory, knowledge, wisdom, that they can actually pass on, this is a good way of going about it.

CHAIRMAN McNISH: That's great.

DR. AMBROSE: Yeah.

MR. BUSSEL: I'm going to be brief about this because I mentioned it to the group before, but my psychologist retired after 37 years with the VA.

DR. AGARWAL: Uh-huh, yeah.

MR. BUSSEL: And he's only 62 years old, but I've seen him 25 years, and he's led two POW groups, and he'd like to work a day or two to come and be with them.

DR. AGARWAL: Sure.

MR. BUSSEL: But he would really like to-- and he's not going to do it as a volunteer, I don't think, but he doesn't want to be compensated at the rate that he charges private patients.

DR. AGARWAL: So he wants to come and work

for us as a WOC or without compensation or with half-time pay?

MR. BUSSEL: Just part-time, a day or two a week he'd be willing to come in and see these groups that he's been seeing so many years.

DR. AGARWAL: Yeah. Let me--I'll take that and we'll look into it.

MR. BUSSEL: I appreciate that. Thank you.

DR. AGARWAL: Yeah, most certainly. Most certainly.

CHAIRMAN McNISH: Okay. Well, Dr. Agarwal, thank you so much for your time.

DR. AGARWAL: Well, thank you.

[Applause.]

CHAIRMAN McNISH: And for your sincere attention.

DR. AGARWAL: Thank you very much.

CHAIRMAN McNISH: Thank you.

[Pause.]

CHAIRMAN McNISH: All right, gang. Let's get on with our final event for the afternoon. I

think it's going to cap things off nicely, and it's something that I think you're not going to get a lot of disagreement, but we may have some discussion.

But Dr. Marion Sherman, who is the Chief of Mental Health at Loma Linda, has made a trip all the way across the country to explain to us something about the idea of making all POWs 100 percent; is that correct?

DR. SHERMAN: That is correct.

CHAIRMAN McNISH: All right. Well, it's all yours then.

DR. SHERMAN: Thank you. Thank you to Mr. Robinson for--to Mr. Gibbs for first contact with his group under the Secretary looking into this--and then connecting me over to Mr. Robinson, who connected me with Chairman McNish here, and, of course, I was totally intimidated to come here and speak to all of you.

CHAIRMAN McNISH: No, you see we're friendly. We're warm and fuzzy.

REV. DR. CERTAIN: Right now.

[Laughter.]

DR. SHERMAN: I said I can speak to people who don't know this topic, but not to the folks who are the most highly honored, and I am very honored to sit with you, and I will try to learn something from you and be intelligent in wherever the VA sends me next in terms of this initiative.

CHAIRMAN McNISH: Well, play like we don't know anything and just teach us.

DR. SHERMAN: Okay.

DR. AMBROSE: That's right.

DR. SHERMAN: Well, I wanted to start. Fortunately, this laptop, which I purchased with my money two weeks ago to bring this to you.

[Laughter.]

DR. SHERMAN: And by the way, it's really nice. It's a MacBook Air that cost me a grand, and I love it, 2.38 pounds--to bring you--and little did I know the Secretary was not going to show up. So I'm going to bring him to you virtually because he started all of this.

He came to visit VA Loma Linda January 27.

I'm just in the mud and the dirt, you know, a regular hospital person seeing people all day long, and trying to help with petty problems, a lot of which are administrative in my current role, but luckily I get to see patients sometimes, and that refreshes me.

And he came to make his regular facility tour around because he went to--I guess he's trying to go to every hospital, and he had a town hall, and we had a question and answer session, and so I asked a question and was quite surprised by his answer, and hopefully this will play for you.

SECRETARY McDONALD: [via video presentation] You will get a response. I promise you if you don't, e-mail Bob Snyder, Robert Don Snyder, S-N-Y-D-E-R. He knows whenever I conduct a town hall meeting anywhere in the country because he gets a lot of e-mails afterwards, and he loves it. And he loves it.

So those are the things we're doing. Become part of the solution. Don't just be part of the problem. Amen.

[Chorus of amens.]

SECRETARY McDONALD: Thank you. We've got a lot of work to do, but, you know what, this is doable. This is doable.

DR. SHERMAN: [Live] I didn't quite start it at the right time. We're almost there.

[Video resumes.]

SECRETARY McDONALD: This is very doable. I know it's doable. I've done it before and I've seen it done before. So join in. Be part of it and be happy to take any questions or comments that you have.

[Applause.]

VOICE: Folks, we have microphones on either side of the auditorium. Please make a line at the microphones. If you have difficulty walking or standing, please put your hand in the air, and one of our attendants will try to get the microphone to you as quickly as possible.

SECRETARY McDONALD: If you don't mind, start with your first name. I'm Bob. Who's first? Go ahead.

DR. SHERMAN: Thank you for joining us here in Loma Linda, Secretary McDonald.

SECRETARY McDONALD: Bob, Bob, Bob.

DR. SHERMAN: Bob.

SECRETARY McDONALD: Thank you. I know it feels uncomfortable. I know it's uncomfortable; right?

DR. SHERMAN: Yes, sir.

SECRETARY McDONALD: But think about that warm hug we have to give every veteran that walks in the door. They're a member of the family. You're on.

DR. SHERMAN: Okay. Thanks. My name is Dr. Marion Sherman, and I have the honor of serving on our Former Prisoners of War Treatment Team here--

SECRETARY McDONALD: Wow.

DR. SHERMAN: --at Loma Linda as the team psychiatrist. We currently work with prisoners of war from Vietnam, Korea, and both European and Pacific theaters of World War II. Our American former prisoners of war, a subset of combat

veterans, who are among our most extreme American heroes, were not only traumatized by combat but were also severely abused as prisoners of war.

They returned to America to often be met with neglect or worse, and many of them turned from the VA and did not go through the hours of interviews bringing up the terrors of the past in order to gain service connection.

Due to severe malnutrition, physical torture, many types of infections, as well as subsequent aging, most of our former prisoners of war are no longer alive, and the ranks are dwindling.

In fact, tomorrow, at a Riverside Cemetery National Prisoner of War Memorial, I will attend the funeral of one of our prisoners of war.

Secretary McDonald--

SECRETARY McDONALD: Bob.

DR. SHERMAN: Bob, would you work to formulate a new VA policy that all verified former prisoners of war would bypass the current process and automatically be awarded 100 percent service-

connection and a Purple Heart?

SECRETARY McDONALD: Will you work with me on it?

DR. SHERMAN: I will.

SECRETARY McDONALD: Okay. You got a deal.

[Applause.]

SECRETARY McDONALD: I don't know what's involved so you're going to have to help me. But this is very personal for me. My father-in-law was a tail gunner on a B-24. He was shot down over Germany. He walked from the east end of Germany as the Russians were attacking to Frankfurt where he was in Stalag 17. He was freed by General Patton with his pearl-handled revolvers charging through the gate, and we never understood why he was so introverted.

It wasn't until he joined a POW group at the Augusta, Georgia VA that--a support group--that he really just became a whole different person than the person we had known, and unfortunately that was toward the end of his life. He died in 2005, and

if I had known what I know today then, I could have helped him, and so it pains me to know that I didn't help to the degree that I could have.

So it's very personal. So I want to get after this. If you can write up for me all your ideas and let me know who--you must have a network of people who do this. Good. So let's all get on a conference call or something and let's get after it.

Thank you. Thanks for bringing it up.

[Video presentation concluded.]

CHAIRMAN McNISH: Very good.

[Applause.]

CHAIRMAN McNISH: Well-phrased question, by the way.

DR. SHERMAN: Thank you.

Well, that started me on a path to meet you. So I'm very honored. It's been a wonderful day. I'm so glad you made it back out of your hotel room. We were all so worried, Mr. Fletcher.

DR. AMBROSE: Bob.

[Laughter.]

DR. SHERMAN: Okay. Well, I have not been in Loma Linda long. I've just been there about a year, and in September, we started a newsletter there. We hadn't had a newsletter before. So I brought the April issue, which I'm not going to give you until I'm done talking because I'm already thinking either you'll fall asleep or you'll read this. I don't know which.

[Laughter.]

DR. CORNUM: We know what one of us will do.

DR. SHERMAN: So I brought these to show you, then, in our April issue, it really highlighted this on the front page, and these are pictures. This actually came from a funeral at Riverside National Cemetery. I don't know if you've ever been there to the National POW Memorial. It's coming up on its ten-year anniversary, and they're planning on having an event there.

Now when the FPOWs come to see me, they usually--because they're so wonderful, they usually

tell me don't feel bad that you won't be there. We know you're going to be in Normandy because I felt so bad. It was a pre-planned trip to Normandy, which is a bucket list thing for me. But you're all welcome to go out there to the ten-year celebration.

MR. HANTON: What are the dates? What are the dates?

DR. SHERMAN: It's on the POW Day.

MR. HANTON: So in September. September 18 or whatever.

DR. SHERMAN: Yeah, yeah.

So the way I wanted to approach this was--and I tried to come up with something so that I could say something to you, more than one sentence, which really it's all in a sentence, but I thought I would just present all of the cases for this initiative and why would we do this?

Because I believe it's our country's moral compass, and I know and love individuals who are former prisoners of war personally.

At the same time, to a certain degree,

FPOWs need to be a symbol for our country as well, and that's what I believe. And we need to bring the law current to our current year of 2015. The law is wonderful for the '80s, but we need to bring it current.

So let me first run through the components, really three components of this initiative. One is it would be for verified FPOWs, and I know that sounds simple, and it's a lot more complicated than most people know, and it's so crucial because certainly we don't want erroneous folks being scooped into this who are mistakenly or fraudulently saying they are FPOWs.

And this--I was encouraged actually to hear the number given by VBA today as about 8,400 because it's so much closer to what is probably the reality, which is probably within a thousand or so of that.

This would, by verifying, it would avoid the fraudulent FPOWs or erroneous. Now, as I mentioned to someone earlier, it's not all fraudulent. I know that's what gets you the

angriest, but we had a fellow who thought--who said he was a POW, and it turned out he was a guard during World War II of Japanese POWs, and he's getting demented, and he got it mixed up. So that's kind of a humorous case. But that was just recently out at Loma Linda.

The second part is 100 percent service-connection automatically. So that would not be, once someone is verified, the rest is automatic. So no more need for any VBA until the payout section.

And the third part, which I know is more controversial actually, is the Purple Heart, and that's where I say bringing in law and science to the current age because back when that was created, we really didn't have the technology to know that invisible wounds can be as severe and disabling and distressing or more than the visible wounds.

And just a few days ago, I met with a gentleman who I said, you know, I'm going off--they're very excited about this. I feel like I'm their point person, but I said now you have two

Purple Hearts, and you--we meet because of your PTSD. Which do you think is more deserving of a Purple Heart? And he said, well, I don't have one for my PTSD. You can't. And I said, yes, I understand, but which one do you think would be more deserving of a Purple Heart?

He said, oh, the PTSD. That's lasted 70 years. So, you know, it impacts relationships and all kinds of things, and yet again there's a fear of, well, what if this gets out of control? The malingerers or people who don't really have it get this. So this is only a very succinct circumscribed initiative, only for FPOWs, as defined by law.

So let me just move on to making a bunch of cases, I think most of which you've probably already thought of. The first one is the former POW and his or her family case. So many of the people who--and I remember the Vietnam veterans coming home, and I felt at the time it was just so disgusting and disgraceful. And since then I've treated thousands of patients who are still--combat

veterans who are suffering from PTSD who got traumatized by our society after nearly giving their lives and giving their peace over there in Vietnam.

And I think it's time to make it right so part of this is a making-it-right kind of thing. One World War II combat veteran, who is a part of our POW group, even though he's not a POW, he's what they call "the liberator" because he went in with the troops and freed 11,000 in Germany, and so he's an honorary member really, and he gets so aggravated when he recounts his story of when he first went to the VA and how he was disrespected. He stormed out and didn't go back for 30, 40, 50 years.

And there are so many of these stories, and you've experienced them, and you've heard them, and if we stop making people have to go through another kind of test or trial, then maybe they can have some peace in the families and know that truly they aren't forgotten, they're not forgotten, and we as a country remember them.

The second is the economic case. There are some people that really don't care about these touchy-feely things like human beings, but care about money, and, hey, no problem, we can make the economic case. The price is right. So probably everybody here has 100 percent, you know, and lots of FPOWs already have 100 percent. So it's not going to cost more money there.

But there still are some who don't who could use this, and that's not that much more money, and think of how expensive it is to have all that you heard about--they're all mandating overtime so I didn't even know. I'm going to add that to my thing. It's saving overtime.

And these, fortunately, these sessions now, I don't know when you did your exams, but nowadays, they're giving four to six hours so they're very expensive financially. So that's overtime; that's staff time. They could be doing their other thing for other people, and it isn't needed here because everybody who's a verified FPOW should just get this.

And I had written in my notes here less than 8,000 still alive, and I was so glad to hear that the VA is actually coming up with numbers that are along those lines rather than the sort of double numbers or triple numbers that were being used not too long ago.

So next we look at the moral case. So many people don't realize--I know it's obvious to you, but many people don't realize that FPOWs are combat veterans. They imagine the scenes, the black-and-white movies of people being liberated, and they think that's what--or the old film reels of the Vietnam POWs getting off the plane hugging and happy, and they don't think about all the trauma and environmental, infectious, traumatic abuse that went on that got them into that situation.

And the FPOWs in Loma Linda repeatedly call that, the FPOWs, the point of the spear--the POWs, the point of the spear. And as the head of mental health, I've got 300 mental health staff at Loma Linda, and I've just thought there's something

these FPOWs have that if it could somehow be some priceless lesson that was learned with blood and sweat and torture and tears, if it could be transmitted to these mental health clinicians, it could help other veterans who are in their--we saw 20,000 last year--we'll probably see more this year--separate military right there, and so we're actually trying to work with some of this, what are the lessons learned, and transmit that over.

And it's not just about being superman hero. It's about being broken and getting back up, and being broken and getting back up, and surviving a day, and how to get through a day. Everybody can relate to that. They can't relate to the idolized superhero, but they can relate to the super survivors, which our FPOWs have a valuable lesson.

And life is hard now for many people, and there's all kinds of trauma people go through, and if we can help to say America recognizes that and make the moral case, I think that would be worthy.

Now, the legal case. We have lots of precedents that FPOWs are a specific separate legal

category. They aren't just veterans. Of course, all veterans are great, and we are here to serve all veterans, all combat veterans. You know, my heart goes out to them, I'm so appreciative. However, by law, this is a separate group of individuals. It's limited. It's circumscribed.

And so we can make laws about this particular group of people that do not apply to other people. So we can get away from this slippery slope kind of argument and say, no, this is, this is, if this has been a verified POW, it applies to that person. Otherwise no. And there's legal precedent for that.

And again I'm going back. You can see most of these are internal reasons rather than external. But the honorable case. And I do believe it's our patriotic duty to correct the wrongs of the past. I do believe that President Lincoln made a promise. I mean my director told me, well, while you're down there, stop by Central Office. Well, I don't know who to see. So I went down and took a picture of the building. There is

Lincoln's quote right on the side of the building.

DR. AMBROSE: Right outside the building.

DR. SHERMAN: I'm like a "tourista" there, well, I'll take a picture. But President Lincoln made a promise, and that's why I work there. I'm just fulfilling an obligation of our country along with all these other people so let's make sure we fulfil it because when we bury these FPOWs, and their widows are there, and they've got 70, 80, 90 percent service-connection, I'm sorry, that's just wrong. I guess that was back to moral case. That's just wrong.

[Laughter.]

DR. SHERMAN: I'm getting cases mixed up.

CHAIRMAN McNISH: That's all right. We're happy you are.

DR. AMBROSE: That's okay.

DR. SHERMAN: Okay. Okay. So we're almost there. I only have three more to go.

The clinical case. Treatment works. We have treatment that works. We have specific psychotherapies. We have generic transdiagnostic

therapy, relationship-based therapy, we have medications. We have all kinds of treatment for problems of say mind damage that happens with PTSD, as well as everything else that you know.

But treatment works, and if you, if you see folks who have been in treatment and now can talk openly about their experiences and share that, that comes over a period of time helpful healing and probably from the fact that you're here, you've probably experienced that yourselves.

You know, this is your world of the FPOWs. My world is anybody with a mental health problem, and I have word, because of various moles out there in the high desert where people escape to, that there's dozens of veterans who have killed themselves in the high desert north of our region who aren't even registered. I don't even know their names.

And how can we get to these folks? Well, part of it is by doing the right thing and honoring the tip of the spear.

The scientific case, I kind of alluded to

that a little bit. And, as you know, I mean I'm a psychiatrist so I've been doing this for decades, mostly in the public sector, more recently in the VA, and there's always been a stigma about anything to do with the mind going wrong, probably because it's really scary because that's the boss of everything else.

If you break your arm, the boss says, no, don't flop it around. If you break your mind, your mind says flail around or use substances or, you know, resist authority or whatever. It's so much harder, and I believe this is--which kind of gets into the Purple Heart aspect--this is an opportunity to say let's bring in the scientific knowledge, let's bring experiential and scientific. We diagnose these things now. We treat them. Treatment works and people can become once they're healing, they can become great healers also.

This is in the civilian sector. It's in the private sector. Public, military, everywhere. And it's safe. Again, that slippery slope argument of, well, then, everybody will say they have PTSD.

Well, everybody says everything anyway.

[Laughter.]

DR. SHERMAN: They say the VA is full of a bunch of people who, you know, how many have they fired today? How many? We want blood, you know, for--but let them say. We can make a law, circumscribe it. I mean I know that one, the Purple Heart thing is more controversial, a lot of times from people with Purple Hearts. And why? You know you got open heart surgery; what are you doing in the hall? Look at my scars. I got a CABG; you know?

DR. CORNUM: But it came from a disease; it didn't come--you didn't get shot in that artery.

DR. SHERMAN: Right, right.

DR. CORNUM: So I'm happy with people who want to show off their scars or show off their PTSD, but it's a disease, not an injury.

DR. SHERMAN: It's hard. It's hard to show off your PTSD.

DR. CORNUM: Oh, no, it's pretty easy if you ever have--

[Laughter.]

DR. CORNUM: They're showing it off everyday.

DR. SHERMAN: You know it's so helpful in the last decade or so, as celebrities have come out and said I have bipolar disorder, I have depression, I have--it's really helpful for other people who suffer because it's very, very widespread. Mental illness is.

DR. CORNUM: Oh, yeah.

DR. SHERMAN: So, and it's so devastating, devastating on families, the other victims, the wives, or other spouses, and the children, and substance use disorders, on job changes, on multiple marriages. These mental illnesses are devastating and cost so much to our country, to our spirit, and also even when people go to work, then they're not able to work at full capacity.

So I would love to see us do something that would make a statement toward breaking down that stigma some.

And lastly, the social case, so this isn't

1970, and now when I'm on the plane coming here, someone will say we have a military person on our plane, and people clap. And so society is now at a point where I think they could embrace something like this which would take an act of Congress.

And I think they, you know, why do Congress make certain laws and not make other laws? Part of it is if they think they'll get reelected or not, and so it's sort of a popular cause. Military is a popular cause. The people are now supported even if the actual reason for the battle or reason for the conflict is not supported. So I think this would show, this would show well on the screen. And we see it on the screen.

So we see "Unbroken" in mainstream media. We see a fellow with major injuries on "Dancing with the Stars." It's all over the place, and it's supported, so this--

DR. CORNUM: "American Sniper."

DR. SHERMAN: What's that?

DR. CORNUM: "American Sniper."

DR. SHERMAN: "American Sniper." So it's

mainstream culture. So at any rate, that's the best I could do for this presentation, and I thank you very much for inviting me, and I'd love to hear comments and questions.

CHAIRMAN McNISH: That's great. That's very well thought through.

DR. AMBROSE: Yeah.

DR. CORNUM: Uh-huh.

MR. FLETCHER: My question--

MR. GALANTI: This is just sort of facetious. One of the problems you run into are the guys that already have the Purple Hearts, and some of those were questionable back in the day. The guys, I mean--all the Vietnam POWs I think got Purple Hearts.

MR. HANTON: Yeah.

DR. AMBROSE: Secretary of State.

CHAIRMAN McNISH: John Kerry.

DR. AMBROSE: Yeah.

MR. GALANTI: And John Kerry.

DR. AMBROSE: Yes.

MR. GALANTI: But my Marine friends in

Richmond, Virginia, they have this luncheon every month I go to it. If I ever--when I get introduced, it's always here comes Galanti, the luckiest son-of-a-bitch ever in the history of the Navy. He was in the Navy 20 years and only had to make one cruise.

[Laughter.]

MR. GALANTI: And most of that was overseas shore duty living in a gated community.

[Laughter.]

MR. GALANTI: It's just that little perception. You have to overcome that.

MR. FLETCHER: My question is how long are you talking about a former POW being?

DR. SHERMAN: How long what?

MR. FLETCHER: How long?

DR. KUSHNER: How long captured?

MR. FLETCHER: Yes.

DR. KUSHNER: How long? Is there a criteria for length of capture?

REV. DR. CERTAIN: How long were they in captivity? Is it one day, one month, one year?

DR. SHERMAN: What should it be?

DR. KUSHNER: I don't know.

MR. FLETCHER: One day.

DR. CORNUM: The law is you just have to be withheld.

REV. DR. CERTAIN: Held.

MR. FLETCHER: I feel one day because I think the first day is the most traumatizing thing that ever happened to you.

MR. GALANTI: It was 30 days.

DR. CORNUM: It's still 30 days, and it's 30 days for the nutritional things, but it's not for--

MR. FLETCHER: But the longer you're a POW, the more you seem to go uphill. But it's that first day or week that your mind is scared to death.

MR. HANTON: Well, is the definition of a POW defined by the VA or defined by the DoD?

DR. AMBROSE: No, it's the DoD.

MR. FLETCHER: Definitely one day, yeah.

CHAIRMAN McNISH: Good.

MR. HANTON: Will they accept the DoD definition or do they use their own? That's my question.

DR. SHERMAN: Well, this would be a law, and unlike--I saw there are other physicians here--physicians need to be humble because we need to discover the truth. No matter how important you are, you can't all vote and decide you're voting out breast cancer. It's out. We have decided. Even if you're important high-level--

CHAIRMAN McNISH: That would be nice.

DR. SHERMAN: But for law, for Congress, you can. You can make it the way you want it. I mean to me the goal is to make this happen and to not get bogged down into much stuff about it has to be this, it has to be that, and it would be Congress enacting legislation so--

DR. CORNUM: And I would think since the VA accepts one day--

DR. AMBROSE: Yes.

DR. CORNUM: --and that's what the DoD--and the DoD gives you, you either were or you

weren't. And it's either like you get the medal or you don't. So the DoD decides if you were captured while you were gone.

DR. KUSHNER: Right. Right. Right.

DR. CORNUM: And I'm sure the VA would take it, and that's where those numbers come from.

DR. AMBROSE: Well, that's why it's on your DD-214.

DR. CORNUM: It's on your DD-214, whether you were or you were not.

DR. AMBROSE: Yes.

DR. CORNUM: So I think probably the idea--I'll just tell you some holes I can see. So I was an Active Duty Army person when I was shot down, and that was 23, 25 years ago. And I stayed in for another 22. I was obviously not 100 percent disabled that next day when I got out. And so I had been in the Reserves and had I gotten out, gotten back out, you're telling me I would have been considered 100 percent disabled that day even though I went on and did everything--

DR. SHERMAN: Service-connected.

DR. CORNUM: I wasn't at that point honestly. I didn't have a number of the--

CHAIRMAN McNISH: No, you weren't in such great shape when you came home.

DR. AMBROSE: No.

DR. CORNUM: I wasn't in great shape then.

[Laughter.]

CHAIRMAN McNISH: I saw you.

DR. AMBROSE: Yeah, the--

DR. CORNUM: I'm just saying that--

DR. SHERMAN: It's definitional.

DR. CORNUM: Yes.

DR. SHERMAN: So if it's defined, I mean when it's law--

DR. CORNUM: Right. I'm just--

DR. SHERMAN: --it doesn't have to match reality. It has to just match--

DR. CORNUM: I'm suggesting would you consider putting an age thing on it because I don't think that the people who are Reservists or National Guard guys who are getting out upon repatriation should necessarily be getting paid as

100 percent disabled for the rest of their lives starting at 22.

DR. KUSHNER: I agree. I agree completely. And I want to just tell you my own case. I was captured five-and-a-half years. I came back. I didn't know anything about disability. I went back to work. I'm a physician. I went back to work and worked and worked, and then I met serendipitously a VA service officer who asked me to speak to her group, and she said you don't have any disability; you need to get disability.

DR. CORNUM: Right. Exactly.

DR. KUSHNER: And I said, well, I--I said I'm--I'm doing okay. And she said, oh, you have PTSD. I can get you 100 percent like that. I said I'm an eye surgeon. What would you think about a guy with a mental disorder operating on your eye? And--

DR. CORNUM: Operating on your eyeball.

DR. SHERMAN: It would be fine. You wouldn't want someone with a tremor, but--

DR. AMBROSE: It depends on whether or not you're going to define disability or whether disability is going to define you.

DR. KUSHNER: Well, there are criteria for diagnosis.

DR. CORNUM: Right.

DR. KUSHNER: And you have to fit the--

DR. CORNUM: There's supposed to be. We're bypassing the criteria here.

DR. KUSHNER: You have to fit the criteria. And just being--what I'm saying is just being captured doesn't fulfil the criteria for diagnosis of something in the diagnostic--

DR. CORNUM: Of anything except being a prisoner of war.

DR. AMBROSE: And playing devil's advocate here--

DR. KUSHNER: Who's the devil? Me or her?

DR. AMBROSE: Yes.

[Laughter.]

DR. AMBROSE: Okay. It's compensation for an experience that the vast majority of those who

served fortunately will never go through.

DR. KUSHNER: Well, then define it like that.

MR. HANTON: Yes, define it differently.

DR. KUSHNER: Define it like that.

DR. AMBROSE: This is why I'm playing the devil's advocate.

DR. CORNUM: Then compensate them for that. Don't compensate them for being disabled--

MR. HANTON: Right.

DR. CORNUM: --when they're not.

DR. KUSHNER: Right.

MR. HANTON: That's the point. Yes.

DR. AMBROSE: Yes, but I agree, and I see where you both are going.

DR. CORNUM: Three of us are going.

MR. HANTON: Call it something different.

DR. AMBROSE: Okay. However, in order to meet certain VA criteria, you're having to--in order to get the benefits that come with it, it has to be classified in the VA. You're either going to have to change how it's classified or you're going

to have to accept, okay, this says that I have this experience, which could be disabling, and I get the compensation because of the experience. And a lot of it is pride as to whether or not do I feel like I'm 100 percent disabled--that's the question you're asking--at the time?

DR. CORNUM: At the time nobody could have examined either of us and found us 100 percent disable--no honest person could have done that.

DR. AMBROSE: I examined you.

MR. HANTON: A few guys, yes.

DR. CORNUM: Yeah, and you didn't.

DR. AMBROSE: I told you that you would be when you retired.

DR. CORNUM: When I got 60, yeah. When I was 20, not when I was 30.

DR. AMBROSE: Yes, I know, but--

DR. KUSHNER: But anyway you see the conundrum.

MR. HANTON: Well, there's a social part and then there's also the care part. So there's two elements of that.

DR. AMBROSE: Yes, exactly, and it is opening the door for benefits down the road for the former prisoner of war population, and it's depending on how you're going to define it, and whether people are going to be defined by that, or whether they're going to define what their, quote, "disability" in quotes is.

CHAIRMAN McNISH: Well, I think the vast majority, at least a large number, and I am one of them, from the time that the VA determined that they were 100 percent disabled continued to be pretty productive in society. So even though the VA says, and that same thing bothered me at one time.

DR. CORNUM: Yeah, but we didn't get that until we got out. I'm just saying so if we'd been guys who got out like immediately upon repatriation as opposed to filling out a career--

DR. KUSHNER: Yes.

DR. CORNUM: --and you retired as a colonel, you retired as a colonel, I retired as a general, that's a lot of different. What you're

going to find when somebody is that is a lot different from what you're going to find when somebody is 25 or 30.

CHAIRMAN McNISH: Oh, I got out of the Air Force with zero disability.

DR. CORNUM: Right.

CHAIRMAN McNISH: Had a retirement physical, and I was presumed fit because I had been on flying status within the past year.

DR. CORNUM: Yeah.

CHAIRMAN McNISH: Walked across the street, gave the same physical exam to the VA, and they said, oh, you're 40 percent disabled.

[Laughter.]

DR. CORNUM: Right.

CHAIRMAN McNISH: So that dichotomy is difficult--

DR. CORNUM: Yeah, if you've got pelvic prolapse, you're 50 percent.

CHAIRMAN McNISH: It's difficult to deal with.

DR. SHERMAN: What if you just thought

about it as the--because it's always SC, service-connected. Forget the disability part.

DR. AMBROSE: Right.

DR. KUSHNER: Well, that's good.

MR. HANTON: Right.

CHAIRMAN McNISH: Service-connected comp--

DR. SHERMAN: It's service-connected--

DR. CORNUM: Right. And nobody here, I don't think any of us are arguing about--and particularly that 99 percent of those people are the age of our grandparents or parents.

DR. SHERMAN: It taps into a system. I know that you said, well, change the VA system. It's so complicated and--

DR. KUSHNER: Just call it something else. Don't call it disability. That's all.

DR. SHERMAN: You know, just, or just tap into something that is a machine that already works.

MR. HANTON: To put that into law, you have to change the definition in the VA.

MR. FLETCHER: Yeah.

DR. AMBROSE: Call it service-connected FPOW compensation.

DR. KUSHNER: Right. Perfect. That's perfect.

DR. CORNUM: That's fine.

DR. SHERMAN: Yeah, yeah.

DR. AMBROSE: Okay. All right.

DR. CORNUM: Because most of those people are 90 so it doesn't--they're probably 100 percent anyway.

DR. KUSHNER: You know when we were captured, there was a movement to make your time being captured--

DR. CORNUM: But the people in the future are not going to be 90.

CHAIRMAN McNISH: Gentleman in the back here had a question or a comment.

MR. GIBBS: My name is Michael Gibbs. I was Dr. Sherman's point of contact up here at 810 Vermont. I work in the Office of Policy and Planning, and we've been doing a lot of the analysis on this stuff. And we kind of thought

that one of the front-line objections here would be this idea that you're receiving a disability payment, and lo and behold, you're not actually disabled, as we've come to think of it.

CHAIRMAN McNISH: Right.

MR. GIBBS: But if you look at the disability system now, it's run amok with malingerers and frauds, and so to me it looks a lot like a service pension anyway.

DR. CORNUM: Correct.

MR. GIBBS: So would we overcome some of these obstacles, these semantic problems, if we were to call it a service pension as opposed to a disabling condition?

DR. CORNUM: A service pension for the POW experience, I think nobody would object to that.

DR. KUSHNER: Yeah, glad to get it.

DR. AMBROSE: Yeah, an FPOW service-connected compensation.

DR. CORNUM: Because it's almost no one.

REV. DR. CERTAIN: Unless it goes into the DoD budget in which case there will be so much

pushback--

DR. CORNUM: Yeah, of course, Bowe Bergdahl will get it now.

DR. AMBROSE: Yeah. We're playing with words, but words do matter.

CHAIRMAN McNISH: Melanie.

MRS. BUSSEL: Two points. One is that there's almost no POW who wasn't injured in some way while they were a POW in terms of the Purple Heart. You may not be able to prove it because you don't have a scar. Norman fortunately, or unfortunately, came home with a swollen--shrapnel in it, but other people had no way of proving that they were beaten up and bloodied.

Secondly, would this change the IU people to 100 percent straight?

DR. AMBROSE: If they fell under the definition of being a former prisoner of war, yes.

MR. FLETCHER: Yeah.

MRS. BUSSEL: Norman is IU. He never bothered to go for a straight 100.

DR. KUSHNER: What's IU?

DR. AMBROSE: Well, that's because he needs to have a better service officer pushing him for that.

[Laughter.]

MRS. BUSSEL: You think I haven't pushed him.

DR. SHERMAN: That's because the law needs to be changed.

DR. AMBROSE: But the issue of the Purple Heart is the Purple Heart is issued by the Department of Defense, not by the Department of Veterans Affairs.

CHAIRMAN McNISH: Right.

DR. CORNUM: There's already a big hoopla on that. You don't need to go into that.

CHAIRMAN McNISH: No. I think you're getting into a briar patch you don't want to go into.

DR. CORNUM: It will not help you get into--

MR. HANTON: It's another reason to pass the law without that in there.

DR. CORNUM: Yeah.

MR. FLETCHER: My question is--

MR. BUSSEL: I think that one day is enough to be classified as a POW.

CHAIRMAN McNISH: Sure.

MR. BUSSEL: This Wednesday will be the 71st anniversary of my plane exploding over Berlin and me bailing out with my clothing on fire and wounded, and it wasn't ten minutes after I hit the ground that I had a rope around my neck. So I--

DR. CORNUM: It only took you ten minutes. Who needs a day?

MR. BUSSEL: --had some bad experiences after that, but I don't think anything was more frightening than that. Someone came along on a motorcycle and saved my neck. But one day is enough.

CHAIRMAN McNISH: Oh, yeah.

REV. DR. CERTAIN: It fills all the training squares.

DR. CORNUM: No one is going to argue with the duration.

DR. AMBROSE: Yeah.

MR. FLETCHER: I'm probably the oldest person, not age, but in years, of being on the advisory board, about 20, 23 years.

DR. KUSHNER: 21.

[Laughter.]

MR. FLETCHER: And what I've seen is that we as an advisory board had to get 60 percent before we could get a presumptive, but the thing I'm trying to get at, and I--the Secretary--well, we'd send it to the Secretary. He'd send it to Congress. Congress said what are you sending this to me? You can sign it into law.

CHAIRMAN McNISH: No, just the presumptive. I don't think they could do--

MR. FLETCHER: That's what I'm talking about.

CHAIRMAN McNISH: Yeah, but I don't think this would be equivalent to defining a presumptive, Bob.

MR. FLETCHER: This will be a new what?

DR. AMBROSE: This will be a new public

law.

MR. FLETCHER: Public law, okay.

CHAIRMAN McNISH: I mean that would be one way to--that would be one way to approach it, would have the Secretary declare POW experience a presumptive, period, for 100 percent disability. I'm not enough of a politician or a lawyer to know that.

MR. FLETCHER: You know, going through Congress is a long process. It could take a year.

CHAIRMAN McNISH: Well, it would be really in the Secretary's office to decide whether it was something they felt like they could do or it would need to go higher.

DR. AMBROSE: Yeah.

DR. SHERMAN: Mr. Gibbs.

CHAIRMAN McNISH: You're at Central Office, what do you think?

DR. SHERMAN: Mr. Gibbs.

MR. HANTON: Policy or law?

MR. GIBBS: Well, first, I should make clear that the policy hasn't been drafted in any

form yet. The whole point of Dr. Sherman coming here was to bounce these ideas off of you and get your opinions because my colleague, Ms. DeCarlo, and I are going to take that back and draft it up, what, how you, the Advisory Committee, feels about it, and so we can make a good push at getting this policy in a way that is amenable to all of you, as well as to the Department. So we're taking all back as feedback. It's going to help us--

CHAIRMAN McNISH: Well, I will tell you almost every time that I have briefed a group or spoken to a group of VA personnel or to other sources, one of the questions you get was, well, with all these presumptives and stuff, why don't you just make every POW 100 percent and get it done with?

And so it's not an uncommon thought. I mean I think the way that Dr. Sherman worded it in her question to Bob was outstanding. It was in a very straightforward but a thorough way, and I would like to see you guys give him the opportunity to take that forward or act on it, whichever he

felt was appropriate.

MR. GIBBS: Well, given his own personal interest, I think now is the time.

CHAIRMAN McNISH: I agree.

DR. CORNUM: Right.

MR. GIBBS: The planets are aligned, and for those other people that Dr. Sherman was talking about that are interested in the bottom line, due to the attrition rate, you know, if we are going to do it, the time is now.

CHAIRMAN McNISH: If he feels that he can find the lawyers that will tell him he's got the authority to do it, then for God sake don't involve Congress. But if it has to involve Congress, then he's the one that should take it forward.

MRS. BUSSEL: Right. We won't live long--

MR. FLETCHER: No. If you involve Congress, we'll all be dead.

DR. CORNUM: By the time it gets--

MR. FLETCHER: Yeah, by the time they pass it.

DR. SHERMAN: Well, one, two things. One

is that this body is very important, very important. This body being unified in whatever debate, keeping it, whatever is decided, to have a unified simple voice coming out to the Secretary, then it's irresistible. If this group is going back and forth, then it's just going to be a fish flopping on the dock.

Now, the second thing is, I mean I'm the FPOW psychiatrist, okay. Sorry, but I am, and it's like backwards treatment because they ask me if there is anything else they can do for me as they go out of the door, you know?

So what I have to ask this very wise body here, and I have to ask you, please, don't think about yourself. Please think about the 8,000 FPOWs, and many in California, they couldn't come to this meeting, you know. They don't have a voice. One of them will tell you how hard it was--this was a few years ago before I got there--when his wife died. He was devastated, and the VA declared him dead because the Mr. and Mrs. got mixed up.

They cut off his payments, and they kept saying they'd fix it, and he describes going to the pharmacist. He needed his medication, and the pharmacist saying I'm sorry, I can't give you your supply because you're deceased. I mean these people--these people, please--

MR. FLETCHER: Yeah.

REV. DR. CERTAIN: That's like Catch-22. Captain Captain, Major Major.

DR. KUSHNER: Could write a good short story based on that.

DR. SHERMAN: --because it is funny, but it's also terrible, and it's real. It's real. So please don't think about yourselves. Think about--think--because you are all great people, and, you know, other, there's a lot of real FPOWs out there who haven't done so well. And they don't have--they don't--you know how hard it is to go in and say, please, please give me bene--give me what I deserve, and you get slapped around a little bit, and it's like, you know, it's so hard. Just help to take that away from them.

Take it away so that instead they can walk in and they're a verified FPOW, and they're honored. You know, they're respected. You can't--you hear these people sitting in the seat, and they tell you, oh, blah, blah, blah, right? Well, you know, you got hundreds of thousands of workers out there, and there are all kinds, and I know because I'm dealing with 4,500 of them right in my little hospital. Customer service is really important, it's not uniform.

DR. CORNUM: It's very variable.

DR. SHERMAN: Make it simple so that some guy--one of the FPOWs was telling me, you know out there where I came from, out in Jersey, you know they meet once a year if they're lucky, and they called me up, and I said, no, keep meeting, even if you just meet once a year. You know everybody is not connected. Everybody is not as intellectually gifted. Everybody is not as capable of organizing, and you have the power to make a simple unified decision, and if it comes out in your report, simple, I don't even care what it is.

One day, 30 days, one year, 15 years--

CHAIRMAN McNISH: I don't think we'll deal with that.

DR. SHERMAN: But if you make a simple--

CHAIRMAN McNISH: As far as I'm concerned, if the DoD says you were a POW, that's the end of story.

DR. KUSHNER: Yeah. I think we're all in agreement with you except for the one proviso of what you call it, whether you call it totally disabled with PTSD.

REV. DR. CERTAIN: Well, just remember that the youngest POW in the world is right there.

DR. CORNUM: Oh, no, no. Shoshana Johnson and there's a couple other people--

REV. DR. CERTAIN: Okay. Shoshana. All right. A couple that are actually younger than you are. Wow.

DR. CORNUM: --who are still on Active Duty. There's a few people younger than me.

REV. DR. CERTAIN: But it's not very many.

DR. SHERMAN: But there's only a couple.

This is the United States of America. It's only a couple. And you know what, so if you get paid for decades more, then who cares? Do it for the 8,000, not the couple, you know, and you won't do it for yourself. So don't think of yourself--

DR. CORNUM: I'm not thinking about myself.

DR. SHERMAN: Okay. Think of the others.

DR. CORNUM: I'm thinking about what it would be like if somebody had--I mean I remember walking into the Walter Reed cash shop and thinking I'm really lucky, I'm the only person in here who is ever going to walk out normal again, and I remember somebody gave me a thing that says your lifetime membership for the Disabled Veterans Association. I said I can't take it because I'm not going to be disabled forever, for a lifetime, you know.

DR. KUSHNER: Right.

DR. SHERMAN: That's because you guys are super survivors.

DR. CORNUM: So, but I'm just telling you,

I don't want to do something that encourages someone to feel disabled from the time that they're 25 years old. And the guy I was shot down with was 20 years old and didn't have a scratch. I mean he really wasn't--

DR. SHERMAN: I can't imagine you ever believing that because you get a check in the mail for being a POW that you're disabled. You're a go-getter and you would have been.

DR. CORNUM: Yeah, but I'm not everybody.

DR. SHERMAN: There's only a couple young ones--

DR. CORNUM: Yeah.

DR. KUSHNER: The only thing we're arguing about is what to call it. What to call it.

DR. CORNUM: All we're asking you is not to--

DR. AMBROSE: So call it--

DR. CORNUM: So POW compensation. If we believe that it's a bad enough experience--

DR. AMBROSE: Call it compensation.

DR. CORNUM: --to be compensated for the

rest of your life, regardless of when you start, okay.

DR. SHERMAN: Well, Mr. Gibbs, what do you recommend to the group? It's not me. It's the group. What do you recommend would be the best way to get through with the word that--

MR. GIBBS: I'm here to get recommendations.

DR. SHERMAN: Get recommendations.

MR. HANTON: I would think if you call it--if you redefine something, and it's not in current--it does not exist in the VA vernacular today--our definitions--then it won't be able to be done by policy as easily as if it's in law.

DR. AMBROSE: What's the difference--

MR. HANTON: And law, the problem with law is you got to go through the congressional process, which it is long and--

DR. CORNUM: Then they'll be dead.

DR. AMBROSE: Is there a difference between compensation and pension?

DR. CORNUM: Yes.

MRS. BUSSEL: Yes.

MS. BOOHER: Yes.

DR. AMBROSE: And what is the difference, and would that help us in making up our minds?

MS. BOOHER: Yes.

MRS. BUSSEL: Pension is--

DR. KUSHNER: Pension is--

DR. CORNUM: And taxable.

MR. HANTON: You get into a whole bunch more rules and laws by just changing definitions.

DR. AMBROSE: Oh, I understand, but this is, again, this is information that we would need in order to make a recommendation that would go up to VA so that they might be able to act.

MR. GIBBS: Well, the difference in what I recommended as a service pension rather was when VA started--well, not VA by that name--but when we started awarding veterans benefits, starting after the Revolutionary War, in a lot of cases, we awarded regardless of disability after--and it was done as a service pension simply as a thank-you on behalf of the nation.

DR. CORNUM: Right.

DR. KUSHNER: Right.

MS. BOOHER: Right.

MR. GIBBS: Right. So we have since moved away from that, this disability system that's been bastardized into what it is now, and people receive disability for falling out of the truck, breaking an ankle here in the states on a training exercise, and I'm not too fond of that.

However, for the objection that you have as far as being disabled or not, a service pension might encapsulate the intent of it a little more neatly. It might--I want to say a sense of pride maybe because there's something that I hear, you're proud that you're not disabled. You're proud that it's not disabling.

DR. CORNUM: Yeah.

REV. DR. CERTAIN: Yeah.

DR. AMBROSE: Yeah.

DR. KUSHNER: I'm proud I don't have PTSD.

DR. CORNUM: We want to encourage that, not discourage it.

MR. GIBBS: Exactly. Exactly. So I think a service pension might just get more to the intent that this is a group of people that we want to honor for their service.

DR. CORNUM: Yeah.

DR. AMBROSE: Sure.

MR. GIBBS: Not necessarily because they are less than who they went in because in a lot of cases, and I think you might support me on this, you're more than who you were on the back end of your experience.

REV. DR. CERTAIN: Yeah.

MR. HANTON: How is the pension taxed?

DR. AMBROSE: Is Combat Related Special Compensation a DoD or VA?

DR. CORNUM: DoD.

MR. HANTON: DoD.

DR. AMBROSE: DoD. Okay. So that, I was just looking at--

MR. HANTON: And it's a matching situation.

DR. AMBROSE: Uh?

MR. HANTON: It's a matching.

DR. AMBROSE: It's a matching situation, but I'm just trying to think of a way to identify it similar to the CRSC. If there could be an FPOW special compensation category by the VA just as there is a Combat-Related Special Compensation for DoD, that is--

REV. DR. CERTAIN: Make it exempt from reduction of pension.

MS. BOOHER: You're getting into word semantics by doing that.

MR. HANTON: Yeah.

MS. BOOHER: Special compensation is a whole other ball of wax--

MR. HANTON: And those aren't taxed either, but I suspect the VA--

MS. BOOHER: --the numbers. So don't call it special compensation. Special pension is pretty good.

DR. CORNUM: Special pension was pretty good.

DR. AMBROSE: Again, that's why we're

asking what is the best wording to use?

MS. BOOHER: Special compensation is a totally different concept within the VA, and it's not something, again, you're getting back into that not only that you're calling them disabled, but you're pinpointing what causes them. You know, one eye and one arm equals "x" amount.

DR. AMBROSE: Yes.

MS. BOOHER: Under a certain letter.

DR. AMBROSE: Under the rating manual.

MS. BOOHER: So you're making it worse by calling it special compensation. That's just my personal opinion.

DR. AMBROSE: So, well, but you have worked in that venue.

MS. BOOHER: Yes.

DR. AMBROSE: So that's why we're asking for the advice on what to put.

MS. BOOHER: That's why I--

DR. AMBROSE: So it's, you would recommend calling it--

CHAIRMAN McNISH: What should we call it

rather than what should we not?

DR. AMBROSE: What should we call it?

DR. CORNUM: A special pension.

MS. BOOHER: FPOW special pension.

MR. HANTON: It that taxed?

MS. BOOHER: With very fine definitions as to what that is. The doctor pointed out you're verified, you're finally verified, you fulfil the DoD criteria. You know, 20 years ago, it was 60 days plus an hour, or some kind of nonsense, and now it's one day, and I think there have been some in which there was a question as to the day, and yet DoD made the decision. Once DoD has made the decision, they're certified. So what the hell difference does it make?

DR. AMBROSE: Exactly.

CHAIRMAN McNISH: Right.

DR. AMBROSE: Is pension taxed? Is pension taxed?

REV. DR. CERTAIN: All other pensions are taxed.

MR. HANTON: VA pension taxed?

MR. ROBINSON: VA pension is not taxed.

DR. AMBROSE: Uh?

MR. ROBINSON: Is not taxed.

DR. AMBROSE: Is not.

MR. ROBINSON: VA.

DR. AMBROSE: Okay.

MR. ROBINSON: No. VA pension is not taxed.

MR. HANTON: So it falls into the same category as currently--

DR. AMBROSE: Yes, okay.

MR. HANTON: And then you have to say retroactive--

CHAIRMAN McNISH: If you call it a pension, does that then entitle their widow or spouse to DIC?

REV. DR. CERTAIN: To DIC.

MS. BOOHER: Not if you define it well enough.

CHAIRMAN McNISH: Not unless you define it.

MS. BOOHER: No, you'd have to define the

whole thing as a package.

CHAIRMAN McNISH: I got you.

MS. BOOHER: Because it doesn't--it's not--

CHAIRMAN McNISH: I agree.

MS. BOOHER: --something that's off in the breeze.

CHAIRMAN McNISH: No.

MS. BOOHER: This is an FPOW special pension that, as the doctor pointed out, is encompassed within very finite rules. They don't have additional benefits based upon some other law, you know.

CHAIRMAN McNISH: Okay.

DR. CORNUM: But you could then still go ahead and get your--if you were old and frail, you still get your 100 percent. So your widow would still get DIC.

MS. BOOHER: Oh, yeah.

DR. CORNUM: They're separate things.

MS. BOOHER: Right. You're not going to get paid twice.

DR. KUSHNER: We need a lawyer.

CHAIRMAN McNISH: Well, but then why not tie this also to the DIC?

MS. BOOHER: But your widow could get DIC based on--

CHAIRMAN McNISH: The young lady in the back. Yes, ma'am.

MS. ZMETRA: Hello, everyone. My name is Allison Zmetra, and I'm from VBA, Compensation Service. I spent four years as a VSR in a Regional Office.

MRS. BUSSEL: Good.

MS. ZMETRA: I have some experience with this. If you're trying to create 100 percent program, my advice as being on both sides of working comp claims is you don't want to go with calling it service-connected disability because in the CFR, it limits VA to actually service-connecting a veteran for somebody who is disabled because of service. So you have an uphill battle if you're fighting for Schedular redos within the CFR and making that a law.

If you create something out of a pension program, you're going to confuse veterans because pension is for wartime veterans who are below a certain income level. So it's an income-based program that veterans--it's already established and it's already understood by most of our population.

Within Compensation and Pension, you also have the SMC, which is Special Monthly Compensation, or Special Monthly Pension anyway. So if you call it a special pension, veterans might confuse that with Special Monthly Pension. That's an already established program.

My advice to you as a Committee would be to create, if you want to go this route where veterans who were former prisoners of war, they're entitled to a completely separate program with their own entitlement payment, their own benefits, and then if they want to go into the service-connected disability after, once they, you know, if they've reached that point, then we can negotiate through law of the programs how one benefit might supplement or replace the other.

DR. AMBROSE: So for the folks at Central Office, if we recommend that the Secretary--Bob--go forward with this initiative, would it be enough for us to say to establish a category for former prisoners of war that would be the equivalent of 100 percent service-connected disability that would entitle them, their families, and the spouses and families to the same benefits that would be established under someone who was 100 percent disabled?

CHAIRMAN McNISH: Yeah.

DR. CORNUM: Yeah.

DR. KUSHNER: Right. And let them work out the details.

DR. AMBROSE: And then let you work out--

DR. CORNUM: Did you write that really down?

DR. AMBROSE: And we'll let you work out the details. Would that--

DR. KUSHNER: The legal details.

MR. GIBBS: We're very interested in the consensus among the Committee about what they would

like to see if they're interested or not.

DR. AMBROSE: So if we make that--but if we make that recommendation--

CHAIRMAN McNISH: Interested, yes.

DR. AMBROSE: --in our report to the Secretary, would that be enough for you to go forward with the initiative?

MR. GIBBS: Yes, sir.

DR. AMBROSE: Thank you.

CHAIRMAN McNISH: All right.

DR. CORNUM: I think if we wrote it like you said it, we would all, we could all get behind that.

CHAIRMAN McNISH: Yes, so write it down before you forget what you said.

DR. AMBROSE: I'm going to have to ask Victoria to read it back to you.

MS. McLAUGHLIN: Okay.

DR. KUSHNER: Victoria has got it.

REV. DR. CERTAIN: Victoria will transcribe it.

MR. FLETCHER: Dr. Ambrose--

MS. BOOHER: There's no guarantees, folks.

DR. CORNUM: Right.

MR. GIBBS: I just need to be clear here, clear the air around that. When I say that that's enough to move forward, that's enough for me to draft up the analysis, to have a consensus.

DR. AMBROSE: That's right. That's all we're asking.

CHAIRMAN McNISH: Understood.

DR. CORNUM: That's all we're asking.

CHAIRMAN McNISH: We know you're not Bob.

DR. CORNUM: That's right.

[Laughter.]

CHAIRMAN McNISH: All right, guys. That was healthy and energetic, and I think we got to a--you got some issues on the table, and we got possibly to a solution that we can include in our report and forward up and see, you know. If Bob wants to make it happen, then we'll do whatever we can to help him.

And you are to be highly commended for bringing this to Bob's attention.

[Applause.]

DR. SHERMAN: I would just drop the Purple Heart part.

CHAIRMAN McNISH: Yes.

DR. SHERMAN: And move forward.

CHAIRMAN McNISH: I think you're going to get into a muck mire mess that you don't want.

DR. SHERMAN: That was my suspicion but had to give it a try.

[Laughter.]

CHAIRMAN McNISH: No, no. No, no.

DR. SHERMAN: We'll save that for 2025.

CHAIRMAN McNISH: Most former POWs have Purple Hearts anyway so--

DR. SHERMAN: Yeah, and by the way, so does Mr. Gibbs.

DR. AMBROSE: Okay.

DR. SHERMAN: He has a Purple Heart, too.

CHAIRMAN McNISH: Well, God bless you, son.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: Thanks for your service.

DR. AMBROSE: All right.

MR. GALANTI: Where was it? Where was your service?

MR. GIBBS: In Iraq two times, but I guess I'll take this time to say personally I'm deeply honored to be in this room with all of you so thank you for your service.

REV. DR. CERTAIN: Vice versa.

[Applause.]

CHAIRMAN McNISH: All right.

DR. AMBROSE: Okay. So let me just state this one time and make sure that I got it down. That we're going to recommend that VA create a category for former prisoners of war that would be the equivalent to 100 percent service-connected disability entitlement for the former prisoner of war and their families.

Would that--does that meet everybody's--

DR. CORNUM: Does everybody do a thumbs up to that?

CHAIRMAN McNISH: And to include all of the benefits that a 100 percent, that are included

in 100 percent disability. Thereby, it includes DIC. You don't have to worry about getting 100 percent, actual 100 percent disability as you get older necessarily if you've got that.

DR. AMBROSE: We will wordsmith this a little bit more.

CHAIRMAN McNISH: Yeah, I think we got a pretty good understanding of what we do and what we don't want on it, to be included in it.

And to your point, we'll make it very succinct in our report. It won't be a whole page.

DR. SHERMAN: You're dealing--

CHAIRMAN McNISH: It's going to be a short paragraph.

DR. SHERMAN: Yeah, the simpler, the better.

CHAIRMAN McNISH: It will be.

DR. SHERMAN: Don't give them anything to argue about.

CHAIRMAN McNISH: No, no, it will be.

DR. CORNUM: Right.

DR. SHERMAN: Well, thank you. Appreciate

it.

CHAIRMAN McNISH: God bless you for what you've done. You're great.

DR. SHERMAN: Thank you.

CHAIRMAN McNISH: Okay, guys. Before we all disband, have we got space downstairs at six?

MR. ROBINSON: Let me go check on that right now. We should have space. Let me double-check, and I'll come back and let you know.

CHAIRMAN McNISH: Better hurry up because we're getting ready to leave.

MR. ROBINSON: Let me check.

CHAIRMAN McNISH: Okay. For the Committee members, Dr. Kushner, Hal--well, it's like Bob, only different--is handing out the subcommittee's recommendations. Please look them over tonight. Tomorrow afternoon, we're going to discuss them. We're not going to get in an arm wrestling match--

DR. CORNUM: Over dinner.

CHAIRMAN McNISH: --tomorrow morning, but tomorrow afternoon, there's dedicated time to discuss these and see what we might want to

additionally recommend or not.

Okay. We're good for six o'clock. See you guys there, and then in the morning, we start at nine o'clock.

[Whereupon, at 4:30 p.m., the Advisory Committee recessed, to reconvene at 9:17 a.m., Tuesday, April 28, 2015.]

U.S. DEPARTMENT OF VETERANS AFFAIRS

ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

BIANNUAL MEETING

VOLUME II

Tuesday, April 28, 2015

9:17 a.m.

Hamilton Crowne Plaza Hotel
1001 14th St., N.W.
Washington, D.C.

P A R T I C I P A N T S

MEMBERS PRESENT:

Dr. Thomas M. McNish, M.D., M.P.H., Chairman

Dr. Michael R. Ambrose, M.D.
Mr. Norman Bussel
Rev. Dr. Robert G. Certain
Dr. Rhonda Cornum, M.D.
Mr. Robert W. Fletcher
Mr. Paul E. Galanti
Mr. Thomas Hanton
Dr. Hal Kushner, M.D., F.A.C.S.

MEMBERS NOT PRESENT:

Dr. William F. Andrews, Ph.D.
Mr. Clarence Earl Derrington, Jr.
Ms. Shoshana N. Johnson
Dr. Charles A. Stenger, Ph.D.

ALSO PRESENT:

Mr. Eric Robinson, VBA, DFO, FPOW Advisory Committee
Dr. Robert L. Kroft, Ed.D., Employee Education System, VHA
Mrs. Melanie Bussel
Mrs. Carol E. Fletcher
Dr. Marion Sherman, M.D., Chief, Mental Health, VA Loma Linda Health Care System
Ms. Leslie Williams, Benefits Assistance Service, VBA
Dr. Stacy Pollack, M.D.
Mr. Michael Gibbs, OPP
Ms. Allison Zmetra, VBA, Compensation Service
Ms. Alice A. Booher
Mr. Stacy Turner, Budget Staff, Compensation Service
Mr. Chad Majiros, EES
Mr. Jason Miller [via telephone], Chief, Outreach, VBA
Ms. Jennifer Homan [via telephone], POW Coordinator, Detroit
Ms. Devon Leigh-Koh [via telephone], Detroit
Ms. Shannon Stump [via telephone], POW

Coordinator, Boston
Mr. Anthony Searle [via telephone] POW
Coordinator Atlanta
Ms. Victoria McLaughlin, McLaughlin Reporting

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P R O C E E D I N G S

CHAIRMAN McNISH: Let's get started somewhere between nine and 9:30 so that would be now. And first off, welcome back, everybody. And hope everybody enjoyed the little get-together for dinner last night. Marion, we're glad that you joined us. Alice joined us. We had a pretty good crowd down there. That was nice.

DR. AMBROSE: Uh-huh.

DR. CORNUM: Yes.

CHAIRMAN McNISH: Pretty tolerable food. Easy to get to for sure, uh?

[Laughter.]

REV. DR. CERTAIN: Didn't have to call a cab.

DR. KUSHNER: Didn't have to drive home drunk. That's always good.

MR. FLETCHER: You ain't kidding.

CHAIRMAN McNISH: Just crawl to the elevator, but then you got to be able to get your card out.

[Laughter.]

MR. GALANTI: Got to make sure you get your key out. You can't get on the elevator.

CHAIRMAN McNISH: As you probably have noticed, we've got a fairly unpacked agenda today. And a large part of that is because there was a chunk in there that had to be taken out when we were notified that none of the folks from the Secretary's Office were going to be here. So that was expected to fill up at least an hour of handling that and whatever we could learn from Bob or his right-hand guy.

So what I'm hoping that we can do, of course, this gives us a lot of time to discuss with Stacy and Bob Kroft about the seminar program and what's going on with that, and so it gives us time to work with that. A little bit of time to talk about how to get paid back for your trip here. And then this afternoon we've got--it's a telephone conference that's set up with the field coordinators, the veteran service representatives, who, as I understand it, it is those who are usually on, who are the monthly telephone

conference call. Is that right, Eric?

MR. ROBINSON: That's correct.

CHAIRMAN McNISH: So hopefully we'll have some participation there and questions for the Committee and help them feel important amongst other things.

And then we'll talk about our subcommittee report and probably have--probably won't take the whole lot of long time. Everybody has had a chance to look over that last night, and Hal is going to kind of talk about the background through which they got the report that was submitted.

And that will, as I see it, give us time to get, take care of some things that we usually do on Wednesday morning, discuss however long we need to discuss where we're going to go this fall, and since we don't know how many, how many of us are going, I guess we can choose it for whoever does end up going to the meeting this fall based upon what the Secretary does with our suggestions, and perhaps even get a little bit of a head start on the report so that we can finish that up tomorrow

morning and be done.

So that's kind of the way I see it. Anybody else have anything they would like to add to the agenda? Any other discussion items that you think we might ought to include?

Well, hearing none, but that--

DR. CORNUM: As long as we said we're just going to endorse the recommendation of--

CHAIRMAN McNISH: After we discuss it, yeah. After we discuss it, if the Committee chooses to make some changes to it or so forth, then, yes, we will then endorse that for being forwarded up, well, at least perhaps being included as amended as an attachment to our report.

That being said, Ms. Stacy.

DR. POLLACK: You want me to come up there?

CHAIRMAN McNISH: Please do. Yeah, come on down.

[Laughter.]

MR. FLETCHER: You can tell what he watches.

CHAIRMAN McNISH: My grandkids do.

DR. KUSHNER: I'll take door number two.

DR. CORNUM: Do I get a car?

CHAIRMAN McNISH: It depends on which door you pick.

DR. POLLACK: Can I sit over here?

CHAIRMAN McNISH: You may if it's more convenient for you. That's fine. You guys got a Huntley-Brinkley act. I'll move down there. You can sit up there. It doesn't matter.

DR. POLLACK: We're good. So good morning. Excited to be here this morning and talk to everybody about the conference and some of what's been going on in terms of changes to the conference and the conference planning.

We do not have any slides or any formal presentation so we want to do this sort of informally, and if there's questions as we go along, please feel free to sort of jump in.

I think it was mentioned yesterday that the conference is going to be held in August, this coming August of 2015. And I know our VBA

colleagues mentioned yesterday that VBA will have 50 slots for attendees at the conference. Unlike years past where the conference was held twice a year for a hundred individuals, we have made a change, and are holding the conference one time a year for 200 people instead.

So the number of attendees is the same. The reason for that is in conversations that I have had with Tom Murphy and others in VBA, part of the difficulty in getting VBA attendance was at the times when the conference had been previously scheduled were times when it was either at in September at the end of the fiscal year when VBA had a big push in terms of their claims so they were not able to release their staff to attend the conference, and for the faculty on the VHA side, it was becoming difficult for them to be released from their facilities twice a year to attend the conference.

I think everybody, you know, has picked up the paper and understands some of the big issues with access right now, especially at certain

facilities, and it was becoming difficult for staff to get the time to attend the conference twice from a faculty perspective. So we just decided to go to once a year, and we went with August in conversations with Tom Murphy in terms of what would work for the VBA staff and what would be the best time for them to be able to be attending this conference. So the decision was to do the conference in August of 2015.

Any questions about that? Yes?

CHAIRMAN McNISH: Are we confident that that 200 is adequate to cover the needs for recurrency training and for getting new people trained to fill empty slots?

DR. POLLACK: So let me--do you want to address the next piece of it or do you want me to start, and then you'll jump in?

DR. KROFT: Yes, go ahead.

DR. POLLACK: Okay. So one of the things that we have done is we have tried to go back and look at the last couple of years of conference attendees in terms of who actually has been

certified. I'm going to be honest and tell you the records are not as clear as either Rob or I would have liked. And that's unfortunate, but it is the case that we have right now. So we actually, at many sites aren't necessarily clear.

I know you had mentioned to us when we talked in the fall that one of the issues was that there were people who had been attending the conference multiple times, and that there were then not slots available for people who had never attended the conference.

So what we have done and are continuing to do right now is we have pulled the data that we have, and while it's not perfect, it's the best that we have to go on. It was interesting as we started to look at the data because there was one site, for example, that at the last conference sent seven VHA staff. There did not need to be seven VHA staff coming from one site when there are other sites that have none.

And so one of the things that Rob and I have been working very closely with is trying to

pull together sort of the, like I said, the best data that we have, and when we allocate slots for the next conference, one, not allocating slots to sites that we know have seven people who attended the last conference because that site doesn't need additional trainees, trying to give priority to those people who have never attended before, understanding that there's people that need recertification every five years, but we want to at least first make sure that we have people who have certification before recertification.

And making sure--it looked like there were some sites when we looked at the data that might not have sent anybody to the conference ever, and so making those sites a priority, and then working with them, and Leslie is not here right now, but working with our VBA colleagues to look at what areas of the country have higher--

DR. KROFT: Numbers.

DR. POLLACK: --numbers of POWs. So, for example, you know, being willing to send more people from a site such as San Antonio and maybe

less staff from Togus, Maine, because really wanting to make sure that the staff that we're training are trained in areas where they're treating and working with a higher number of POWs.

DR. KROFT: One of the things that falls into this is, first, that there's a concern for those where there's a high population of FPOWs that they get their training, but that does not negate the fact that there are other places that may have a small population that we still want to hit that area, which would be even as important as maybe a large area.

So we have to look at the numbers. Are we--do we maintain the number at 200 a year? No. Do we know that that's a problem? Yes. We're looking to supplement it through e-learning kind of thing where we can track that also, and that will get some of the information out.

But that does not stop the face-to-face need that we have, and so we're working in tandem to make sure that we overcome the problem that we have right now but also looking ahead in the future

to meet the future need that we see as we move along.

How does this play into the new way that we're moving, as Bob has said that we're going to move to a--what do they--

DR. POLLACK: MyVA.

DR. KROFT: Yeah, MyVA with the districts.

DR. POLLACK: For the regions.

DR. KROFT: That he has set up, the reorg, how the districts, they're going to have a person in charge of the VBA, NCA, and the VBA in one area, and that will, like they said earlier today, would not cross state lines. It would be all encompassing of the state. So we want to work with that, too, to follow through with the MyVA, but to also hit those areas through the country that it needs it. So we're kind of adapting and moving forward but meeting the need today.

CHAIRMAN McNISH: I got two quick thoughts on that and anybody else that wants to chime in too. But remember, we tried doing it VISN, VISN-centric coordinated by the VISNs, and the VISN,

each VISN handling the seminar. That didn't work. It failed miserably.

So I don't think we want--we want to be careful that we advance that fact to keep it from turning into a district-by-district thing.

Two, I may be oversimplifying it, but to me it seems a pretty straightforward math problem. We need the Special Care and Benefits Team members from every hospital, every medical center out there trained, qualified. That gives us one metric. We need at least one person from each VARO, perhaps two, to be fully trained and qualified.

And that gives us a number to work with, and then we know that they need to be requalified every five years. So like I said, maybe I'm oversimplifying it, but it seems like a pretty straightforward math problem to me.

DR. POLLACK: So it would be a straightforward math problem if we had good data right now to look at who had already been--

CHAIRMAN McNISH: I understand that.

DR. POLLACK: --certified, and if we also-

-it's really hard to account for turnover.

CHAIRMAN McNISH: They won't answer a question that you send out to each one of them saying please tell us who's been certified in your facility because a lot of them don't even know.

DR. POLLACK: Because a lot of them don't even know because the data unfortunately has not been sort of rolled up and collected in a way, and most of you in here don't know Rob and I very well, but I can tell you both Rob and I are pretty anal about data and making sure that we have sort of the data that we need because we can't make a business case, like you're saying, for anything if we don't have data to support it.

DR. CORNUM: I'm going to have to talk about this business case thing. If we have 200 people trained this year, that's one per every 40 surviving POWs already. In five years, there will be about 2,500 or 3,000 POWs surviving. So I don't think we need to worry about certifying for five years for very much longer.

DR. AMBROSE: But the question is--

CHAIRMAN McNISH: The five year--that may be true relative to the five year, but I think--

DR. AMBROSE: Are you going to round up all the POWs and put them in certain areas of the country?

DR. CORNUM: No, no, no. I got it that we need to have them distributed at the right places. I got that. But I'm saying we need to do that now because worrying about what we do next year and the year after, I don't know how many we've got certified now that are still serving in that capacity. But it would be better to load right now while we have an opportunity to train a bunch because as time goes on, we will need them less, not more.

DR. KUSHNER: Yeah, they have an attrition rate too, but it's less than ours.

DR. CORNUM: Yeah. Yes.

DR. POLLACK: So what I will say, and again I need to go back because I don't have it with me, but when I looked at the data, most sites had at least one person trained from the VHA

facility. There were sites that had no people trained.

DR. CORNUM: And we don't know that people that had people trained are actually serving in that capacity.

DR. POLLACK: Exactly. We don't--

DR. CORNUM: It could be the deputy chief of staff of something or other.

DR. POLLACK: We don't know that they're serving in that capacity, and we don't know that they're still there.

DR. CORNUM: Yes.

DR. POLLACK: In the sense that--you know, I think Dr. Agarwal mentioned yesterday, you know, there is staff turnover. One of the things that Rob mentioned is developing an e-learning curriculum, and I'll talk about that in a second. It certainly doesn't replace the face-to-face, but if somebody new comes on board, you know, we have this conference in August, and somebody new comes on board in September, that that person can get some training before they have to wait a whole

another year. Or let's say they can't go the week that the conference is, another two years before they get training, to make sure that that training does occur.

MR. FLETCHER: Excuse me. My question how do you follow-up to see if the people who are trained are actually doing what they're supposed to do? For example, when a POW comes into the VA, do they greet them; do they go up to their bed? I think you should have some method of finding out.

DR. POLLACK: So we don't right now, and unfortunately, like, you know, Rob and I both--there is not a lot of data, and you're absolutely correct. We need more information in terms of what's going on.

Let me talk a little bit because I might get to some of this. There have been some changes in terms of the faculty in the conference and in terms of sort of things going forward. You know I was talking to Dr. McNish this morning, and it was not until actually this past Friday that we were aware whether or not Dr. Orsborn was going to

continue and be able to participate in the conference.

Dr. Orsborn is no longer doing--for those of you who don't know, Mack is no longer working in C&P Service. He has taken a job working in primary care at a CBOC, community based outpatient clinic, affiliated with the VA out in Seattle, and was not sure for awhile really whether he was going to retire from the VA completely. And I'm not sharing anything that Mack would not want shared with this Committee, but we have sort of been in a holding pattern in some ways as we were waiting to see. You know, Mack is obviously sort of the resident expert, and we're waiting to see what he was or was not going to be able to do.

But what became very clear to both of us is we can't function with a faculty where you've got one person who is an SME in an area so that we really have made an effort to expand the number of faculty members that we have because it can't be if Mack sort of disappears, what's going to happen to the conference?

And so we have had some additional people join the faculty. I know Dr. McNish has talked about the POW clinic at San Antonio, and we have had Dean Kellogg, who is the physician in that clinic, and Dr. McNish can certainly speak about Dean more than I because he's met him in person, and Holly Darling, who is the social worker at the San Antonio VA and the FPOW advocate and the individual who was sort of responsible for initiating the FPOW clinic there.

Both Dean and Holly have joined the faculty. So we now have Dean and Mack as two different physicians who are on the faculty who can serve that role. Have also reached out to a gentleman named Brian Engdahl, who I know had presented at the conference in the past, who is in Minneapolis, who also has some expertise, and Brian is happy to join the faculty if we would like him to.

We have both Holly and Sherry Miller, who many of you may know who is a social worker in Alexandria, serving in the role of FPOW advocate,

and are still looking to expand the faculty members so that we don't end up in the situation where we were previously.

I did print, and I'll talk about the VBA faculty in a minute, I did print--I was laughing. I asked Dr. Kellogg to send me his CV, and I thought he was going to send me a few pages, but if anybody would like to read. He's obviously quite accomplished, and I will give this to Dr. McNish if he--

CHAIRMAN McNISH: He's one of these people you figure he must never ever sleep to be able to write and do. I mean his love is research, and he is now doing clinical medicine at the geriatric clinic, but he's done tons of research, and you can tell from the thickness of that how much he has published.

DR. POLLACK: And I'm passing down also the CVs just for you of Sherry Miller and Holly Darling, who are the two FPOW advocates. Just because their CVs are not a book does not mean they are not qualified. I think it just was obviously a

very long CV.

DR. KROFT: So one of the things in this transition with Mack, Sherry has really--

DR. POLLACK: Yeah.

DR. KROFT: --helped immensely because she's now the conference, so to speak. She's the faculty that's been around, and she, because she has worked with Mack closely in the past, she has been able to help us through this transition to get into a larger faculty to what we can, you know, not have this problem again. So I would, kudos to her for that.

DR. POLLACK: And so the same issue came about with the VBA faculty and the VBA faculty wanting to leave. One individual had young children at home and just really couldn't commit to the time, and so, you know, it was actually really great that Leslie and I and Rob worked together and through VBA through the BAS office sent out to find out who would be interested in serving on this committee, and they actually got people to apply.

So it was not just I'm going to tap you

because you're somebody who always does a lot of work, but they actually sent out sort of nominations, and then their leadership reviewed it to determine who would be best to serve on the faculty.

So I'm going to give this to you as well, but I'll just read to you who the two VBA faculty members now are. DesiRae Ratkovec, RQRS from the Lincoln Regional Office. DesiRae has served on the local FPOW committee for the last seven years. She helps with coordinating FPOW events as an RQRS. She has extensive rating knowledge of FPOW issues. She's worked on a special POW rating project in 2004. She's also a registered nurse. Has a medical background. Is familiar with medical conditions affecting FPOWs. Good presentation skills. Has provided training to RVSRs, DROs and routinely presents rating information at team meetings. So somebody who is well qualified to be on the faculty.

And the other person is Devon Leigh-Koh who is at the Detroit Regional Office, and Devon is

a rating, RVSR and FPOW coordinator. Has a strong knowledge of FPOW rating considerations, FPOW exams. Has been a rater since January 2011, and the FPOW coordinator since October 2011.

She was also the VSR FPOW coordinator prior to being promoted to RVSR. She's got a strong rating background, exceptional quality, always willing to go above and beyond to assist her coworkers and the veterans that we serve.

Extensive speaking experience to audiences who are well versed and those who are not subject matter experts. Has provided presentations to FPOW groups on VBA benefits and other issues that were of concern within the FPOW groups.

Has attended the FPOW conference, quarterly calls, monthly meetings with FPOW groups at the VA medical centers in Michigan, and I'm not sure maybe, Fletcher, if you know her or not?

MR. FLETCHER: Who?

DR. POLLACK: Devon Leigh-Koh.

MR. FLETCHER: Oh, sure, Devon, yes.

DR. POLLACK: Hopefully you will speak

highly of her.

MR. FLETCHER: She--I have to.

[Laughter.]

MR. FLETCHER: She's wonderful. She has another person that works with her that they would not let go to your last meeting, and she was very upset about it. Now, it's a he. They don't stay long at our VA, at our Regional Office. They're there about a year, and then they move on, and you've got somebody new, not trained, that don't know what they're doing. And you're right. Devon.

DR. POLLACK: So I guess I can't vouch for Devon in person because I've never met her. I've talked to her. She's great. But obviously you can, and I can't vouch for Dr. Kellogg or Sherry in person, Holly, but Dr. McNish can. I'll pass this down as well.

But we're very excited about having these people join us, and actually we're really excited the way that it was handled in terms of not just sort of pinpointing somebody but really looking for people who have expertise and really have the

passion and really want, you know, to be in. And from my conversation with Devon, she seems very passionate and--

MR. FLETCHER: She is.

DR. POLLACK: And he likes her.

MR. FLETCHER: When she comes to a meeting, she's got her applications for disability, and she says to each individual, how are you doing? Are you getting around your house good? Oh, no. Boo-boo-boo-boo-boo, boo. We're going to put in for SS. But how many--nobody else will do that. She does though.

DR. KROFT: Good. Excellent.

DR. POLLACK: So we're excited to have both of them and to have the others. And so what we're doing is now that we have additional faculty, Devon and DesiRae are going to look at the previous VBA slides that were used and are planning on using them as a base but will update them.

We are going to have Dean and Holly do a presentation on the clinic in San Antonio as a best practice so that others can learn in terms of what

they did at San Antonio, how they got that clinic set up, sort of lessons learned, and to be able to make sure that others have access to the tool kit that Dr. McNish has passed out.

We are going to remove all of the videos that have been previously used at the conference. The feedback that we obtained was some of the videos were very dated. And there's no reason that we need people to come to a conference and watch videos when we are a system of really qualified SMEs who can do those presentations. So we're no longer going to have videos.

MR. FLETCHER: I've got a question there.

DR. POLLACK: Sure.

MR. FLETCHER: New people coming in, how do they know what the POWs went through without seeing those videos?

DR. POLLACK: Well, that wasn't in the videos previously. They were videos like they were using a mental health video--

MR. FLETCHER: Oh, yeah, okay. I got you. I got you.

DR. POLLACK: --in terms of talking about mental health conditions.

MR. FLETCHER: Okay. I got you. I got you.

CHAIRMAN McNISH: Two answers to that, Bob. One is the panel. There's always a panel of former POWs, and I think we got a preacher that we're probably going to tap since he lives pretty close to Atlanta, but--

REV. DR. CERTAIN: It's a long way down there.

CHAIRMAN McNISH: But a panel of former POWs so that they can hear the direct stories and exposure to the one about "Americans in Enemy's Hands," and the interviews that were done by Jo Harbor.

MR. FLETCHER: You're going to use that one?

CHAIRMAN McNISH: Those are either used in training, and correct me if I'm wrong, or they are provided to them as a DVD that they can take home and watch for themselves.

MR. FLETCHER: No, it was--when I was going to the training sessions used as in training.

CHAIRMAN McNISH: Pardon?

MR. FLETCHER: They were used because a panel of POWs, if they're all Vietnam POWs, they can only tell you what happened in Vietnam.

CHAIRMAN McNISH: Well, we--

MR. FLETCHER: No, no, but understand me, please.

CHAIRMAN McNISH: We've tried to avoid that, though, is what I'm getting at.

MR. FLETCHER: Okay.

CHAIRMAN McNISH: I don't know of any of our panels that have actually been all one war experience.

MR. FLETCHER: Well, 75 percent is different.

CHAIRMAN McNISH: I only--okay. I don't know of one in which there were 75 percent from any single conflict. We have tried--

MR. FLETCHER: Well, if you take this board here, one, two, three, four--

CHAIRMAN McNISH: You changed subjects. You changed subjects on me.

MR. FLETCHER: No, but--

CHAIRMAN McNISH: The subject was the panel that is presented at the teaching conference. The make-up of this Committee is a totally different subject, and it's something that we will discuss this afternoon.

MR. FLETCHER: Oh, okay. Okay. I got you. I'm sorry. I'm ahead of myself.

CHAIRMAN McNISH: No problem.

DR. POLLACK: What I can say that my--you know, I have talked to the, the individuals in Atlanta, both at the Atlanta Regional Office and at the facility, and both are aware that we want a diverse panel of different veterans from different eras and to try and bring as diverse of a panel as possible to the conference. So they are--obviously people have to want to attend the conference and be able to feel comfortable with public speaking, et cetera. But they are aware of that.

MR. FLETCHER: But the director of the VA

hospital from Detroit VA, she was the director there, and when that big scandal broke at the Georgia VA, they sent her down there to clean house. I can't--oh, I can't--no, Annette is still there. It was before Annette Walker.

DR. POLLACK: So the other thing related to the conference really is I have had conversations with Jeff Moore at the Robert E. Mitchell Center, and Jeff is also going to present at the conference in terms of the work that the Robert E. Mitchell Center is doing. We've been able to secure through Rob, through Chad, through EES, been able to secure funding, to make sure that he can get--

CHAIRMAN McNISH: That's great.

DR. POLLACK: Uh?

DR. AMBROSE: Good.

DR. POLLACK: --that he can get to the conference, and I think that will be really useful because you also have, you know, they're doing a lot of research there as well as clinical care, but I think it will be really useful in terms of, for

people who really feel passion about the topic to meet with Jeff at the conference and there might be some really collaborative relationships develop. Certainly I can see from Dean's CV of, you know, 20 pages of research that he might want to collaborate with what's going on.

So I will tell you, having also never met Jeff in person, he was exceptionally excited about coming, was really--

DR. CORNUM: I'll vouch for him.

DR. POLLACK: You'll vouch for him.

CHAIRMAN McNISH: Several of us can.

DR. CORNUM: Several of us will vouch for him.

DR. POLLACK: Was really excited and was really happy that we had reached out and really happy that we're going to be able to figure out how to do this, and I'll be honest, you know, there was a point when we thought we weren't sure whether Mack was going to be able to attend the conference or not, that some of the FPOW history talks that Mack has done at the conference, that Jeff had

really stepped up to the plate and had agreed that if Mack was not able to, he was going to do that for us in the VA.

So sort of kudos to him, has been a really great partner, and I'm glad, was glad to hear Dr. Agarwal talking yesterday about him being able to get WOC status and all that sort of stuff because I think that will be a great thing.

DR. KROFT: So the idea, because of the conference, we're changing some of the format or some of the way that the presentations, what is being taught, we want to complement it with the e-learning side also. And so the focus now is it's going to be a full package kind of deal, and the problem is, again, you know, we only have, we can only do so many face-to-face conferences a year. So we want the e-learning to be a very strong part of the face-to-face, too.

And this will give us an opportunity to allow us to build our database of attendees and locations and all the things that we need to help us move forward in this.

CHAIRMAN McNISH: Help me understand what you mean by the e-learning being a part of the conference?

DR. KROFT: Well, as it stands now, the way that it works is the e-learning part is, they're supposed to complete the e-learning before they can go to the face-to-face.

Now, from what I understand, in the past, that has not always happened because it's, for whatever reasons, people have trouble sitting down doing it. And so what they do is they go to the face-to-face, get excited about what they're going to do, and then they go back to complete the e-learning, to get their certification.

So what we're going to do is have the e-learning be not so dry, not so page flipping kind of thing, so it's really something that's not--

[Loud snoring sound.]

[Laughter.]

DR. KROFT: Right.

CHAIRMAN McNISH: Yeah, the bad picture that flashed in front of my face when you said the

e-learning as part of the conference was you'd have people sitting in a conference looking at a screen.

DR. KROFT: No.

CHAIRMAN McNISH: That was showing them the e-learning.

DR. KROFT: No.

DR. CORNUM: Oh, no.

DR. KROFT: No.

DR. CORNUM: Just shoot me.

CHAIRMAN McNISH: Well, I was hoping not.

DR. KROFT: Shoot. Exactly that's what we're getting away from.

DR. POLLACK: You can shoot me as well.

[Laughter.]

DR. POLLACK: Absolutely not. Yeah.

DR. KROFT: No. No.

CHAIRMAN McNISH: Just checking.

DR. POLLACK: Yes. Yes.

DR. KROFT: Very good question though. I agree, and that is one of the questions that I brought up is this is boring. I mean why would anybody want to sit here and--

CHAIRMAN McNISH: It is.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: The way it's set up right now, it's pretty--

DR. AMBROSE: Most of us in clinical fields have to do a maintenance of certification, which can be the equivalent of having nails ripped out with a dull pair of pliers, on an annual basis, but in terms of if new presumptives or new things come out, for those who have been certified in the previous period of time, how are you planning to make sure that you push that information out to those individuals?

DR. POLLACK: So that would actually be fairly simple. If new presumptives come out, we can certainly just get a memo that goes out from typically the operation side. It goes through the VISN lead to the medical center director sort of down within the facility, and it's typically an official memo signed by, you know, depending, the Under Secretary of Health or whomever, and that it gets distributed to people in the field so that

they're aware.

DR. KROFT: And it's very quick.

DR. AMBROSE: But will you--

DR. POLLACK: And VBA does a similar thing on their side.

DR. AMBROSE: Yes. Will you have a list of those physicians and other personnel who have been trained and certified that, yes, they can get that from that chain, but a direct mailing e-mail to them?

DR. POLLACK: So we have a mail group and a list of, an e-mail group on the VHA side right now of people who have allegedly attended the conference and allegedly participated and certified. I can tell you the mail group is owned by someone in my office, one of our admin staff, and at least once a week, I get an e-mail from somebody saying either take me off of this e-mail group, this is no longer my role, or please add so and so to this e-mail group because this is now their role.

So is it a perfect e-mail group? No, but

we would certainly send it out through those channels as well. I think it's--like I said, one of the things Rob and I are going to try and do and have been trying to do is to get a better sort of database than has existed previously because you're exactly--we want to know, you know, if someone says who is the FPOW advocate at, you know, the VA in Cheyenne that I know who that is and that I can quickly access that person.

DR. AMBROSE: And to follow-up on that issue, if you could publish on an annual basis who is the FPOW physician, advocate, the social worker, the members of that special care team, on an annual basis for each of the major facilities, then that would be helpful, and if you could get a copy of that to Jeff Moore because I can't tell you the number of times when we would have a former prisoner of war come to the Mitchell Center, have a medical problem that would need follow-up, and at that time, they would publish a list of who was who and where.

I would call that phone number, and they

would have an appointment, a date, a time, to follow up with that medical condition before they left my office. If you would be able to get that, distribute it to members of this Committee, and a copy to the Mitchell Center, that would be of big benefit to the former prisoner of war population.

DR. POLLACK: And I'm happy to give you all what we have now. Can I say it's an absolute complete database? No, but I can give you the best that I have, and if Jeff or any of his colleagues ever run into problems, I hope he feels comfortable reaching out to me directly, and then I can navigate to find who it is at the facility that he needs to sort of talk to so that it doesn't--he doesn't end up going on a wild goose chase. But happy to provide you with what we have.

CHAIRMAN McNISH: Maybe I'm being oversimplify--oversimplifying things again, but it would seem to me if you got an Excel spreadsheet with a list down the left side of all the Medical Centers and the Regional Offices, and a field for each one for the places that they're supposed to

have filled on this Special Care and Benefits Team and on the designated raters, that you'd go down and put in names, and you can see where the blanks are and ping those units to say, you know, who do I put in this blank?

DR. POLLACK: If we have that all along, you're absolutely correct.

CHAIRMAN McNISH: So that's what you're trying to build now.

DR. POLLACK: We're trying to build that because we need to have that.

CHAIRMAN McNISH: Okay. Yes, Marion.

DR. SHERMAN: A couple things just from the perspective of the facility, I--

CHAIRMAN McNISH: Could you stand up? I think Victoria may be having a hard time hearing you.

DR. SHERMAN: From the perspective of the facility, maybe that's something I can bring here, the operations side, rather than you guys are at the top, and, you know, we're little guys out in the boondocks. I think the facilities know who's

on the team and know, they know who's been certified, and they know when.

So just--Stacy is saying no, we don't--

DR. POLLACK: No.

DR. SHERMAN: --which is hard to imagine. But I accept that. So I was just thinking you could ask the facilities. You could just straight out ask the facilities. The people who are doing it are going to know. Now maybe the director doesn't or the VISN doesn't, but the people who are doing it are going to know. The people who--it's remarkable. You're saying no?

DR. POLLACK: Sometimes.

MR. FLETCHER: Sometimes. She's right.

DR. SHERMAN: So it would be worth just sending a little survey out to the facility.

DR. POLLACK: So you can't just do that.

DR. SHERMAN: You can't just do that.

DR. POLLACK: No.

DR. SHERMAN: The other thing is--

DR. CORNUM: You could, but she can't.

DR. POLLACK: I can't.

DR. SHERMAN: Oh, you can't and I can?

DR. POLLACK: Absolutely not.

DR. CORNUM: Right.

DR. POLLACK: No, you can't really either.

DR. SHERMAN: Oh, I can't. Okay. Well--

CHAIRMAN McNISH: Bureaucracies don't work that smoothly.

DR. AMBROSE: No.

DR. POLLACK: Just, you know, Rob and I are committed to getting good data and trying to build it.

DR. SHERMAN: Well, my suggestions may not be workable. But from the operations point, the way things come down to us is through action items or suspense--

CHAIRMAN McNISH: Hey, folks, there's someone speaking that has the floor. Someone is speaking that has the floor. Please, let's give her our attention.

MR. HANTON: I'm sorry.

CHAIRMAN McNISH: Then we can have our conversation.

DR. SHERMAN: So from the facility's point of view, as Dr. Kroft mentioned, we're very booked up for weeks or months, and so part of what this group can do is say this is what has to happen. You have a lot more authority than you think because when it hits the facility, the facility will then contact the individuals and say what has to be done, and they'll follow directions, you know, but they won't go a little bit extra.

So, and this is only my experience. Maybe it's not your experience from there. But, so if you are issuing a direction with this--for example, when this training thing came up, there was a great debate of who has to go because the facility, they always feel like they're poor in money, they're poor in people, they're poor in time, and they're trying to provide access.

So if this is a priority, then if this group puts out simple directions that say, like with Mr. Fletcher, who says I want to have a broad panel, and you say we want this prerequisite to be done ahead of time, then that is part of it is this

video that has this panel of FPOWs talking has to be viewed and signed off ahead. There's a mechanism in place. It's called an action item or a suspense, and if that's sent out, it goes to the VISN, or probably the district in the future, and it goes to the facility, and then the facility keeps a list, and they're due on a certain day, and people comply with that. So it's like using the operations mechanism to get what you want.

CHAIRMAN McNISH: Marion, I think you're like me, you think in logical, logical ways, and the bureaucracy doesn't necessarily work in those logical ways. If I were in the military organization, I could pass out, hand out things like that, but I have learned over the years that from VA Central Office, they can't necessarily do that.

DR. SHERMAN: Well, from the bottom, that's how we get our direction, and that's--

CHAIRMAN McNISH: Yeah. No, I know, within a given facility.

DR. AMBROSE: Yes.

CHAIRMAN McNISH: But trying to spread that across the entire country of organizations becomes very challenging.

DR. SHERMAN: One last point is just that from the facility point of view, when there really isn't time to do anything except follow a schedule, one thing you can do if you want these teams to meet is to say part of what you have to do is meet as a team quarterly. If you don't make it as kind of a mandate, only the mandates--

CHAIRMAN McNISH: We don't have the authority to make it a mandate. I've tried--we've tried multiple times. We tried to get it all the way from the Secretary, and we've banged our head against the wall many times. We still continue banging our head against the wall on the same idea, and we've gotten gradual progress. I think we're far better off now than we were ten years ago.

MR. FLETCHER: Yeah.

DR. SHERMAN: The other point, just as you mentioned seven people going through training, there actually is value to that because you'd think

in a facility that they're seeing each other, but if there's 4,500 people at that facility, and they're in CBOCs, it congeals the team. So actually there would be value for sending multiple people because then they're not alone at the facility to go to training.

I know there's limited--but I just wanted to bring up the team component at the facility is an important part, not just have each individual trained, which is also important, but somehow recommending congealing that team that can then provide better services and notification and--

CHAIRMAN McNISH: It was nice, and when we had the resources to do that, that's great, but if we don't have, then we'd have to try to encourage and depend upon a train-the-trainer type of a situation where you develop a pyramid of people who go home and then train the folks at home and with the access to the distance learning.

Thank you.

DR. SHERMAN: Try mandating and maybe it will happen.

CHAIRMAN McNISH: We've tried. But thank you.

DR. POLLACK: And I will say just in terms of--and you guys all know this so I don't have to say this. If you've been to one VA, you've been to one VA. Every hospital obviously functions very differently.

CHAIRMAN McNISH: Right.

DR. AMBROSE: Yeah. Would it be helpful if Central Office directed that each VA Medical Center and Regional Office supply you with the individuals by position who are supposed to be the FPOW physician, all the members of the Special Care and Benefits Team? Would that be helpful for you?

DR. POLLACK: No.

DR. AMBROSE: Okay.

DR. POLLACK: It actually is we're working on getting it. I think we're in better shape than we were a couple months ago.

DR. AMBROSE: Okay.

DR. POLLACK: There is something that I think I wanted to bring up that might be helpful

for the Committee to sort of do in the report.

CHAIRMAN McNISH: Go ahead.

DR. POLLACK: And so wanted to see if this has been an issue or has not been an issue. I had gotten, Rob and I had talked about this, and that we've been having, just so you're all aware, weekly calls in terms of the new faculty, really trying to sort of make some changes.

But we have received e-mails that there are some widows who are experiencing difficulties with the National Cemeteries in terms of accepting the POW status if the DD-214 does not document captivity. And there's apparently a Web site that the cemeteries are supposed to go to in order to verify POW status, but apparently that is not happening all of the time, and so we have--people have come to me with complaints.

And what this has--I don't know if any of you guys have heard that at all.

MR. FLETCHER: Yeah.

DR. CORNUM: Yes.

DR. POLLACK: Okay. So what this sort of

led is Rob had mentioned to me, you know, should we involve in some way the National Cemetery in terms of this Committee and getting somebody sort of involved with us and this group to be able to do some training on their side in terms of what they need to do?

I had walked, you know, because VA is always very illogical. Mental health over here, VACO shares space with the Cemetery Association because those two things go hand-in-hand. So if you walk over to my office, you will walk by a bunch of tombstones, and that's just where we are physically located.

MR. GALANTI: It's Halloween.

DR. POLLACK: So, you know, my boss always says it's very eerie because one of the tombstones has the name of someone he knows on it. So he says every time he walks by, it's like--so anyway, I did walk over there because I personally don't really know anybody who works for the cemetery group, but to talk to them about getting them involved.

But one of the things that we had talked

about is if you all on the Committee are aware of that being a problem and people having difficulty with that issue, especially given--and I don't remember who it was yesterday who presented on the numbers of deaths in the past year--it might be something helpful for the Committee to put in the report a recommendation that the Cemetery Association have a representative to work with these issues. I don't know. I sort of pose that to you all if that's something you think is helpful, not helpful, not a problem.

CHAIRMAN McNISH: Go ahead, Bob. It's something I'm not aware of.

MR. FLETCHER: The Second World War, 90 percent of them got discharged with a note on the back of their honorable discharge, but it never stated anything about being a former POW. But in 1950, that's when they started giving me what they call a 214, which was separate from my discharge, which states everything.

My other question is these people come here and get trained. They go back to their VA

hospital and the director puts them in somewhere else, and pointblank he tells them you're more important here than seeing a POW.

So how or what can be done so that the POW coordinator or the POW nurse or the POW doctor comes up and sees that POW to understand what he's going through? I don't know the answer.

DR. POLLACK: And I don't know the answer at each facility either, but it sounds like what you were just saying that on your original papers, it didn't have FPOW status on there.

MR. FLETCHER: No, my DD-214 did.

DR. POLLACK: Yeah. And so but they're having problems. I don't know if others have heard that. You said--

MR. FLETCHER: Second World War.

CHAIRMAN McNISH: In World War II, I don't--Alice, go ahead.

MS. BOOHER: Yes. They are having--I just--Rhonda can verify. A number of cemeteries are having problems including Arlington. Part of the problem, and it's a technical problem--

MR. GALANTI: That's because it's run by the Army.

[Laughter.]

MS. BOOHER: --which is really stupid because those before the DD-214, the AG forms, and all that other crap that came out, it was on the back. What got scanned was the front.

DR. CORNUM: Right.

MS. BOOHER: And so the crap on the back, unless you've got the paper and can turn it over, it did not get inputted.

MR. FLETCHER: I've seen--

CHAIRMAN McNISH: Can I take that back to--

MS. BOOHER: And that's not fixable. It's fixable from now, but it's not fixable retroactively because you'd have to go back and get those original papers.

DR. CORNUM: And not everybody has something that's 70 years old.

MS. BOOHER: Very few people.

DR. CORNUM: Right.

CHAIRMAN McNISH: Yeah, right.

DR. KROFT: And that's the issue.

DR. POLLACK: And that's, I think--

CHAIRMAN McNISH: Are we talking about the ability to just, to get the letters P-O-W put on the tombstone?

MS. BOOHER: Yes.

DR. POLLACK: Yes.

CHAIRMAN McNISH: That's what we're talking about?

MS. BOOHER: Yes.

DR. POLLACK: Yeah. Yeah. That's what we're talking about.

MS. BOOHER: Yes, that's all, and it occurred in whatever Fletch said was the date.

MR. FLETCHER: Yeah.

MS. BOOHER: But those prior to that time, which is the primary group of people that you're burying now.

CHAIRMAN McNISH: Yeah, World War II.

MS. BOOHER: Right.

MR. FLETCHER: Yeah.

MS. BOOHER: And it's not just World War II, but it's World War II and those that stayed in to Korea.

MR. FLETCHER: Oh, yeah.

MS. BOOHER: A lot of their documents because there are a lot of those people who had that, you know, four-year transition period. My personal opinion, having just played that game, and it was very unfortunate because you're dealing again with spousal units and things that you just don't want to be diddling around with, the Cemetery Service has done some remarkable things.

They've got their records to date on a lot of things, and they have really good relationships with funeral directors or most of them. They have the wherewithal to make these changes. They're one of the few in the VA that really do. I mean they can get you a gravestone within hours, which I know doesn't sound like a big deal, but 43 years in the VA, trust me, getting a gravestone I think in, you know, in a few hours is really cool.

So, in answer to having them represented,

I don't think it would hurt at all to have them here. It's a little bit, Tom, like when I used to proselytize on behalf of the Board of Veterans' Appeals because you kept saying that we were the people, we were the demons within VA.

CHAIRMAN McNISH: Charlie was the one that had the war with you guys.

MS. BOOHER: Yeah, well, he didn't have it after--you know, we pointed out we're doing the best we could.

[Laughter.]

MS. BOOHER: You know, please.

MRS. BUSSEL: Lay off.

MS. BOOHER: How many times have you heard me say this? But I think Stacy's point is well--you know, this is a problem that could be fixed fairly easily. We don't have a whole lot of those.

CHAIRMAN McNISH: Well, let's take that back to an issue that we really haven't gotten to that I was hoping we would get to in this meeting, and Eric is our point man on it, so I'm going to tap him with bringing us up to date on it, but

being matching up the VA records with the DoD and the NAMPOW records and anything else that we have that can validate who's really a POW and who's a fake POW or a wannabe.

And you don't want the wannabees to have POW on their gravestone, but it would seem like once we get this, I mean the DoD has got a very thorough database on that, and it would seem to me, if I've got it on my computer, it would seem to me like the cemetery group should be able to put it on their computer and say, okay, this person was a POW.

MS. BOOHER: But that's input. You've got to have somebody to do the input. I mean between last meeting and this meeting, you see the change in BIRLS. The numbers are relatively accurate. Everybody has stipulated that this month every--I mean they may not be perfect, but POW figures are a lot more accurate today than they were a month ago or a year ago or 20 years ago.

CHAIRMAN McNISH: Absolutely.

MS. BOOHER: But that required some really

heavy-duty lifting here.

CHAIRMAN McNISH: But it needed to be done.

MS. BOOHER: Of course it did. But what I'm saying is what you're talking about is Cemetery Service can adjust their records. Yes, but they have to know that they need to adjust their records. They can't have somebody calling Stacy and saying I'm a widow who can't get verification. I mean, you know, we're talking giraffes and apples here.

DR. CORNUM: So we're talking about the Cemetery Service needs access to BIRLS, it sounds like?

MS. BOOHER: No, they have access to BIRLS.

DR. CORNUM: Well, then they need to look.

MS. BOOHER: But they need to have--

DR. POLLACK: I think what the Cemetery Service needs is to have sort of I don't know if you want to call them point of contacts or sort of--

MS. BOOHER: Mandate or direction or guidance or something.

DR. POLLACK: Or people who are champions of this issue so that--

MS. BOOHER: At least knowledgeable.

DR. POLLACK: Or knowledgeable. I think it's a training issue.

CHAIRMAN McNISH: The young lady in the audience. Yes, ma'am.

MS. WILLIAMS: Good morning, everyone.

MR. FLETCHER: Good morning.

MS. WILLIAMS: In regards to that, kind of where it says DoD has a list of all FPOWs, it is a controlled list, and they provided a copy to my office, BAS, so for verification, VA, everyone is supposed to come to my office, and that's actually one of the duties that I share.

So in case in point for NCA, I guess if they needed verification, if they just sent me an e-mail, I'll go to that list, pull it up, and then I'll just send them back notification that this person is verified as a FPOW through DoD.

CHAIRMAN McNISH: Could we get your name, please?

MS. WILLIAMS: Leslie Williams.

CHAIRMAN McNISH: Thank you. And your office symbol or office area?

MS. WILLIAMS: So I am the FPOW program manager at Benefits Assistance Service.

CHAIRMAN McNISH: Oh. Okay.

DR. POLLACK: So Leslie talks with Rob and I every week, and Leslie was the one who sort of solicited--remember when I told you that someone solicited nominations for DesiRae and Devon, that was through Leslie.

CHAIRMAN McNISH: Thank you for being here.

MS. WILLIAMS: You're welcome.

MS. WILLIAMS: Another thing that you guys were talking about was the FPOW coordinators. So on the VBA side of the house, we do have a list. I actually solicit quarterly for updates, and in between I ask if any of the coordinators change to send me an update. Right now that list is

maintained on the BAS Web page, but we're working with social media to see if we can have it on VA's outer-facing page. So that's in the works.

Another thing that we recently requested from the Regional Offices is they not move the FPOW coordinators because normally they were rotating them out, but with the cost of training and the training requirements, we're asking that once you're assigned into that position, that you just maintain it unless that person leaves. So if they don't leave, they just keep that position.

MS. WILLIAMS: You're great. You should have been on the program.

DR. AMBROSE: Yeah.

DR. CORNUM: Right.

[Applause.]

CHAIRMAN McNISH: Yes, Paul.

MR. GALANTI: Let me just--you know, they've had this Vietnam record forever, the PMSI, [ph] which is very accurate. I think they've got about two errors in it in the last couple of years, and McGrath found them both. And anyway, is there

anything like--you know what I'm talking about--the PMSI--in the DoD office? It's the Office of POWs over at the Defense Department. They've got this list that's on the Internet. It's not a controlled list. Anybody can go and see it, and it's got all the MIAs, everybody, including civilians, who are missing in action in Southeast Asia during that entire conflict.

And actually it goes on past that. It's got civilians who were picked up by Vietnam because they decided to go over and pleasure trip on their sailboat or something and got arrested and locked--

MS. BOOHER: Some of them were working for the intelligence communities.

MR. GALANTI: I don't care. They're there. The names are there.

MS. BOOHER: But they were civilians.

MR. GALANTI: So if they're not on that list, they're a phony, period, and that's what Chuck and Mary out in Missouri--

MR. HANTON: Schantag.

MR. GALANTI: Schantag. That's where they

got their information from, and they keep it updated also. That's the way you get out phonies, and we fought the VA, McGrath did, forever and ever and ever trying to get them to use that. Well, now the numbers are very, very close. I'm not sure if that's exactly what McGrath has now, but the number of Vietnam--it used to be they reported 1,800 Vietnam. That was just more than were ever there.

CHAIRMAN McNISH: There was 660 of us came home.

MR. GALANTI: Yeah, 660 came home.

CHAIRMAN McNISH: But we still got problems with the World War II era, and probably some but not as much with the Korean era, but--

MR. GALANTI: My point is--my point is why is that a controlled list, just out of curiosity?

MR. HANTON: On that site, they have the list for the other wars, too. They're in different formats. They're not all the same.

CHAIRMAN McNISH: The DoD site, yeah.

MR. HANTON: On the DoD site you just talked about, they have the other wars, but they're

not all the same format for some strange reason, probably the way they put the data in. So you can't do the same kind of sort.

MR. GALANTI: But still the information is there. They all have last names.

MR. HANTON: So you can't do the same kind of sort.

MR. GALANTI: They all have first names and probably some other kind of identifier so at least it says POW. Anyway, I just think it's already there.

DR. AMBROSE: Leslie, if I can get one of your cards before you leave so that I can put that into our report, please, ma'am.

MS. WILLIAMS: Okay. I'll pass it out. And to answer your question, the reason why it's controlled because the list that I'm providing has PII on it. So it has the Social Security number, the birth dates.

CHAIRMAN McNISH: Oh, okay.

DR. AMBROSE: Yeah.

MS. WILLIAMS: They try to have a current

address so that's why it's controlled because of that information.

CHAIRMAN McNISH: Makes sense.

DR. AMBROSE: Yes.

MR. HANTON: That's good to know.

CHAIRMAN McNISH: Well, you've clarified a lot of things very briefly there, Leslie. I thank you so much.

[Applause.]

DR. POLLACK: So we have just, you know, in terms of the Cemetery, it's certainly not our report to write, a report or whatever. Just sort of wanted to bring that up because we are getting, or I am getting inquiries about that.

The only other thing that I wanted--that Rob and I had talked about bringing up, are you all on this Committee aware of the FPOW Care and Benefits Challenge coins that they were giving out at the conference?

CHAIRMAN McNISH: Yes.

DR. AMBROSE: Yes.

CHAIRMAN McNISH: That was Chuck Johnston

I think that made that happen.

DR. POLLACK: Has everyone seen them?

MR. FLETCHER: Yes.

DR. AMBROSE: Yes.

DR. KUSHNER: I haven't. I have not.

DR. POLLACK: Okay. So I actually have--let me show you. We'll do show-and-tell here.

CHAIRMAN McNISH: By the way, as a tangential, have you heard from Chuck lately or has he kind of just disappeared off our radar screen?

DR. KROFT: Just every so often he'll--

DR. CORNUM: He surfaces.

DR. KROFT: Yes. There will be a question floating around, and he'll answer it kind of a thing.

DR. POLLACK: So--

MR. FLETCHER: He'll give you a call.

DR. POLLACK: I'm going to do show-and-tell here because I want everybody's opinion on this one, too.

CHAIRMAN McNISH: Is that show, tell and keep or is just show-and-tell and give back?

DR. POLLACK: Well, that's what we're going to talk about. No, this can be show-and-tell and keep, but this is what we want to have a conversation on. We have about 800 of these coins, which are very nice.

CHAIRMAN McNISH: Beautiful coins.

DR. AMBROSE: Yeah.

DR. POLLACK: If you look at the, I don't know if you want to call it the back, where it says POW-MIA, Former Prisoners of War Care and Benefits Team, I would like to instead of giving these out to staff at the conference to give these out to the FPOW coordinators to give out to veterans who are FPOWs who are getting care from the Care and Benefits Team.

MR. ROBINSON: Very good.

DR. POLLACK: But I wanted to sort of see from you all if you thought that was a good idea and whether people would appreciate these?

DR. CORNUM: Well, (a) I think they'd appreciate them--

CHAIRMAN McNISH: Yes.

DR. AMBROSE: Yes.

DR. CORNUM: --but I don't see why it's an either/or.

DR. POLLACK: Because we don't have that many. We have about 800, and so, you know, I think for those of you who have--

DR. KUSHNER: You can make more, can't you?

DR. POLLACK: Well, no. So let me explain. And, Rob, Chad, certainly feel free to jump in. The government as a whole after the GSA conference or even VAHR conference has really come up with very strict guidelines about giving anything out at a conference. To give out anything such as a pen, a coaster, anything really, almost requires an act of Congress, and I'm not exaggerating when I say--

DR. KROFT: There was also the presidential signature for this came down as a memo or executive order from him not to do this.

DR. AMBROSE: I think this coin came out as a "proceed until apprehended" initiative.

[Laughter.]

DR. POLLACK: Well, I don't want to get apprehended.

DR. CORNUM: Right. So definitely don't throw out your 800.

DR. POLLACK: I'm not going to throw them away, and they're nice. I think they're very nice, but I would like to be able to distribute them to veterans. I just want to see if you all think others would appreciate them. We obviously are not going to be able to give them out to every FPOW because we only have 800 so it would really be almost sort of, you know, a first-come/first-serve sort of--

DR. KUSHNER: Well, what's it require to mint some more?

DR. POLLACK: What's it require?

DR. KUSHNER: Yes.

DR. POLLACK: You have to go against the presidential executive order that says we are not to spend money on--

CHAIRMAN McNISH: Challenge coins.

DR. POLLACK: On anything, in developing things.

DR. CORNUM: Commanders have to buy their own now sometimes.

CHAIRMAN McNISH: Yeah, that's true.

DR. POLLACK: And so I really, it's not something, you know, but I would like to, instead of giving them out to staff, just give them out. So it is show-and-tell and keep, to answer your question, Dr. McNish, but I just wanted to see that everybody was on board or if you all had any ideas of a better way for us to distribute the coins that we have to POWs, former prisoners of war?

CHAIRMAN McNISH: I think you're going to need to, aren't you going to need to talk to each Care and Benefits Team to let them kind of determine how many they would need, and, oh, by the way, while you're talking to them, you can find out who's on their team.

DR. POLLACK: Well, we're not going to be able to necessarily, I mean I think what our plan was, we were going to bring them to the conference

and sort of distribute them through that.

We were going to, you know, Leslie and I haven't talked about this, but to talk to, you know, potentially having them sent out to the VBA POWs, FPOW coordinators. I don't know. Like I said, we've got about 800 of them and want to give them to veterans as opposed to VA staff. That's really in my mind who they should go to.

CHAIRMAN McNISH: Right.

DR. POLLACK: And so just wanted to sort of check with you all sort of what your thoughts were. So, everybody, obviously, these are for you to keep.

REV. DR. CERTAIN: Have to get a new container.

DR. POLLACK: Uh? You have to get what?

REV. DR. CERTAIN: Display case.

CHAIRMAN McNISH: Why is that? It's already full so you need a new one?

REV. DR. CERTAIN: It's overflowing.

CHAIRMAN McNISH: Well, mine, too, but--

REV. DR. CERTAIN: But not with these.

I've never seen this one before. So the conference is when?

DR. POLLACK: So the conference is August 25, which is a Tuesday through Thursday.

DR. KROFT: You noticed that he asked for the date now that he was tapped to be there?

[Laughter.]

DR. POLLACK: So the conference--Monday is the travel day, but the conference is Tuesday, Wednesday and half a day Thursday.

CHAIRMAN McNISH: So he doesn't preach twice on the same day.

MR. FLETCHER: No, I think a few of you haven't seen it. Chuck Johnston passed them out about four or five years ago, and he mailed mine to the house.

CHAIRMAN McNISH: Yeah.

DR. POLLACK: So I'm glad that everybody is sort of on board with us passing those out to the FPOWs themselves. And that's really all. Do you have anything else as an update?

DR. KROFT: No, I think we--no. I think

you covered it.

DR. POLLACK: Yeah, I would just, you know, I think it's been really--it's exciting time working on this. EES, both Rob and Chad in the back, as well as Christy Short, who is working with us on the conference, have been great. I think EES is really fully committed to making this even better than it was before. We talk, like I said, regularly, we talk to Leslie regularly. And I think we're going to have a really good conference this year, and I think things are going to get better for the following year. So--

CHAIRMAN McNISH: Well, see, you guys started early and finished on time.

DR. POLLACK: Wow. I can talk a lot, I guess.

CHAIRMAN McNISH: Well, no, I really liked the participation and let--go ahead.

DR. KUSHNER: I was just asking if there's a way to finesse the executive order thing by having these coins privately funded?

DR. KROFT: We'd have to go through--

DR. POLLACK: Chad?

DR. KUSHNER: It's not that much money. I mean--

CHAIRMAN McNISH: Yes, sir.

MR. MAJIROS: I just wanted to comment, my understanding is this all predates all of Stacy, Rob and I. But my understanding was Chuck purchased these; it was tied to the education effort many years ago.

CHAIRMAN McNISH: Correct.

DR. AMBROSE: Yes.

MR. MAJIROS: In the current climate, the conference packet, which gets approval to execute what we're trying to do, the stuff we all get, the swag, if there's a hint of that, it stops the process. Any refreshments are scrutinized. It's hard to believe, but it's the reality that we're dealing with. So linking this type of coin to the education effort, I would not advise that because it will stop the process we're trying to move.

I think we want to have the integrity of the process, to make sure we keep it all out of

training. So--

DR. AMBROSE: We understand that. We have to buy our own coffee here.

MR. MAJIROS: I'm sorry.

DR. AMBROSE: We understand. We have to buy our own coffee.

MR. MAJIROS: Yeah. So I wouldn't recommend we attach it to education process, but if there's a way to go outside and provide this and how you--

DR. KUSHNER: Privately, yeah.

MR. MAJIROS: I guess it would ground this. Yeah, I don't see any objections to that. I just, we can't kind of link it to education like it was prior.

DR. CORNUM: I'm all for not linking it to education, but in general you link it to excellence in performance.

CHAIRMAN McNISH: Right.

DR. CORNUM: And so giving, whether it's--

DR. KUSHNER: Talisman.

DR. CORNUM: Yeah. So giving to somebody

like Marion, who's just done a wonderful job out in Loma Linda, or Kellogg, who has done a great job in San Antonio, giving it to somebody who's within the system for excellence gives other people something to shoot for. Giving it to somebody who is getting discharged from the hospital along with his bag full of his urinary catheter and his drugs, I mean I'm just not seeing that.

[Laughter.]

MR. GALANTI: Spoken like a true urologist.

DR. POLLACK: I will tell you that when the conversation was even raised about giving them to staff, continuing to give them to staff, it would probably, I personally would not feel comfortable doing that.

DR. CORNUM: Really.

DR. POLLACK: Without Bob himself signing off on it for fear of--that is the current--

DR. CORNUM: The current climate.

DR. POLLACK: The current climate. And whether that sounds--

DR. CORNUM: All right. Well, then give them to the guy with the catheter.

DR. POLLACK: Whether that sounds crazy to you or not, that is the climate currently in the system.

CHAIRMAN McNISH: Yes, Marion.

DR. CORNUM: Give her one anyway.

DR. SHERMAN: Rhonda is really right on. Again, from the facility, the little guy point of view, this is done all the time--

DR. CORNUM: Right.

DR. SHERMAN: --for excellence in staff or for something for veterans. Either way, coming from the other, not through the educational process, no, the swag thing. But recognizing people who are going above and beyond is very common. I just put in an award for a performance improvement group who's really making changes in a clinical area. So really there is already a mechanism for doing it through that and through--I mean it's not simple, but for private donations to come through a particular way at the facility

level, it's possible.

DR. CORNUM: Particularly when it doesn't have commercial value.

DR. SHERMAN: Right.

DR. KUSHNER: Right, exactly.

DR. CORNUM: You can't give somebody golf clubs for excellence because they have resale value, but you give somebody a picture--

DR. SHERMAN: Actually you can get this team award that I applied for ten people. I applied for $200 award for each person.

DR. CORNUM: Oh, good.

DR. SHERMAN: So there are mechanisms at the facility level for doing things where you actually get a lot more than the monetary cost of the thing back in just people feeling appreciated.

CHAIRMAN McNISH: Sure.

DR. SHERMAN: Just like the patients need to feel appreciated and absolutely the heroes of the heroes, you guys, but also the staff. 40 percent of the staff at Loma Linda are veterans, and the staff, some of the time, they don't behave

properly with good customer service because they aren't--they don't feel empowered, and they don't feel like they can make a difference. So really just even giving a card to someone can make a big difference for recognition.

CHAIRMAN McNISH: I think we might, for some of the places that are having a problem getting veterans to come in for their, to be checked, or ex-POWs to come into the clinic to have a visit and be checked out, the word gets out, you come in, you get a nice--

DR. CORNUM: Coin.

CHAIRMAN McNISH: You get a nice coin, they might show up.

DR. AMBROSE: Yeah.

DR. POLLACK: Well, if that can get people in, then I'm happy to, you know, to sort of give that as a, to get people in because that's really what we want is to make sure that we're getting the people in.

CHAIRMAN McNISH: Yes.

DR. POLLACK: That really, you know, the

care. So--

CHAIRMAN McNISH: I saw another hand somewhere. I'm sorry. Yes, Alice.

MS. BOOHER: I just was going to point out, what Stacy's trying to say here is that there are some constraints now on the VA. We all know that awards are wonderful things, and these coins are really cool.

DR. CORNUM: They are nice.

MS. BOOHER: And they'd be cool for everybody whether they're with the catheter bag or whether they're in somebody's briefcase, but the point is the budget--and I just asked--it was their budget; they can no longer do it. There's nobody within VA who can do it now, but there are, as we have pointed out, a variety of ways of doing other things.

But this is a meeting in which there is minutes at the federal level. We can't go soliciting here, but there are lots of ways to get things at the local level where you've got a VSO or you've got a Ross Perot or you've got an oil

company or who knows who would love to pick up the tab.

CHAIRMAN McNISH: Oh, yeah.

DR. KUSHNER: Koch Brothers.

CHAIRMAN McNISH: Getting the tab for having--I'm sure the pattern is still in existence with whomever Chuck bought them from.

MS. BOOHER: Absolutely. So I mean, you know, there are lots of ways of doing it, but it's not something that Stacy or anybody within the VA can do. It ain't going to happen now.

CHAIRMAN McNISH: Leslie. Leslie.

MS. WILLIAMS: So I actually just texted my chief because we're going through the same thing in my office, and so--we're trying to do t-shirts, but he texted me back and he said that only the USB coins are paid. However, for the coins, if you did a justification to show that it was an information tool, such as linking the Web site on it, you may be able to get around getting--

CHAIRMAN McNISH: Wow.

MS. BOOHER: Cool. Cool.

CHAIRMAN McNISH: Love it.

MS. WILLIAMS: So I asked him to e-mail me some more information on it, but it's a possibility. I can't--I have no authority so I can't say--

DR. POLLACK: So my guess--

CHAIRMAN McNISH: Boy, you're a value--you're a real source of information.

MR. FLETCHER: Yes, she is.

DR. POLLACK: So I will say is I think it also from--it is easier to give--it will be easier to rationalize giving coins out to veterans for what you said, Dr. McNish, to get people to come in.

CHAIRMAN McNISH: Right.

DR. POLLACK: I think to give things out to staff in the current climate, at least on the VHA side, the climate is very different now than it was three years ago, and while Rob, Chad and I are not getting sort of a standing ovation like Leslie did, hopefully you all like us and want us to keep our jobs.

[Laughter.]

DR. POLLACK: And if we start giving out coins to staff--

MRS. BUSSEL: You might not.

DR. POLLACK: We might not. And I personally like having a paycheck and like going to work.

REV. DR. CERTAIN: We've been told it's unethical to apply for a job at the VA when we know there's going to be an opening.

[Laughter.]

DR. POLLACK: If anybody wants a job in mental health--and don't put that in the minutes.

[Laughter.]

MS. BOOHER: I was just pointing out you all don't really--you come in a couple times a year, and you, I know how you think about Washington. I live here. We live here. You have no idea about the knee-jerks now. I mean the knee-jerks are very real. They've been talked about--

MR. GALANTI: That's because there are too many lawyers, Alice.

MS. BOOHER: Oh, shut up, Paul.

[Laughter.]

MS. BOOHER: Just shut up, Paul.

DR. POLLACK: Does that go in the minutes?

[Laughter.]

MS. BOOHER: He does have a point, but the point is that now what has been talked about for years and years and years is now reality. It's even less a reality at DoD. It's a reality at the Pentagon, but it's a real reality at the VA.

Anything, I mean you would not believe what has to go through scrutiny, and you wouldn't believe the scrutiny it has to go through. I mean I think having a sign-off by the Secretary is perfunctory for some of the damnedest things. So I mean you just got to understand that that's how it works now and operate accordingly.

I mean there are lots of ways of doing it, as she said. You know, there--and even as Hal said--yes, it can be funded privately in the ways that so many things have been privately funded for decades.

CHAIRMAN McNISH: Well, common sense, which used to be scarce in Washington, is now almost nonexistent. So we understand that.

MR. GALANTI: The Clinton Foundation has a lot of money.

DR. SHERMAN: And just one little suggestion because suicidality is so common in my area, and we have all kinds of things that we give out to patients that have the crisis line on it so if you just put the crisis line on, and that has saved many, many lives. So--

CHAIRMAN McNISH: Well, if we get a chance to get them reprinted, then something might like that might need to be reconsidered, but right now we're trying to make sure that we properly distribute the 800 we have.

DR. POLLACK: So the right home for 800, and I have a handful more with me. I didn't bring more. I can certainly bring more tomorrow. If any of you actually know anyone who you think would really like, who is an FPOW, who would really like one of these coins, please let me know, and I can

give you a couple of these, and I can certainly bring more that I have in my house.

You know it's actually interesting. You know we were talking about how the VA functions, and this has been for many years. I now have to get all mail at my own house as opposed to--

DR. CORNUM: Because it gets cooked.

DR. POLLACK: Because it gets cooked. And so when they went to send me the box of the coins, I had them sent to my house because I wasn't exactly sure if they'd be cooked or actually arrive at my office.

So we came home, and there's this box that's fairly heavy of all these coins, and my boyfriend says what is this? And I said, oh, it's a package of coins, and he said why are you getting a package of coins at home? Because--

MS. BOOHER: Exactly. Because a very practical thing.

DR. POLLACK: It's just the environment.

CHAIRMAN McNISH: Sure.

MR. GALANTI: It's like having a server at

home.

MS. BOOHER: From a standpoint of we have comfort items. Rhonda dealt with this last night.

DR. CORNUM: Oh, yeah.

MS. BOOHER: Once a quarter I drag a van, a wheelchair van, to the Soldiers Home with comfort items. It consists of the stuff that you take from hotel bathrooms, you know, small items.

CHAIRMAN McNISH: Yeah, right.

MS. BOOHER: And we've done this--the Board of Veterans' Appeals has done it for 40 some years, you know. Everybody that went on travel board stuffed their suitcase of, you know, soaps and shampoos and whatever, and that's what stocks up at the tail end of the year at the Soldiers Home. That stuff now is in my closet. It's not in the BVA.

They don't take it to the BVA. They send it to me. So I have boxes at my desk like her coin boxes. It's ridiculous.

DR. AMBROSE: Yeah.

MS. BOOHER: And the mailing stuff at

home, you cannot send from the E Street VA here or to Central Office. You send it to individual's homes because they won't get it because it's in Brentwood being zapped for anthrax. And if it does come through, it will come back crispy--

DR. CORNUM: Yeah, and brown.

MS. BOOHER: --and brown and can't be used.

DR. KUSHNER: Free of anthrax.

MS. BOOHER: I mean you guys just don't--

[Laughter.]

DR. POLLACK: I've gotten some anthrax-free DVDs that there's no way you could stick in anywhere because they're zapped.

MS. BOOHER: Right. I mean it's a practical thing, and I know you guys really don't give a hoot what we people in Washington have to live through, but it is a different world here these days.

CHAIRMAN McNISH: Get out of the desert.

MR. FLETCHER: Speaking of suicide, but are they former POWs or are they veterans?

DR. KUSHNER: They're both.

MR. FLETCHER: No, they're not both.

DR. SHERMAN: I'm speaking of veterans.

MR. FLETCHER: Yes, I know that.

DR. SHERMAN: I don't personally--

MR. FLETCHER: And our job is POWs.

DR. SHERMAN: --know of any former POWs. But it's a very wonderful service and crisis line. I don't know if you're familiar with it.

MR. FLETCHER: Civilian.

DR. SHERMAN: It's 24/7.

CHAIRMAN McNISH: Right.

DR. AMBROSE: Yeah.

DR. SHERMAN: It's a great service so to put the two together, and then the VA could print the things and as far as I'm concerned, if it's a squishy ball, a coaster, a card, they're saving lives today. Today as we've been meeting this morning, a couple of dozen veterans have killed themselves, you know, today since we've spoken today.

CHAIRMAN McNISH: Fletch's point is taken

to the degree that I don't think it has ever been presented to us in recent years, that there was a significant concern about FPOW suicide.

MR. FLETCHER: Right.

CHAIRMAN McNISH: And without that being a point of issue. Your point is well-taken. That is, yes, it's a serious situation, but probably nothing that we could address because we don't know that it is a problem with the current smaller group of FPOWs.

DR. SHERMAN: Suicidality is a definite concern among FPOWs. Suicide is a different issue, but suicidality, yes. And I think probably a lot of people around this table--

CHAIRMAN McNISH: I'd like to see that data.

DR. AMBROSE: Yeah.

DR. CORNUM: The question is not if it's a problem because it's a problem in all old decrepid people, but the question is it any higher, is it any higher than any other, than a comparable group of non-FPOWs is the question you'll have to answer?

DR. SHERMAN: That's a great question.

DR. KUSHNER: Yeah.

MR. FLETCHER: See, when you use just veterans to me and not former POWs, our job is one thing, former POWs. Until Congress changes that, I don't think this--

CHAIRMAN McNISH: Well, they won't.

DR. AMBROSE: They won't.

MR. FLETCHER: No, no, no, no. But I don't think the staff here could do a thing about it. So when you speak, you should speak of former POWs. I knew about a hundred former POWs in the state of Michigan. Not one committed suicide.

DR. AMBROSE: And of the Vietnam era POWs, two.

DR. KUSHNER: Two. Two within three months of return.

DR. AMBROSE: And then there were two others that I know of.

DR. KUSHNER: So that's four.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: Which probably is less--

at least no higher than the general veteran population. So you can see where we're going with that.

I think, Stacy, any other questions for Stacy and Rob?

MR. FLETCHER: I thought they did a wonderful job myself.

CHAIRMAN McNISH: Wait a minute. Go ahead, Norm.

MR. BUSSEL: I'd like to mention one thing, in looking through the curriculum vitae that was passed around, I noticed something interesting about the anti-aging effects of rapamycin in human octogenarian volunteers. I think that's sort of age discriminatory, isn't it?

[Laughter.]

DR. POLLACK: I don't think that we passed that curriculum around, but--

DR. CORNUM: No, it's his CV.

DR. POLLACK: Oh, his CV.

CHAIRMAN McNISH: That was from Dean's CV.

DR. KUSHNER: Rapamycin.

DR. POLLACK: From Dean's CV. You'll have to talk to Dean.

[Laughter.]

CHAIRMAN McNISH: Yeah, he's got a degree in pharmacology, too, so--

DR. POLLACK: You'll have to talk to Dr. Kellogg.

CHAIRMAN McNISH: So we got Stacy Turner coming in five minutes.

DR. POLLACK: So if anybody does want a couple more of these, please--

CHAIRMAN McNISH: Oh, Stacy is back there in the back. He's here. Stacy, you got time for us to take a 15-minute break?

MR. TURNER: Please do.

CHAIRMAN McNISH: Thank you, sir.

DR. POLLACK: Let me know.

[Whereupon, a short break was taken.]

CHAIRMAN McNISH: By the way, Yona said that she's sorry she missed the group and hopes everything is going well.

DR. CORNUM: Well, we're sorry we missed

her.

MR. HANTON: Has she recovered her strength?

CHAIRMAN McNISH: She's getting better, yeah. Spent awhile in the doctor's office yesterday.

Stacy.

MR. TURNER: Yes, sir.

CHAIRMAN McNISH: You're on, my friend.

MR. TURNER: Thank you. Thank you.

CHAIRMAN McNISH: And I've also, let me, before Stacy says anything, I've also asked Eric and Leslie to kind of bring us up to date as to where we are on getting the database more accurate, and I think there will be a very brief discussion, but I did ask since both of them have been involved in it.

So, all right, Stacy. Tell us how to get some money back.

MR. TURNER: I'll help you get your money back.

CHAIRMAN McNISH: Please. You're good

there if you're comfortable. Take a chair.

MR. TURNER: However what's comfortable for you.

CHAIRMAN McNISH: I'm good.

MR. TURNER: First and foremost, I have to say thank you. I'm a former veteran, and like I was taking Dr. Cornum--

REV. DR. CERTAIN: Former?

MR. TURNER: Or veteran.

REV. DR. CERTAIN: You're still a veteran.

MR. TURNER: Or veteran. I'm sorry. I'm a veteran.

[Laughter.]

MR. TURNER: I was telling Dr. Cornum coming through, you know, as a young soldier, you always heard about individuals like yourself and never got to meet them. And for me to be standing here today just gives me chills. But thank you.

MR. HANTON: Thank you.

MR. TURNER: I'm Stacy Turner. I'm a management analyst for the Budget Section in Compensation Service. I'll be helping everyone

reconcile their travel once the conference is over.

I've given everybody, I think, a red folder, a red-colored folder, and I'll go through it. Our process is pretty much still the same. I think for some individuals, I did do your travel through Concur, which I gave you your tickets and everything hopefully worked out. I did get an e-mail I think Sunday night that Dr. Ambrose may have had.

DR. AMBROSE: No, it just took them a long time to release the ticket.

MR. TURNER: Oh, okay.

DR. AMBROSE: They finally did.

MR. TURNER: Okay. Were there any issues from the system or?

DR. AMBROSE: No, it was just trying to get things, get the ticket printed and stuff like that.

MR. TURNER: Okay.

DR. AMBROSE: It just took them a long time to release it.

MR. TURNER: Okay. Is that what it is?

[Laughter.]

MR. TURNER: Gotcha. So for everyone else within this folder, on the right side of your folder, my right, the way I'm holding it, is basically the invitation letter. This is the document that justifies the conference. I added the conference through the 30th because I didn't know if everybody was getting out of here on the 29th or if individuals would need to stay till the 30th and then leave because I know it ends in the afternoon or close to.

This folder justifies or actually gives me the authority to make sure everybody gets paid. I'm the middleman. I'm not the final signature, but I make sure all the documents come in, they're put together correctly, everything adds up, t's are crossed, i's are dotted, before it goes to Mr. Murphy, our director.

On the left-hand side of the folder, you'll see it says FPOW April 2015 Meeting, that's where you can itemize any of your charges that you need to reconcile. The per diem rate here in D.C.

for this time of year is $71 per day. The lodging rate is 229. I think 229 per night. So--plus tax. So we can work with the tax as well.

What I ask is that once the meeting is complete, if everybody can either e-mail, scan, fax. If need, I'll provide my home address for you to mail them to me, to us, per the previous communication. You know we do have a little mail issue at the VBA, but however we need, any means necessary to get it done.

So I'm open for any questions. Yes, sir?

MR. HANTON: In my lodging bill is going to be the parking because I drove.

MR. TURNER: No problem.

MR. HANTON: Will I have to pull that out and put it down on the parking part, or just is it one big in the lodging?

MR. TURNER: Just throw it in the lodging and provide me with the receipt, and then I'll itemize and they can go back and figure it out.

MR. HANTON: All right.

MR. TURNER: Yes, sir.

DR. AMBROSE: On this travel authorization number--

MR. TURNER: Yes, sir.

DR. AMBROSE: --on the back page "Is there anything else? Lost, unavailable receipt form."

MR. TURNER: I'm sorry. I'm glad you touched that one, sir. No, don't worry about the travel authorization. I'll have that. That's based on something I have to build within the system. That very last form that I put on the left side is a lost receipt. By any chance, if you misplace a receipt, didn't get a receipt, taxicab, things happen, just pencil it in, sign it, get it to me, and I'll make sure you get reimbursed for it.

MR. FLETCHER: Okay.

CHAIRMAN McNISH: Super.

DR. CORNUM: Okay.

MR. TURNER: Any other questions?

DR. KUSHNER: Excuse me. You said the per diem or the lodging was 200 and some dollars a day?

CHAIRMAN McNISH: 229.

DR. AMBROSE: 229. That will be on your receipt.

CHAIRMAN McNISH: Same as the hotel cost.

DR. KUSHNER: Is that what it costs?

DR. AMBROSE: Yeah.

DR. KUSHNER: Because when I checked in, I have this Apple pay thing, and they billed me $1,100, and I'm going--

REV. DR. CERTAIN: It just hasn't gone through yet.

CHAIRMAN McNISH: No, that's because they run ahead just to make sure you don't cheat on them, but then they'll back it out to whatever it actually is. Were they able to use Apple pay here?

DR. KUSHNER: No, but it comes up on my phone instantly.

CHAIRMAN McNISH: But it comes up. Yeah, I know. Mine too. Okay.

MR. TURNER: Any other questions? Okay. Like I said, my e-mail, as well as my phone number, is listed on the paperwork. Please give me a call if you've got any questions, any doubts.

DR. CORNUM: Thank you.

CHAIRMAN McNISH: My compliments from my point of view as to how quickly and smoothly it went through. I mean I sent up the request and within a day or so I had the tickets. So I appreciate it.

MR. TURNER: No problem, sir.

DR. AMBROSE: The other thing--

MR. TURNER: Yes, sir.

DR. AMBROSE: A compliment, that finally Austin sent us a 1099 for only the honorarium. That finally. We've been asking for that for as long as I've been on the Committee. So that was excellent.

MR. TURNER: They worked it out. Originally they had us do a vendor code, but they realized that paying out of the vendor code, it doesn't tie directly back to someone's Social Security number, which the taxes do. So they've gone back to doing it based on your Social Security number so it relates directly to that individual.

DR. AMBROSE: Well, but, again, it used to

be they would send us a 1099 for the entire what we got, the expenses that we submitted.

MR. TURNER: Yes, sir.

DR. AMBROSE: And then we had to back out all of the other expenses and stuff like that. So getting the 1099 only for the honorarium is very helpful.

CHAIRMAN McNISH: Yeah.

MR. FLETCHER: They should send it early. You know that. They should send it early. We had already filed our income tax and gotten refunded, and then here comes this slip so the wife had to go to the computer and pull up these paperworks and file an amended return. This was, like I say, it was after March 15, and we got that.

MR. TURNER: I'll check with Finance to see if they can get it out as soon as possible.

MR. FLETCHER: Yeah.

MR. TURNER: All right.

DR. KUSHNER: Thanks very much.

MR. FLETCHER: Thank you very much. Give him a hand.

[Applause.]

CHAIRMAN McNISH: Eric, you think you and Leslie could kind of do a tag team and brief us on where we are with numbers?

MR. ROBINSON: Yes, I think so.

CHAIRMAN McNISH: If you can give us a little background about why the numbers got so squirrelly, it might help us understand a little better if you know.

MS. WILLIAMS: You want to take that or do you want me?

MR. ROBINSON: You better take that one because I'm not sure why they got so squirrelly.

MS. WILLIAMS: Okay. So I don't have a definitive answer as to what happened with the numbers.

CHAIRMAN McNISH: That's why we've got everybody ready to listen.

MS. WILLIAMS: So just to give you all a little background, I've been with BAS for a little over a year. Prior to me taking over the FPOW program, BAS hadn't received an updated list in

over three years. So I think that's part of why VA was not able to properly track the numbers definitively. I don't know.

I don't know what happened between when the other person had the program and DoD to answer why we weren't provided that list, but I know when I first got the position and I was looking, that was one of the first things I tackled because the list was so old and outdated.

MR. ROBINSON: Right.

CHAIRMAN McNISH: Does anyone attempt to continue the information that Charlie Stenger was providing us with every year as far as total number of former prisoners of war from each conflict and then how many currently remain from each conflict and so forth? And I know there was a lot of argument about the VA about whether that was precise enough, but we know that when the VA picked it up, it became far less precise even than Charlie's. So--

MS. WILLIAMS: So I can tell you like this. With VA, it's almost like we have two lists.

The first list that we track primarily is the number of FPOWs in receipt of benefits so that, one, we do have a recurring data request that my office gets. I get it once a quarter so those we're able to track more precisely.

In reference to the number of FPOWs, again, that's not tracked by our office. It's DoD, and they just furnished us the list, and we maintain it, and so recently--so two weeks ago, I submitted a FOIA request to DoD. So we're waiting to hear back from them.

In the FOIA request, I did ask that they break it down not only by theater, but if they can do capture dates, and they could also break it down by who's alive and who's deceased. And so I know that's going to take awhile because it's a lot of information that we are requesting.

CHAIRMAN McNISH: All right. And has there been found any in receipt of FPOW benefits who have subsequently been determined to not have been valid FPOWs?

MS. WILLIAMS: Yes. So on the VBA side,

so one of the numbers that my AD presented yesterday was the--what does she call it--the number of recipients whose benefits we've cut, and so included in that number are people we've now determined do not have FPOW status, and so we cut their benefits.

And I could actually reach out to her to get the definitive number on that. But as we're going through and we're finding out that they don't have FPOW status, we are cutting their benefits. The issue with that, though, is let's say if you come to VA and you request benefits, once we grant your benefits, unless you come back to us, we don't necessarily have a need to go back and look at your case.

So that's why these people were able to go so long with getting benefits that they didn't qualify for.

CHAIRMAN McNISH: Is there any attempt to go back and retrieve the undeserved benefits or is just kind of written off as "oops"?

MS. WILLIAMS: I think they're catching

them as they come back. I don't even know if they do. Or better yet, another way they're catching them, too, is the Quality Team. So they will randomly pull cases, and I guess just look up the--if one of these cases just randomly gets pulled, and we determine that they don't have FPOW status, then there is recoupment of benefits.

MR. FLETCHER: They have--I remember a fellow called me from Michigan and said he was a POW in Vietnam. So I called Dr. McNish and got the person's name and called him, he said he's not on the list. So I called Washington, D.C. Well, this fellow was talking to me. He said the government took his banking account and the government took his house.

So there is, I think, I don't know what you call them here, a group of people who follow up on some of that.

DR. CORNUM: Fraud, waste and abuse.

CHAIRMAN McNISH: And that's going to be refreshing information for the NAMPOW folks.

MR. HANTON: It's very encouraging.

Absolutely.

MR. GALANTI: Yeah, we've been fighting this for years.

CHAIRMAN McNISH: And if you can come up with a number for us by tomorrow, that would be great, or just e-mail it to me.

DR. CORNUM: Yeah. I think we do need to recognize that a number of those people that are fake POWs are going to be, like if they're getting 100 percent disability payment, they're going to be 100 percent even if they weren't claiming that.

So they may not lose their benefits. They may still be 100 percent disabled and get their money.

CHAIRMAN McNISH: No, I understand that. Sure.

DR. CORNUM: But they at least don't get--

CHAIRMAN McNISH: The question all along has been whether they were receiving undeserved benefits by virtue of claiming to be a former prisoner of war.

MR. FLETCHER: Right.

DR. AMBROSE: Yeah.

MS. WILLIAMS: And I can say this. In those cases, VA do recoup. So an example, if, like you described, if they were technically entitled to 100 percent for something else, but they were receiving it for FPOW status, the fact that they were entitled to 100 percent for another disability does not matter.

DR. CORNUM: Oh, really.

MS. WILLIAMS: Yes. So we would still recoup it because--

DR. CORNUM: Wow.

MS. WILLIAMS: --they were granted under false pretenses. So let's say if we were to come back and say, okay, we're going to recoup it for FPOW status, but we're going to grant it to you for this--

DR. CORNUM: Right.

MS. WILLIAMS: --well, we're still going to withhold that money till we get it all back, and then they'll start getting a monthly check.

DR. CORNUM: I see. Okay. It never pays

to lie.

CHAIRMAN McNISH: Yeah. One of the standard answers over years when we asked these same questions was, well, there may be some out there that are claiming to be FPOWs that aren't, but, you know, as long as we're not paying them any money for that, we really don't care. And I think what I'm hearing is that we finally got around to where--

DR. AMBROSE: We care.

DR. CORNUM: We care.

CHAIRMAN McNISH: --the VA actually cares about that kind of stuff.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: And is now, thanks to your hard work, communicating, coordinating with the DoD to make sure that we got valid numbers. And with McGrath, I guess--

MR. ROBINSON: Yes, that's what Pam Burd was working with, McGrath, and with DoD to get some numbers there, and those are the numbers that I presented to Danny Pummil last Friday and the ones

he presented to you all yesterday.

CHAIRMAN McNISH: Oh, okay.

DR. CORNUM: Very good.

DR. AMBROSE: Yes.

MR. FLETCHER: I know of a couple people who called me and said they were former POWs in Korea. I kind of smiled to myself and said where were you captured at? Well, we were on a secret mission.

[Laughter.]

MR. FLETCHER: And I said, yeah, there was some people who were dropped behind the line to disrupt their supplies. I said were you one of them? Oh, well, they were rangers. Okay. And they couldn't give me a definitive answer, and there's a book out, it's about the Black Rangers. They were the last black unit in the United States Army, and they were in Korea.

I didn't know it myself till I got the book, and they were dropped behind the enemy lines, and their job was to disrupt supplies, but this guy tickled me. Both of them did the, oh, we're on

secret missions.

CHAIRMAN McNISH: Yeah. Standard. Standard.

DR. CORNUM: Right.

MRS. BUSSEL: I've had a couple of those, particularly Vietnam. Well, I was, you know, it was a secret mission, and what I'll tell them is if you can't prove that you were a POW--I was never in a camp--they kept moving me around--right--I'll file your claim as a combat vet, you know, and I just don't even try to go to the POW stuff because you and I both know that that ain't happening. So we just--and then they'll get their, whatever they get, but they'll get it without entering the POW issue.

MS. WILLIAMS: So in those cases when someone is saying that they were on a secret mission, there is a process that VA has that we go for verification. It's not done at the Regional Office level. So we'll send it off, and even if they can't tell us anything about the mission, they will come back and say, yea or nay, this person was

an ex-POW or this person was in combat. So there is a process that we can verify.

MR. FLETCHER: I know the guys that--I've had the opportunity to talk to a couple of people, and they weren't prisoners of war, but they flew out of Guam and parachuted in behind in Vietnam, but they took their dog tags. They wouldn't allow them to wear dog tags. Your wallet and everything else.

And this guy is really angry at the VA because he can't prove he did those missions. They didn't keep a record of them. He was wounded and they got him out, but still they say he was wounded in the line of action, not that he was wounded behind the enemy lines, and he was very--he said I want them to recognize me as dropping behind enemy line. Damn it. He was very upset about it. And I said there's nothing I can do about it.

DR. AMBROSE: Combat wounded is combat wounded.

DR. CORNUM: That's right.

CHAIRMAN McNISH: Yeah.

MR. FLETCHER: Oh, he was getting disability, but he was not recognized.

DR. CORNUM: I don't think that's an official recognition designation either.

MR. FLETCHER: What?

DR. CORNUM: There's no designation "behind enemy lines." If the enemy gets in front of you, you are by definition behind enemy lines. Trust me.

CHAIRMAN McNISH: If you don't retreat fast enough--

MR. HANTON: Whether you are dropped there or otherwise.

DR. CORNUM: Right. Boom.

MR. FLETCHER: I think what you're not seeing is these guys were dropped behind the enemy lines to destroy--

DR. CORNUM: I do see that, but there's no--it doesn't matter. There is no official designation that says that.

MR. FLETCHER: Oh, I got you. No official. Okay.

DR. AMBROSE: Yeah, yeah. And if he's got the combat wounded, then that's--

DR. CORNUM: And he's got the combat, he's got the campaign ribbon. I mean that's all you get.

DR. AMBROSE: Yeah. That's all you can get.

CHAIRMAN McNISH: That's all he's going to get, yeah.

DR. AMBROSE: That's all you're going to get. It's all you're entitled to.

DR. KUSHNER: And you get the stories that you can tell in bars.

[Laughter.]

REV. DR. CERTAIN: That's right.

DR. KUSHNER: Or at the VFW or the American--

MR. HANTON: You might have a coin.

CHAIRMAN McNISH: Marion.

DR. SHERMAN: I'd also like to bring up the role, secondary role of the team. If you have a good trained team at the facility, just this year

in 2015, the team found a person who had actually used his deceased POW brother's DD-214.

DR. CORNUM: Wow.

MRS. BUSSEL: Oh, wow.

MR. FLETCHER: Oh, yeah.

DR. SHERMAN: No, not sorry, not POW, but had altered it so used his combat brother DD-214, altered to say POW and had gotten in through the system.

DR. CORNUM: Wow.

DR. SHERMAN: And when it was picked up and sent to our regional VBA guy, he said, well, somebody must have not been paying a bit of attention this is such a bad counterfeit. So the clinical team itself when well trained will be picking up any that do slip through the cracks.

CHAIRMAN McNISH: Well, with any luck at all, that guy is getting free meals now.

DR. CORNUM: Yeah.

[Laughter.]

DR. CORNUM: And a bed.

CHAIRMAN McNISH: And a bed.

MR. HANTON: I wonder if that's part of the training in that conference? Do they talk about that in the conference? What's the curriculum on--

DR. CORNUM: Yeah, for ferreting out bad ones, not just--

MR. HANTON: Do they have that as part of their curriculum in training people?

DR. CORNUM: I don't know. There's a training guy in the corner.

CHAIRMAN McNISH: Bob's here. Stacy's left.

DR. KROFT: I didn't hear the--

DR. CORNUM: The question?

CHAIRMAN McNISH: Is there anything in the POW seminar curriculum that includes being attentive to the possibility of false claims of being a POW?

DR. KROFT: I think Mack brought it up, but I'll verify that. And I think Mack brings it up in one of his discussions when he's talking. I think they hit that a couple of times through the

thing, but I have to verify that.

CHAIRMAN McNISH: Okay. Thanks. Any other questions for these folks?

DR. CORNUM: No.

CHAIRMAN McNISH: Then I think we're, unless somebody has some other issues that they would like to bring up or other discussions. I don't think we're quite ready to talk about making sure we've got the list complete for our report yet.

So I guess we're--yes, Mike.

DR. AMBROSE: Well, one item that we might consider now is nominations for the next meeting.

CHAIRMAN McNISH: Ah. That's true.

DR. AMBROSE: I nominate San Antonio since they've got this clinic that seems to be looking like a model that we would like to spread, and if there are any other considerations or any other places that people would like to put forth for consideration?

CHAIRMAN McNISH: Good point. Anybody, any discussion, any other thoughts or ideas?

DR. KUSHNER: I second San Antonio.

CHAIRMAN McNISH: Yes, Bob.

DR. KROFT: Will you take one from the peanut gallery?

CHAIRMAN McNISH: Of course.

DR. KROFT: I was talking to Stacy, and she said she would be interested in Pensacola to be able to see the Mitchell Center.

DR. SHERMAN: I lived in Pensacola. It's very hard to get into and out of.

DR. CORNUM: No, it's not.

DR. AMBROSE: No, it's not.

CHAIRMAN McNISH: Not really.

MR. FLETCHER: No, you need your ID card. That's all.

CHAIRMAN McNISH: Mike does it.

DR. CORNUM: I think perhaps she means the flights.

REV. DR. CERTAIN: You mean the town.

DR. KROFT: Air fare.

DR. CORNUM: Yeah.

DR. SHERMAN: I mean you have to go

through Atlanta.

DR. AMBROSE: You can't go to hell without going through Atlanta or Charlotte from Pensacola.

[Laughter.]

MR. HANTON: I was just down there three weeks ago, and it was easy. You go to Fort Walton and you--

CHAIRMAN McNISH: We got--thanks, Bob. So we got two suggestions. Do we want to think about it and then discuss it this afternoon or are there any other thoughts of places that we might should ought to go in the fall?

MR. GALANTI: How many on the Committee have been to Pensacola for physicals? How many have been to San Antonio for--

DR. CORNUM: Any number of things.

CHAIRMAN McNISH: I go there everyday.

[Laughter.]

MR. GALANTI: I mean to see this program.

CHAIRMAN McNISH: Oh, to see the program. Nobody.

DR. AMBROSE: Nobody.

CHAIRMAN McNISH: Nobody.

MR. FLETCHER: Audie Murphy VA.

CHAIRMAN McNISH: Okay. Well--

CHAIRMAN McNISH: Eric, can you try to coordinate with them and see if they're amenable to it? How about--

MR. ROBINSON: The Mitchell Center and who else?

CHAIRMAN McNISH: I don't know that this is kind of impromptu, and I don't know if everybody has had a chance to look at their calendars, but by this afternoon, if everybody would have like a first and second options of--

REV. DR. CERTAIN: In what?

CHAIRMAN McNISH: In what?

DR. AMBROSE: October.

MR. ROBINSON: Oh, okay.

CHAIRMAN McNISH: Usually it's--

DR. AMBROSE: Columbus Day is the 12th.

CHAIRMAN McNISH: When is it easier for you to be able to fund a meeting out of D.C.? Is that an issue as far as budgets are concerned or

anything?

MR. ROBINSON: No, because we'll be in a new fiscal year come the fall there. So normally--

CHAIRMAN McNISH: Okay. So October sometime.

MR. ROBINSON: That would be great. San Antonio. Is that a specific place in San Antonio? The clinic there?

CHAIRMAN McNISH: The Audie Murphy VA.

MR. ROBINSON: Audie Murphy VA. Okay. Audie Murphy VA.

CHAIRMAN McNISH: And there's an RO there too. So, you know.

MR. ROBINSON: San Antonio. Is there an RO in San Antonio?

CHAIRMAN McNISH: I think there is. Isn't it?

DR. AMBROSE: Regional Office.

MS. WILLIAMS: I don't think we have one in San Antonio.

CHAIRMAN McNISH: No.

DR. AMBROSE: That goes through Waco. It

goes through Waco. We've been to Waco, yeah.

CHAIRMAN McNISH: Yeah, we've seen that one.

DR. AMBROSE: Yeah.

DR. KUSHNER: Talking about "wacko"--"Wacko," Texas.

MR. ROBINSON: So either San Antonio or Pensacola.

CHAIRMAN McNISH: I think, yeah, first choice seems to be San Antonio so--

DR. AMBROSE: I have a conflict of 20th of October, but the 12th is Columbus Day so we wouldn't do it then. 5, 6, 7. 26, 27, 28.

MR. ROBINSON: 26.

MRS. BUSSEL: We're busy.

REV. DR. CERTAIN: The first week is my best week. Second week early in the week is okay.

MR. HANTON: When you say first week, what do you mean?

DR. AMBROSE: 5, 6, 7.

CHAIRMAN McNISH: We can easily slide it into early November in San Antonio because it ain't

going to be cold.

DR. CORNUM: Yeah, I am booked the first two weeks in November every year.

MR. HANTON: How about the last week of October, the 25th, the week of the 25th?

DR. CORNUM: I'm with Bob. The first week is the best.

MR. ROBINSON: The 5th of October.

DR. CORNUM: For me, 5th, 6th, and 7th.

DR. AMBROSE: 5, 6, and 7.

MR. HANTON: I have something at the end of that week, but there are airplanes that can take me there.

MRS. BUSSEL: 5, 6, 7, we're in D.C.

DR. KUSHNER: Yeah. I'm booked 14 to 17 November.

DR. AMBROSE: Five through seven.

CHAIRMAN McNISH: 5 to 7 of October.

DR. AMBROSE: Melanie, 5 through 7, y'all are booked?

MRS. BUSSEL: October 8, 9 and 10.

DR. CORNUM: Well, depending upon what we

do about membership, that may or may not be all that relevant.

CHAIRMAN McNISH: Yeah.

DR. CORNUM: Maybe we should have that discussion before we--

CHAIRMAN McNISH: Well, it's not our decision. It's really the boss' decision. Bob's.

REV. DR. CERTAIN: Bob.

DR. CORNUM: Bob.

REV. DR. CERTAIN: Some Bob.

MR. FLETCHER: Some Bob.

CHAIRMAN McNISH: 5, 6, 7 will work for me.

MRS. BUSSEL: Which month?

DR. AMBROSE: October.

MRS. BUSSEL: I think we've got a problem, but I've got to double-check. I think the 8th, 9th and 10th, we're going to be in D.C., and I'm not sure we can--Norm can do all of that.

DR. CORNUM: Well, you just have to fly from San Antonio to Washington on the 7th.

MRS. BUSSEL: That might be doable.

MR. HANTON: I have to fly from San Antonio to the place I'm going.

DR. CORNUM: Me, too, to Australia.

MR. HANTON: Instead of driving there.

CHAIRMAN McNISH: Oh, you're going to Australia again?

DR. CORNUM: Yes. Every October and every April.

DR. KUSHNER: What do you do there?

DR. CORNUM: I teach psychological fitness.

DR. KUSHNER: What?

DR. CORNUM: I teach psychological fitness.

DR. AMBROSE: Self-directed TDY.

MR. FLETCHER: Technological visit.

CHAIRMAN McNISH: She collects airline miles.

DR. CORNUM: I collect a lot of airline miles. And I build a lot of concrete when I got home from what they pay me.

MR. BUSSEL: Bring back a marsupial.

DR. CORNUM: Yeah, but that's not--the first week in November that's not what I'm doing. It's the Gordon Center National Field Trial every year.

CHAIRMAN McNISH: Sounds like the 5th, 6th, 7th--

REV. DR. CERTAIN: It's my best time.

MR. HANTON: Is the best.

DR. CORNUM: Has the best opportunities.

CHAIRMAN McNISH: Is there anybody that has a hard conflict to 5, 6, 7?

DR. KUSHNER: October?

CHAIRMAN McNISH: Uh-huh.

DR. KUSHNER: No.

DR. CORNUM: Well, let's take the shot.

CHAIRMAN McNISH: Well, it doesn't even sound like we've got a good option for an alternative.

MR. FLETCHER: The only other alternative was Pensacola.

MR. HANTON: No, dates. Alternative dates.

MR. FLETCHER: Oh, dates. I'm sorry.

MR. HANTON: Only time would be in November I would think. Didn't we have it last November.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: Yeah, because of budgeting changes or something. Well, we had to cancel the one to Seattle.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: So we redid it in Seattle.

DR. CORNUM: Hal went anyway.

MS. BOOHER: Hal went anyhow.

DR. KUSHNER: I had the best time.

[Laughter.]

REV. DR. CERTAIN: Did you get a lot accomplished; did you?

DR. CORNUM: No arguing.

DR. KUSHNER: Right.

MR. HANTON: No action items. Nothing.

CHAIRMAN McNISH: Okay. So--

DR. AMBROSE: You go to Seattle now, they

have to add the gratuity at 18-1/2 percent in a lot of places because they've gone to the $15 an hour minimum wage. It's closed down several restaurants.

MR. FLETCHER: $15 minimum wage. Where is that at?

DR. AMBROSE: Seattle.

MR. FLETCHER: You're kidding.

CHAIRMAN McNISH: Okay. So Eric, I guess your task is to make sure that there's no hard conflicts in San Antonio 5, 6, 7 October.

MR. ROBINSON: That's first choice. And then a second choice is?

CHAIRMAN McNISH: We don't have a second choice for dates because amongst this group--

MR. ROBINSON: I mean as far as location.

DR. AMBROSE: I think location is--

MR. HANTON: Location for those dates, if they have a problem in San Antonio for those dates, then do we change the dates and go there when their dates are good or do we change the location?

CHAIRMAN McNISH: I'm not sure how much

flexibility we have in the dates so maybe we look at Pensacola if we can't do that.

MR. ROBINSON: Okay. Second choice. Okay.

CHAIRMAN McNISH: I got a feeling that San Antonio--

DR. CORNUM: Will be accommodating.

CHAIRMAN McNISH: Very accommodating.

DR. CORNUM: Or we could go to Loma Linda.

MR. FLETCHER: Been there.

MRS. BUSSEL: It's hard to get to.

DR. SHERMAN: It's a great place. Beautiful in the fall. You're very welcome.

CHAIRMAN McNISH: Okay. Let's be back about ten to one at the latest because we've got folks that are supposed to be calling in. If nobody calls in, then we'll have a free afternoon, I guess.

Well, we got the Subcommittee report. Pardon? Oh, yeah.

REV. DR. CERTAIN: I called Stacy Andrews on the break, Bill's wife, and he is--they do live

just 30 minutes away in Alexandria. He's in Stage 4 hospice care at home. Family is gathered. So--

DR. KUSHNER: Bill Andrews.

REV. DR. CERTAIN: Bill Andrews.

DR. CORNUM: That's what I thought was happening.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: I'm surprised it's taken this long based on where he was. So--

MR. FLETCHER: Our son died of glioblastoma, which is a brain tumor.

CHAIRMAN McNISH: That's what Bill has.

DR. KUSHNER: That's what he's got. Glioblastoma.

MR. FLETCHER: Oh, you're kidding. And he, from the time he was diagnosed, he lived about 13 months.

MR. HANTON: Your son?

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: That's about what Bill has lived.

DR. KUSHNER: I just lost a very good

friend who had that. He lived 23 months.

MR. FLETCHER: When you go, it's not just like this. It's--it's fast.

MR. HANTON: That's what happened to my wife too. When the cancer went to her brain, it was days.

MR. FLETCHER: We used to go to have breakfast every morning, then all at once--because we told him, once he got serious enough, he was not going to live in Florida. And so he called us and said I want to come home, and we, my daughter and son-in-law went down and got him, and he was--and I'd say you want to go to breakfast? Yeah. We'd go to breakfast and he'd eat.

This was September, October, November. By December, he just went.

CHAIRMAN McNISH: Okay. Well, we are--

DR. CORNUM: Well, it's sad.

CHAIRMAN McNISH: We are in recess.

MR. FLETCHER: Yeah.

DR. CORNUM: It's sad.

CHAIRMAN McNISH: Until 12:50.

MR. FLETCHER: Oh, it's very sad. 48 years old.

DR. CORNUM: Bill is probably 50.

[Whereupon, at 11:35 a.m., the Advisory Committee recessed, to reconvene at 1:00 p.m., this same day.]

A F T E R N O O N S E S S I O N

[1:00 p.m.]

CHAIRMAN McNISH: Okay. We're going to try to get going.

[Teleconference begins.]

MS. WILLIAMS: Good afternoon. Is there anyone on the line?

MR. MILLER: Yes, I'm Jason Miller, Chief of Outreach, VBA.

VOICE: Atlanta is on.

VOICE: Boston is on.

VOICE: Providence.

VOICE: Denver.

MS. WILLIAMS: Is there anyone else?

VOICE: Lincoln.

VOICE: Cleveland is on the line.

MS. WILLIAMS: Okay. So good afternoon, everyone, and welcome to the FPOW discussion forum. So first I want to ask everyone to please put your phones on mute when you're not speaking.

So my name is Leslie Williams, and I'm the FPOW program manager of Benefits Assistance

Service, and I have with me--

MR. ROBINSON: Eric Robinson. I'm the DFO for the FPOW Committee. And this afternoon, we're going to have some questions for the FPOW Committee members, and if you all will just one at a time, please, state your question, and we will field these questions to the Committee members.

CHAIRMAN McNISH: And this is Tom McNish. I'm the chair of the FPOW Advisory Committee, and I welcome all of you in a distance learning type situation to our Committee.

We have here our Committee members. Mr. Paul Galanti was a POW in Vietnam. Dr. Rhonda Cornum, who was a POW during Desert Storm. Mr. Tom Hanton, POW from late shootdown group in Vietnam. Dr. Mike Ambrose, who is a former director of the Robert E. Mitchell Center for Prisoner of War Studies. Mr. Norm Bussel, POW from World War II. Reverend Bob Certain, a POW from the later phase of Vietnam. Dr. Hal Kushner, an Army physician, prisoner of war from Vietnam, captured in South Vietnam. And Mr. Bob Fletcher, who is a prisoner

of war from the Korean War.

I've had the honor and privilege of speaking to this group, this seminar, or telephone conference in the past, and I've found it to be useful to me and I hope to you. But in this case, we are here to answer your questions if we can or get them directed in the right direction if we can't.

So with that, I'd like to open it up to any questions or comments that you folks might have.

DR. CORNUM: Don't all talk at once.

CHAIRMAN McNISH: I hear all silence.

[Laughter.]

DR. AMBROSE: Take the phone off mute.

CHAIRMAN McNISH: Anybody have any thoughts, comments, questions for this Committee? One of the things that we've been addressing has been the issue of the validity and accuracy of our list of prisoners of war. And last meeting, we had a very clear bit of evidence presented that the VA list was inaccurate, and we're comforted that the

VA has made some very fairly significant movements in getting it right.

Leslie was one of the ones that had a key part in that, as did Eric, and we appreciate that. So we hope that now if you get somebody saying that they're a former prisoner of war, you've got a good source to check out whether that's true or not.

We are also pleased to note that the Secretary has agreed to fund another of the former prisoner of war seminars this fall, which will be held in Atlanta, and hopefully all of you have attended that and will encourage those who haven't to attend and anyone who may have attended greater than five years ago, we certainly welcome them to come back and get brought up to date.

MR. MILLER: Hey, sir, this is Jason Miller, the Chief of Outreach in VBA. I have a question for you real quick.

Can you hear me?

CHAIRMAN McNISH: Yeah, loud and clear.

MR. MILLER: Okay. Great. Hey, I was actually--I was talking to Leslie about this the

other day, about this master list. Who, because I'm a little confused--and forgive me because I've only been in this new position for about two months--but who--where are all these different lists, and are there multiple lists because I have a feeling that maybe, you know, DoD maintains the master list of all FPOWs that they know of and then we have a list of all FPOWs that are receiving VA benefits, and then--so are there different lists or are we talking about one main--I feel like there might be a miscommunication between--I'm just sort of confused. Can you clarify that for me?

Or, Leslie, can you try?

CHAIRMAN McNISH: Well, let me touch on that a little bit because when we ran into things like the fact that the VA had a list that said there were 1,800 recipients of VA benefits or at least people on the VA rosters listed as former prisoners of war from Vietnam, and we know that only 661 of us were released at the end of the war, there's pretty clear mismatch.

There are similar--there was a similar

mismatch from the Gulf War. We know that only 21 of them came home, but I think the VA was listing something like 60 or 80. So hopefully we are cleaning that up, and to my knowledge, the DoD list in the past has been hard to obtain and then use that to scrub the VA list.

But I think this is happening. Leslie through a lot of her efforts is working that way, and she got I think a FOIA request to the DoD to obtain their list.

For the Vietnam folks, it was a lot easier because we've been pretty conscientious in maintaining that. Our historian has. Mike McGrath. And so getting the VA list to match or the Vietnam list to match the VA group has been much easier, much more successful, but hopefully we're going to get the whole thing.

And Leslie has told us that in the fairly recent past, there have been several people removed from VA benefits when those benefits were based upon a claimed former prisoner of war status that was not validated.

MR. MILLER: Right. Exactly. And I guess that's kind of what I'm trying to get at, is you touched on it, is if DoD I feel like knows, you know, if one of their servicemembers was an FPOW, and if we can get that master list of everyone in their records that has ever been an FPOW, we can scrub it against who is in our system is receiving benefits. We then know where the gaps are of who we need to make contact with to reach out to see if we can assist them in certain way so that we can at least say, you know, maybe not every FPOW is receiving benefits, but we have at least, you know, reached out to everyone and just try to have a little bit more robust of an outreach program to try and contact these folks.

So I think it's beneficial not to make the list match per se, but just to see, to find the gaps in who we are currently serving and who we don't know, you know, who we're not serving. So--

CHAIRMAN McNISH: Well, yeah, I think it's beneficial in two ways. One, to try to find those, use it as a manner of outreach if it can be. But

it's also beneficial in removing those who don't deserve the benefits that they're receiving because they never were incarcerated.

MR. MILLER: Exactly. And if we have a verified list from DoD and our list of who we're serving, it would be just too easy if anyone applies for benefits, you know, as an FPOW, we can just bounce it off that list, and there would be no issue of stolen valor, fraud or anything because we can, we have that verified list. So--

CHAIRMAN McNISH: Yeah, we agree heartily.

MR. MILLER: Cool. Well, Leslie, there's your tasking.

[Laughter.]

MS. WILLIAMS: By the end of the week.

[Laughter.]

MS. HOMAN: This is Jennifer from Detroit. Can you hear me?

CHAIRMAN McNISH: Yes.

MR. MILLER: Yeah, and Jennifer, I did see that you sent that resource. I didn't click on the link yet, but that's just for Korean War?

MS. HOMAN: No, it isn't. I just happen to be on that page. It's the DoD POW, MIA accounting list. It's pretty extensive, but it's a DoD Web site.

MR. MILLER: And is that--that is all encompassing. Is that verified that it's everything or is that the working document or is that--I mean--

MS. HOMAN: It's obviously going to continue to be working and updated. But it says continuously updated on their Web site. It says between now and January 2016, our Web site will be continuously updated, but they are constantly adding to this list and updating the information, but it has links to all the POWs that they have record of.

MR. MILLER: Okay. So that is the--that's the source that DoD has right now?

MS. HOMAN: I use that as the DoD and the NARA to cross-reference with veterans who claim to be POWs.

MR. MILLER: Okay. Cool. And, again, I'm

sure my outstanding coordinator, Leslie Williams, who is there, probably already knows all this, and so I'm probably just looking dumb by asking questions. I haven't asked that question yet so I appreciate you all informing me.

MR. FLETCHER: Jennifer--

CHAIRMAN McNISH: Mr. Fletcher has a question for Jennifer. We're going to get the phone a little closer to him.

MR. FLETCHER: Oh. Jennifer.

MS. WILLIAMS: Are you still there?

MS. HOMAN: Sorry. Yes, I'm here. Go ahead. I had it on mute.

MR. FLETCHER: How do you find out about Second World War prisoners of war who have no DD-214s? So how do you go about tracing them down?

MS. HOMAN: I'm a VSR so I guess we call ourselves super sleuths and try to get as much information as we can. I've had to do that. I try to cross-reference and ultimately we take all the evidence we can, and if we're not able to prove it, we have to do an admin decision, and now it has to

go all the way to Central Office to be, you know, to make sure that we made a good decision one way or another.

MR. FLETCHER: Okay. Well, thank you, Jennifer.

MS. WILLIAMS: So can any of the coordinators explain the claims process to the Committee in reference to processing FPOW claims? So you all can just talk about the process from start to finish and also include verification. How about--okay. Go ahead.

MS. STUMP: This is Shannon. I'm the POW coordinator in Boston, and I know up here we've relied a lot on our service officers and some of the relationships they have with the POWs and their clients and work on a very much case management kind of role where they specifically walk the claim down to us, and we're able to look up in NARA immediately whether the person is a verified POW and just do that as quickly as possible.

And then we eventually work to maintain really strong relationships with some of the C&P

examiners at the hospitals to just kind of get that done as quickly as possible. And if we can do a review which is basically them just looking through the records right then and there to see if and what we can grant, as much as we can grant, like the minimum I know I try and shoot for is statutory housebound, which is 100 plus an additional 60.

We do that right off the bat before any kind of 5103 or anything goes out, and then beyond that we just kind of work with the vet to find out what exactly else is going on, what kind of other things in terms of need, and then I don't know if that helps answer any questions. But a lot of it for us has been a lot about the relationship-building, especially with the service officers and the C&P examiners down at the VA medical centers.

MS. WILLIAMS: Okay. And do you find--

MS. STUMP: That would be my advice for any new POW coordinator that's working, is just try and make those contacts because it's been invaluable for us.

CHAIRMAN McNISH: Great.

MS. WILLIAMS: Now, do you find that whenever you're working a claim, do most of the claimants, they have FPOW status listed on their DD-214 or do you have to go through the verification process?

MS. STUMP: It is rare from what I've seen that it's been on the 214. For the most part, we're easily able to find them in NARA. There have been only a couple situations I believe where we haven't been able to find it in NARA, but if it's not, it's been somewhere in the STRs where there is the POW returnee exam as they're getting out of the service. So that's been fairly easy to verify.

I did actually have an interesting one where in all of our VA systems he was flashed as a POW. So I reached out to him and called him right away and said, you know, I'm the POW coordinator. I'm here especially to work your claim if you have any questions along the way. And he was really confused because even though he was in NARA, it turns out it was the guard of a prisoner camp actually.

CHAIRMAN McNISH: Oh.

MS. STUMP: So that was something that was interesting because we went back and forth with CO and BAS saying what do we do? And just got responses back saying, no, he's a POW. Really? Okay. He's--

CHAIRMAN McNISH: He doesn't think so.

[Laughter.]

MS. STUMP: We didn't know what to do with that, but in terms of confirming POW status, we really haven't had that much trouble.

MS. WILLIAMS: Okay. So what about, Anthony, would you tell us a little bit about your outreach efforts?

MS. STUMP: That's something that we've been trying to push a little bit more. We do have a city coordinator in Boston who is very big doing the annual POW program, and that was something that we've been trying to get more involved in and just take a heavier role in as an office just because we are right next door, and there just hasn't been a presence really before just because of past

decisions that have been made about outreach and what not.

We're also trying to work more with the hospitals, and I now have a couple of annual lunches at the different hospitals in the region, to have POW luncheons and brunches, but a few of those that we did go see, we were able to give out benefits books and cards and claims and just talk to these POWs about their benefits and kind of get some different business that way and kind of disseminate our name.

But I know the best success we had was a couple of years ago when I think it was Central Office that sent out letters to a bunch of POWs saying if you are interested in filing a claim, please do so. And that was going to be my question for the call, is that the plan again? Because we got a lot of claims in from that. And at one point I think we had like 15 or 20 claims pending, and it's tapered down to now we have maybe one a month or so.

MS. WILLIAMS: Okay.

MS. STUMP: So that was something I really thought was useful.

MS. WILLIAMS: Okay. Now do you see many DIC cases?

MS. STUMP: We try. Again, that's something that we've been kind of working with our director on to let us keep them here and work them here as they come.

[Laughter.]

MS. STUMP: We've also tried to work with our IPC, our triage team, to filter them down to us as they come in, and that's where the relationship with the service officers comes into play, just to make sure that someone doesn't just see a death claim and send it automatically to Philadelphia.

We do get a couple a year, I think, which I know is not all of them, but we do our best to route them down here as we find them, just so that we can grant them right off the bat.

MS. WILLIAMS: Okay. So do you know I guess what would be the norm in relating to the percentage of service connection?

MS. STUMP: We do absolutely anything and everything to not deny conditions. If there's any possible way to grant anything, we will. And that's really something where we kind of play around with what we have in the VA medical record, anything we can get from their private doctor, and also just working with our in-house physician to try and relate anything major really that they're claiming.

So like I said earlier, my goal is statutory housebound, which is 100 with an additional 60 percent. If we're not able to get them that, I'm not very happy with it, but--

[Laughter.]

MS. STUMP: That's kind of what we aim for.

MR. FLETCHER: Ask her how many days does it take to get it through, a POW claim.

MS. WILLIAMS: So, Shannon, one of the Committee members wants to know what's the normal processing time for an FPOW claim?

MS. STUMP: I don't know about the

standard. Again, it goes up to the triage center where they send a letter out that is like a 30-day due process if we don't get them to waive it. In our office, we like to have them done within about a week or so.

MS. WILLIAMS: Okay.

MS. STUMP: And that's just utilizing the in-house doctor, seeing what he can do based off of the private records we have in the VA record, and if that means also that doctor going to the person's nursing home or house, or getting them in, providing transportation, whatever they need to do, to the medical center. We work on doing that as quickly as possible, but it doesn't usually ever go more than a week or so.

MS. WILLIAMS: Okay. So one of the issues that was discussed today is how the FPOW coordinators for VBA are working with the FPOW advocates for VHA so are any of you all working closely with your counterparts at VHA?

MS. STUMP: I know, again, for us, it's just the C&P examiners. We haven't worked as

closely with the appointed social workers and what not, but I know we have one or two social worker contacts that work as the POW advocates at VHA, but there's not a formally established relationship at this point.

MS. WILLIAMS: Okay.

MS. STUMP: I don't know about anyone else.

CHAIRMAN McNISH: Any of the rest of them?

DENVER: In Denver, I do have a direct relationship with our VHA POW coordinator on that side, and we do work together with the other elements on the VHA side, including religious staff, to work with all of our former POWs in the area.

MS. HOMAN: It's the same in Detroit. The Detroit VA Regional Office has excellent relationships with the hospital outreach coordinators and Ann Arbor, Detroit and Saginaw, which are our three biggest--or three of our five hospitals.

MS. WILLIAMS: Okay.

BUFFALO: This is Buffalo. Basically our social workers will call us if there's an outstanding claim or if a former POW is hospitalized or wants an increase. We get it over the phone. We'll take it, and we'll start it up from there. And usually we try to get them done within a week, two weeks, if we can.

MS. WILLIAMS: Okay.

BUFFALO: I have a question, and I don't know if anybody can answer it or not. Has anybody ever thought about the National Work Queue? It's supposed to be coming up, and what's going to happen with the former, the FPOW claim if they're going to go into the National Queue, if they're going to go to somebody who is not experienced in doing them?

MR. MILLER: I'll answer that one. And by no means--this is Jason Miller again. I'm sorry. By no means am I an expert on National Work Queue, but I understand it very well. There is an easy way to handle that if we get ahead of it. The National Work Queue has a great tool and

functionality to where if there's a need to create a routing rule within the Work Queue, we just need to have the justification for it.

So if there's an FPOW claim in the system, and there's a need for that certain kind of claim to be routed to only the individuals that have the training to do that kind of claim, all you have to do is tag those certain claims as a special claim, and then you have a list of all the employees that are trained to do those kind of claims, and it will connect them.

So all the claims go to the National Work Queue, but if it's an FPOW claim, those claims will only be routed to the individuals that are trained and authorized to do those sort of claims, and that's how it works with every kind of claim, you know, MST claims, PTSD, TBI, all those kind of specialty claims. They're working up that rule set to where it filters down so that the right claim goes to the right person at the right time when it's ready to work.

And by default, it's going to go to the

local RO in that state if it can, if it has the ability to work and the time to work, but we're not going to hold claims up if that office doesn't have the throughput and ability to do that work. So if that's the case, then they'll route that claim to a different office so it can be processed faster versus being just waiting on someone's desk.

I don't know if the National Work Queue office has looked at FPOW claims yet. I want to try and hopefully give them the benefit of the doubt of saying that they have thought about it, but maybe we need to look into making sure that they have because they're going through and writing all those rules right now to make sure that when they do roll out the Work Queue, all those intricate little details of all those special claims don't get lost.

So I've asked Leslie, if you can, take that tasker as a due out for us to check with Ron Burke and the National Work Queue folks to see if they have already written a rule to properly route FPOW claims to the correct people. And if they

have, let's go ahead and just check on it to make sure that it's appropriate, and if they have not, then we all need to come together to figure out the justification for that so that they can write that rule so we're all squared away so when the Work Queue rolls out, nothing gets lost.

MS. WILLIAMS: Okay.

DR. AMBROSE: Apropos of that--this is Michael Ambrose, one of the Committee members--we have heard requests from Regional Offices to be able to maintain control of DIC claims of former prisoners of war.

What is the feeling of all the folks who are on this conference call in terms of retaining control of former prisoner of war DIC claims in the local office if they wish to do so?

MR. MILLER: It's a great idea. So I'll go ahead and tell you what I think, and I might not be messaging the actual policy per word by word by word, but Regional Offices do have the ability to maintain control of certain special cases with the assumption that they have the bandwidth to do so.

So if you have, if you have a special claim that's very sensitive like that, and you want to maintain that claim in the regional local office there, you can do that even in the National Work Queue. There's a process to where you can do that.

However, if there's an office that's requesting to maintain control of every single claim, and they now have a huge state backlog because they want to hold ownership of every single claim, there is a point at which at the national level, we'll say, all right, guys, you know, we understand that you want to maintain everything, but at the same time, we have to, you know, keep reminding ourselves that we are trying to serve all of our veterans. Is it worth having one state's veterans waiting three months for a claim versus one state's veterans waiting a year for a claim?

We're trying to level the--you know, even out the playing field a little bit. So there is definitely a process where a Regional Office can request to maintain those claims, but it's with the assumption that they have the bandwidth to do that.

DR. AMBROSE: The reason this came up, once again, was we had a report of a DIC claim for a POW widow that took a year to be processed. I don't think that the Regional Offices have been advised of their ability to maintain control of the selected former prisoner of war DIC claims, and I'm wondering about the ability to notify those Regional Offices of their ability to maintain control of these selected small number of claims, and the number of total POWs is decreasing at an exponential rate?

MR. MILLER: Okay. Right. Understood. And we can get an answer for that. Leslie, if you don't mind taking that note down because I'm almost positive that the Work Queue folks have a much better answer than I'd be able to provide. We can get back to you on that.

But what I do know is that once the Work Queue gets fired up, the tracking or routing process is so robust that I'm very confident that claims won't be lost because right now when we're routing them electronically but we're doing them

manually, you still have to go into the system and look to see if things are ready to be worked or you still have to go find things.

In the Work Queue, it will sort through all the different claims, and it will notify the employees when the claim is ready to be worked, when it's past due, when it's been sitting for too long, when it's a priority, so it takes all the guesswork out of what claim to work when.

We set the priority at the national level, and so obviously a DIC claim, a widow claim, financial hardship claim, homeless claim, those kind of special initiatives would take priority and get pushed to the right person as fast as possible at the office that has the ability to work it quickly, and the routing and tracking process within the National Work Queue will allow it to do that better than we are doing it now.

So I know there's a little bit of anxiety because of the change to the National Work Queue, but I'm very confident that none of the claims are going to get lost in this new system. If anything,

the tracking and speed of things is going to get much, much better, but I will get you the approved answer from the Work Queue staff on that process because, again, I don't work in that office. I just, I've been talking to them a lot about it lately.

CHAIRMAN McNISH: Well, since this Committee's charter is very narrowly defined to former prisoners of war, and then you narrow that down to FPOW DIC claims, you (a) have a fairly small number, and (b) have a unique situation where you have a local rater who almost certainly is familiar with that person's file. And in the past, when they were trying to send it to the PMCs, they would just--you know, it took longer to get the stuff/the records up to the PMC than it did to actually grant it locally, and we were running into a lot of issues where these widows were waiting weeks, months, sometimes longer, to get a DIC claim granted that could have been done.

Obviously, if they had been 100 percent for over a year, it's instantaneous.

MILWAUKEE: If I could interject here. My name is Guy. I'm with the PMC in Milwaukee. I'm a POW coordinator for the PMC in Milwaukee.

As far as the DIC cases go, especially if we have a previous rating, I can't attest to the Philadelphia PMC or St. Paul, but I know that here we get them done really quickly. If we need a file, we get that done as fast as we can. We put a--just put a "hit" on it so it can come as quickly as possible, and the process has sped up so much in the past couple of years.

When the death claims were originally given to the jurisdiction of the PMCs, there was a little bit of kind of a learning curve, and there were some growing pains, but we've, at least in Milwaukee, have worked those out.

So I can understand the issue of wanting to keep the DIC cases within the Regional Offices, especially you made the point if the person, a POW coordinator has already rated the veteran, and now the veteran has passed away, it's easy for them to realize, oh, I worked this case, we can grant this

DIC case immediately.

That has changed a lot in the past year, past two years. So it is getting done a lot, I can't--you mentioned a case that was pending for over a year. The only couple of things that I could think of where sometimes at the triage level it's missed, that the POW indicator on the application is missed. So the claim doesn't get flashed, and it kind of sits with the rest of the claim. So if that gets missed, sometimes it can delay it.

On top of that, if they didn't pass away from a service-connected condition or they were never service-connected in the first place, verifying all that information is not the easiest thing to do as well.

So I can't, I can't attest to what happened in that particular case, but we find that our POW DIC cases get done very quickly here in Milwaukee.

CHAIRMAN McNISH: I'm not questioning that you guys turned them efficiently, but if they can

be turned instantaneously at the local level, sometimes that makes a difference--

MILWAUKEE: Sure.

CHAIRMAN McNISH: --to these widows who are depending on that check to be able to continue to survive.

MILWAUKEE: And I'm also finding that we've also had cases where the DIC has been granted automatically, especially with the--you mentioned the veterans that were already rated at 100 percent and have been 100 percent for a long time. Some of those cases have been done automatically, and really we just need to verify that they were done correctly at that point. So even that is helping with that issue.

DR. AMBROSE: What I'm hearing then is that there is no objection to a Regional Office maintaining control and granting DIC of an FPOW case if they wish to do so. Is that correct?

MR. MILLER: From my knowledge, I believe that is correct. However, there is an "if" in there. Every claim will be still monitored and

tracked through the National Work Queue process to make sure that it is done in a timely manner, and if that Regional Office does not have the ability to do that in a timely manner, even if they want to, it will be taken away from them.

So if they want to maintain that claim and do it at the local level and they have the ability to do so, then, yes. But if for some reason they're just trying to, you know, I don't like the word, to say this word, but if they're trying to just hoard their claims--

CHAIRMAN McNISH: Pad their numbers.

MR. MILLER: --and they can't--and they can't do it fast enough or maintain their workload, then we'll have the ability, the visibility to see that, and we'll move those claims to an office that can keep up with the workload. So, yes, it is definitely possible assuming that they can actually physically do the work.

DR. CORNUM: So as long as they can do what they say they want to do, nobody will object to them doing it. That makes perfect sense.

CHAIRMAN McNISH: It makes good sense, yeah, and for the unique situation of a former POW DIC claim, it's hard for me to picture any RO that couldn't handle that if they have a dedicated POW rater who knows that claim already and wants to handle that type of thing.

MR. MILLER: Well, I would love to say that that is the standard across the board, and I would hope that it is, but what we're trying to do here is just have a standardized process across the board to make sure that everyone of these very, very important claims are processed in a fluid and efficient manner, in a standardized manner, and this new process using the Work Queue will allow us to maintain that.

CHAIRMAN McNISH: Good.

MR. MILLER: So it's really not changing the program or the process that much. It's just maintaining and ensuring a standardized flow and capturing any of those loose ends. If one kind of like starts taking a little bit too long, or one office is a little overworked, we'll make sure that

those claims, like you're saying, you had one that took about a year, I think over across-the-board most of them are not taking that long, but if you have a couple that do end up falling through the cracks, we can identify those and move them to the offices that are moving a little bit quicker. So it's just a standardization process. That's all this is.

CHAIRMAN McNISH: No, I understand that, and I was really, you know, hopefully, that's going to cure some of the problems that we know have existed where--and we've had ROs who have had two DIC claims come in within the same week, one they were able to capture locally, the other one was caught in the mailroom and forwarded to the PMC, and the one that was captured locally was turned within two to three days and continuing to track the one that was sent to the PMC took over a month to get it done.

So we've got some control studies, even though semi-anecdotally, those were equivalent on all bases and that was happening. Now, hopefully

this new system is going to help minimize that, but I don't think you're ever going to get to the situation where if a widow walks in or hands a claim to the RO that you're ever going to be able to get it sent somewhere else and done faster.

MS. WILLIAMS: So can anyone tell us how you guys are flashing the FPOW claims?

MR. FLETCHER: Hello? Hello?

MILWAUKEE: The flash that we have is within our share system. It's within our corporate inquiries, and if--that goes the same for the homeless claims. That goes the same for the hardship claims, and the coordinators for each of those types of claims can run a list at any time during the week and figure out which claims are flashed.

Like I said earlier, that usually gets done at the triage level, and if it's not done at the triage level, we're not going to catch them right away. We won't catch them until we actually read the claim, read what contentions they have.

But we have been pretty good about getting

those flashes into our system so we can pull those up on our workload list every week.

DR. CORNUM: Are there different flashes for each of those special categories? So the question is like so is it the same flash that says this is a priority case versus a different flash for former POWs versus a different flash for homeless versus a different flash for hardships, so that one could say so how many POW claims have been over a week? You could just look at that? Or do you have to look at all of the special category claims at once?

MILWAUKEE: No, you can--within our system, we can specify either POW or homeless or hardship. We can specify it so we'd know those are strictly POW claims. There are separate flashes for each one of those special types of claims.

DR. CORNUM: Thank you.

CHAIRMAN McNISH: Thanks.

MS. LEIGH-KOH: This is Devon from Detroit. In addition to that, future--I was involved in some future VBMS development for POW

issues, and they're working--one of the things that we asked for, and we're hoping to see integrated sometime in, probably in fiscal year 2016, is going to be a pending POW flash versus a verified POW flash.

So we would actually have a separate flash that would exist for veterans that we know are, in fact, POWs that would only be able to be changed or adjusted by specific individuals in the Regional Office like the VSR, the RVSR, and like a supervisor that are the POW coordinators. And in a pending POW flash, that would be attached at the triage or the IPC level for any veteran who is coming in claiming POW status, but that we've not yet been able to either verify or say you were not a POW.

Because in Detroit especially we've received a rather large influx of veterans claiming POW status, and we want to make sure we're still working hard on those veterans, but we wanted a separation between the ones that we're working to see if we can verify the ones we know are a

verified POW.

CHAIRMAN McNISH: Well, hopefully, this new validated list will make it a lot easier to bounce it off of that database.

MS. LEIGH-KOH: That is going to be wonderful.

CHAIRMAN McNISH: And get rid of the wannabees.

MR. FLETCHER: Yeah.

MS. WILLIAMS: Okay. So we just received a question. Someone wants to know are you guys careful to have former prisoners of war C&Ps done by POW-certified doctors? And so what this question is pertaining to, the Care and Benefits Team. So anyone--so you necessarily wouldn't know what the CBT was unless you attended some of the training. So has anyone on the call attended the FPOW training conference?

MS. LEIGH-KOH: This is Devon from Detroit again. I've been to the conference.

MS. WILLIAMS: Okay. So are you able to answer this question in reference to the CBT, the

clinician who's DEMO certified?

MS. LEIGH-KOH: I don't believe I am actually, but I mean I'm familiar with the roles of the Care and Benefits Team, and some of the ones that are on my Care and Benefits teams at my hospitals, but--

MS. WILLIAMS: Okay. So I'll take a stab at the question. So there is a VHA directive that states that in order to care for FPOWs, you have to go through the training; you have to be certified. It's a five-member team, and it's composed of a doctor, who is certified through DEMO, a social worker, a VHA, the VHA advocate who can be a nurse. I think it's two nurses. And then one member from VBA, which will be the FPOW coordinator. So in a perfect world, whenever an FPOW goes to VHA for treatment, they are supposed to be seen, treated and cared by a member of this team.

So the question they wanted us to I guess to state how we're tracking, to answer that question, I don't necessarily know if VHA has a tracking mechanism to ensure that FPOWs are being

seen by a member of this team, but I would assume so.

So is there anyone in the room from VHA who can speak to this?

MS. STUMP: This is Shannon from Boston again. I'm not VHA, but I did just ask our primary examiner that we use out of the Boston VA Health Care System, and he is DEMO certified. But I don't know--he's definitely not the only one that sees POWs just for primary care.

CHAIRMAN McNISH: I kind of get the impression--

MS. STUMP: I hope that helps. Just in terms of the C&P exam part.

CHAIRMAN McNISH: I get the impression that this is kind of facility by facility. There may be variances there in how religiously somebody is following that directive.

MS. WILLIAMS: Okay. So for anyone who's interested in reading the directive, if you send me an e-mail at leslie.williams1, I can forward it to you or you can just look it up. It's VHA directive

2011-018.

CHAIRMAN McNISH: I'm thinking the ones that didn't take the time to call into this conference call are probably the ones that need that information.

[Laughter.]

MS. WILLIAMS: And so if they're at the conference, they will be provided at the conference a copy of the directive as well.

So did anyone have any more questions for the Committee?

MR. SEARLE: This is Anthony calling from the Atlanta Regional Office. I actually have a policy-related question. I don't know if this is the correct forum for the question, but one of the biggest things I've seen now with POW claims is the influx of claims for aid and attendance as the population is continuing to get older.

The current guidance we have for the general veteran population regarding aid and attendance is that they have to meet a certain Schedular criteria before they're eligible for that

benefit, and it really disheartens me that we have to deny certain POW claims because they don't meet that criteria.

And we do everything we can to try to work around and stay within the means of the law to get to that point. But as this population gets older, and we see an increase in these claims, I wish that we could have something along the lines where there was some sort of extra-Schedular provision for that specific benefit. That's just my thoughts. I don't know if anybody from any other Regional Office has thoughts on that or agrees with that or not?

MS. WILLIAMS: So that is something that we can forward over to Comp Service. So right now we can parking lot that question, and I'll definitely get back to you with an answer.

MR. SEARLE: I appreciate that.

CHAIRMAN McNISH: By the way, it looks like you guys are going to have the next seminar down in Atlanta. So I look forward to seeing you then.

MR. SEARLE: Yes, sir.

MS. WILLIAMS: So just a little information on the seminar. Right now the seminar is projected for September 9th through 11th. We're still working on those dates so I'm not sure if it's concrete or not, and it will be held in Atlanta, Georgia.

We are asking that all FPOW coordinators who have not attended or who have not attended, who it's been over five years. So please notify us. That way we can add your name to the list.

And so how it's going to work is the selections will not be done at our level. It will have to come from your management. But you will have to go through TMS. There are some questions that you have to take, and that's how you enroll in the course.

CHAIRMAN McNISH: I think the seminar is August.

DR. KROFT: Yes.

MS. WILLIAMS: Oh, so it's August now.

DR. KROFT: The travel day is the 24th.

It starts the 25th.

CHAIRMAN McNISH: The seminar, next seminar is 25, 6, 7 of August.

DR. CORNUM: September. August.

CHAIRMAN McNISH: August, yeah.

DR. CORNUM: Nothing happens in September.

CHAIRMAN McNISH: Nothing in September. No.

DR. CORNUM: Except closeouts.

MR. FLETCHER: POW Day.

MRS. BUSSEL: POW/MIA Day.

CHAIRMAN McNISH: Well, on behalf of the Committee, I really want to thank all of you who did log in and appreciate the opportunity to interact with you guys like this. It's the first time we've done it at a Committee meeting, and I for one found it very beneficial.

MS. WILLIAMS: So are there any last comments or thoughts?

DR. CORNUM: Good.

MS. WILLIAMS: All right. Well, thank you, guys, for calling in, and again if you need

any more information about that conference, just please send me an e-mail. Thank you.

CHAIRMAN McNISH: And thank you very much for what you're doing for our POW veterans.

DR. AMBROSE: Absolutely.

MS. HOMAN: Thank you very much.

MR. MILLER: Good. Thank you, sir.

[End of teleconference.]

CHAIRMAN McNISH: Okay. That was great.

DR. AMBROSE: It was. So we need to put that in--I just looked at the VHA directive 2011-018. It expires March of 2016. So I'll put that in the minutes that that directive needs to be reviewed and reauthorized.

DR. CORNUM: That's good.

MR. FLETCHER: Or updated.

DR. AMBROSE: Yes.

DR. SHERMAN: Please note that that directive has no mental health requirement. So Loma Linda has authorized participation of a psychologist and psychiatrist. As you revise it next year, you may want to consider adding that.

CHAIRMAN McNISH: Okay. All right. What I would like to do very briefly is to go over our previous report. I understand we don't have an official response to it yet, Eric; uh?

MR. ROBINSON: That is correct.

[Laughter.]

DR. CORNUM: Do we even have an unofficial response?

MR. ROBINSON: We are very, very close. I'll tell you we're like one--one office away from the Secretary's Office signing it. It should be in Boomer's office now.

CHAIRMAN McNISH: As I have gone through it, some of the, some of the action items have been responded to, and we have learned that here.

Action item one was that the VA should immediately conduct a priority audit to validate the FPOW status, blah, blah, blah. And I think we've heard that there is some actual action and attention to that as opposed to the multiple other times that a similar action item has been included.

The second one is that Central Office

commit to funding annual or biannual training seminars. We know that there has been a positive response to that even without an official response to our report.

Action item three, continue current programs to avoid delay in awarding DIC claims, et cetera, for those places who wish to. I kind of think sort of we heard somebody say that if somebody really wants to, they can put a designator in there that they want to, and it will happen.

DR. CORNUM: Yeah, as long as they actually do it. They don't just say they want to do it, and I think that that's a very reasonable thing.

CHAIRMAN McNISH: Oh, yeah.

DR. CORNUM: I think there's plenty of people who have been saying I want to do something knowing they were safe and they weren't allowed.

MR. FLETCHER: You're right.

[Laughter.]

REV. DR. CERTAIN: You're such a cynic, doc.

DR. CORNUM: I am. I am.

DR. AMBROSE: That's all we asked for was that if they want to retain control and process them, they can.

DR. CORNUM: But these people are doing it. So they can.

DR. AMBROSE: Yeah.

DR. CORNUM: But they have to do it. They can't just want to do it.

DR. AMBROSE: Exactly.

CHAIRMAN McNISH: I'm going to skip four because we're going to get to that in just a minute.

Action item five, the Committee recommends that VA conduct an audit of FPOW records to determine those who are 100 percent with IU versus those who are 100 percent permanent and total.

That's one we're kind of waiting for a response on. So we'll see if they tell us that that makes sense or not.

And we requested that the VA broadly recognize the Audie Murphy VA Health Care System

and other clinics which may also qualify as, quote, "best practice examples" of coordinated POW care, et cetera.

It's been discussed at this meeting. It's been--even the tool kit has been handed to both VBA and VHA at this meeting. So hopefully we will get some answer to that, hopefully a positive answer to that one.

Anybody else have any other comments on things that were included in our last report that--I just wanted to go over those just to prove that we actually do save them even though we may not get responses.

DR. CORNUM: Well, it's better to have actions than a response.

DR. AMBROSE: Yes.

CHAIRMAN McNISH: Absolutely. So we got action on some of them, and I'm sure that the response will include the fact that there has been action.

DR. CORNUM: We have done this. Right. Right.

DR. KUSHNER: Action this day.

CHAIRMAN McNISH: All right. Item four, the Committee was informed that the Secretary plans to review the membership of all advisory committees.

DR. CORNUM: Hey, Tom.

CHAIRMAN McNISH: Yes.

DR. CORNUM: Don't you think maybe this ought to be something that's just the Committee?

MR. FLETCHER: I would like it just the Committee. I agree with the doctor.

CHAIRMAN McNISH: Yeah, that's probably so. So if it doesn't inconvenience those too much that are not on the Committee, could we ask you to take a brief break?

DR. AMBROSE: We can take a quick break too.

CHAIRMAN McNISH: Or we can take a stretch break and then just the Committee will reconvene because that's our last item for the day anyway.

[Whereupon, a short break was taken, and the Committee reconvened with members only

present.]

CHAIRMAN McNISH: All right, guys. It's just amongst us kids now. So what did I do with it? I was going to turn it over to Hal, but remember last time, we said that the Committee was informed that the Secretary plans to review the membership of all advisory committees, and we know that--I guess that's been done on all but ours now.

So we are the last ones in the barrel. We designated three members to review the language of PL 97-37 and the charter and make recommendations as to the Committee membership, length of term, reappointment, and so forth.

So given that, in response to that, we said we will await the recommendation. So today we will hear the recommendations. You've all had them to read, and Hal is going to be the spokesman for the Committee, and we'll hear the recommendations, and then we'll entertain whatever discussion is felt necessary and appropriate in response to that.

So, Hal, the floor is yours, brother.

DR. KUSHNER: Thank you, Mr. Chairman.

You remember the second day of our meeting in Seattle when Colonel Boomer Moragne--is that how you pronounce his name--stood? In very clear and concise language, he relayed the Secretary/Sir Bob's directive that we evaluate the structure of our Committee, and that he suggested that change is coming.

And he wanted plans for less static, less perpetual Committee make-up, with specific guidelines for rotating people on and off, and with some system of regularity. So Rhonda and Bob Certain and myself were appointed as a sub-working group or a task force or subcommittee, and we began to discuss it actually during that meeting in Seattle and then carried on later with e-mail communication between the three of us.

And we studied the charter, and we studied the public law, and we studied the length of time each person had served on the Committee. We got information from Eric and from Pam Burd, who is retired, and from Alice who's very knowledgeable, Alice Booher, about the history, the kind of

institutional memory of our Committee.

We continued to communicate by e-mail until after Christmas. It was sometime in January when we formulated the final policy, which we all agreed on, by e-mail, and then I sent it to you. And that's where we are now.

Now we had from Eric, we had, we learned that Mr. Derrington is 90-something years old and frail and will not be attending any more meetings. Dr. Stenger, who lives in this area, is old and sick and will not be attending any more meetings. Bill Andrews--God bless him--is--

DR. CORNUM: Is young and sick and won't be attending any more meetings.

DR. KUSHNER: He is very--he won't be attending any more meetings, and erroneously I heard reports of Paul Galanti's death were greatly exaggerated. Nobody said that you had passed away, but they said that you, your health was in question, and you weren't really interested in attending any more meetings.

I tried to communicate with you by e-mail,

as I told you yesterday, and I never heard from you. So I assumed the worst.

[Laughter.]

MR. GALANTI: And here he is.

DR. KUSHNER: And here you are and here you show up. But the charter calls for ten people on our Committee, and there are 13. So our recommendations are pretty clear, and I gave them to you yesterday. I gave them, and I hope that everybody read them.

The charter says that the Committee should be made up of former POWs, but it's not limited to former POWs, that they can be authorities in fields pertaining to disabilities, epidemiology, nutrition, mental health, geriatrics, internal medicine.

They can be representatives of disabled prisoners and various ex officio members from the Secretariat.

So we took ten, one standard deviation on either side of ten, and we said eight to 12 would be a good number. And we know that the charter

says it would be nice if we could have representatives, POW representatives from each conflict, but that's very, very difficult, and we guessed, based on some things I read on the Internet, that the average age of the Korean War vet is 84 and the World War II vet is 94, and that there are about 2,000--in 2005, there were 2,000 living Korean prisoners, and now it's 800.

MR. FLETCHER: Yeah.

DR. KUSHNER: We found that out yesterday. And we guessed that there were about 5,000 World War II POWs, and there are 5,988 as of yesterday so that was pretty close.

So the ultimate argument that these rapidly dwindling numbers are not going to make it feasible for us to have in the future representatives of each conflict as prisoners of war.

And the charter does not address other things like diversity and gender or sexual preference or race. We thought it would be nice if we could consider that in the makeup of our

Committee.

So based on all of this, we had ten specific recommendations, which you can read, and the first one is to retire Mr. Stenger, Mr. Derrington, Colonel Andrews, and we had Commander Galanti, based on the information that we had then. I mean decisions are based on data. We had the wrong data. Maybe we made the wrong decision.

Paul has served three terms, and the last term he has been on 11 years. That was the information I had.

MR. GALANTI: I've been on 11 years now?

DR. KUSHNER: That's what I heard.

DR. AMBROSE: No.

CHAIRMAN McNISH: Not this last--

DR. AMBROSE: Not this last term.

CHAIRMAN McNISH: Not this last term.

DR. KUSHNER: How long have you been on? Not that it matters. I'm just curious.

MR. GALANTI: Me too. I don't remember when I came on.

CHAIRMAN McNISH: I think it's probably a

total of 11 years.

MR. GALANTI: I was on four years the first time. I got thrown off when Clinton came into office. I came back on after he went out. And I don't know--whatever that is.

DR. KUSHNER: Maybe a total of 11 years.

CHAIRMAN McNISH: It's probably been--

DR. KUSHNER: So the remaining nine members after the three, after the four retirees, Mr. Fletcher has served for 21 years. God bless him. Dr. McNish for 19. Michael Ambrose for 16. General Cornum for 16. And the rest of us have served five years or less, and I am a rookie.

And we proposed that Dr. Jeff Moore, who is the head of the Mitchell Center, be appointed for a standard term, whatever that is, to begin with the fall meeting; Dr. Ambrose to serve through the fall of 2016, and thereafter, after the fall of 2016, the director of the Mitchell Center should serve as an ex officio member of the Committee.

We requested the Secretary to appoint Alice Booher to replace one of the four. Alice is

very knowledgeable. She's a passionate advocate, and she's written a book about veterans, and I think she would be a useful adjunct to the Committee.

Recommended that we retire Mr. Fletcher after this meeting, and Mr. Fletcher yesterday preempted our recommendations and announced his retirement. So, and we're also looking for a representative like him who could possibly represent Korean War POWs.

CHAIRMAN McNISH: And we have two, two good candidates for that.

DR. KUSHNER: Good. And we recommended that General Cornum assume the chairmanship after April for a finite term, perhaps three years, although not well-defined. And we recommended that Tom McNish stay as an ex officio member for another year or so. We left that undefined. We'd certainly like to have your wisdom, your judgment, your corporate memory as long as we can.

And what we need to do and what this Committee needs to do or somebody needs to do is to

formulate a policy for selecting a chairman, whether we vote on it as a Committee, whether the chairman is appointed by the Secretary, Sir Bob, or some other method.

And we need to formulate a definite policy for the length of terms, the term lengths. Should it be three years? Should it be four years? And the number of successive terms a Committee member should serve? We left that undefined.

And we also agree with the number ten on the Committee plus or minus one standard deviation, eight to 12. So we're all in agreement of this. We had a lively, vigorous, and robust discussion. We never had a substantive disagreement. There was no cussin', no yellin', no screaming, and we worked well together and appreciate the opportunity to serve and did the best we can.

And again finally these are suggestions. Nothing is written in stone. Nothing is indelible. And so these are suggestions for the Committee to take into consideration as well as the Secretariat and decide if these suggestions should be

implemented and which ones of them should be implemented.

So for the record that's my report, Mr. Chairman, and I'd welcome any suggestions from our other Committee members or any discussion or anything I left out.

CHAIRMAN McNISH: Thank you. A couple of bits of information to add to that. In my discussions yesterday with Mr. Murphy, he expressed to me or shared with me the fact that he had basically told Bob that--

DR. KUSHNER: Bob the Secretary?

CHAIRMAN McNISH: Bob the Secretary.

DR. KUSHNER: Sir Bob.

CHAIRMAN McNISH: Sir Bob.

REV. DR. CERTAIN: There are so many in the room.

[Laughter.]

CHAIRMAN McNISH: In response to Bob's policy that the advisory committees need to rotate on a frequent basis, he pointed out to Bob that that doesn't necessarily apply to this Committee

because of the shrinking number of POWs, the decreasing availability of members for the Committee, and obviously that has at least been shared with Bob that we don't--this Committee may not necessarily be the right one to say, you know, if you serve three years, and you're out, or you serve six years, and you're out.

So that's one thing to be put in there. The other thing I wanted to share with you guys is a letter that I wrote to Bob.

MR. FLETCHER: Sir Bob?

CHAIRMAN McNISH: Sir Bob. I said for 20 years I've been privileged and deeply honored to serve as the chair of the Advisory Committee. This has given me the opportunity to work for eight Secretaries and advise them regarding ways to improve the delivery of care and benefits to former prisoners of war.

During this time, we have been instrumental in recommending, developing, and implementing a top quality educational seminar program for all VA personnel who provide care or

benefits to former prisoners of war.

We have recommended, promoted and supported the approval of several new presumptively combat-related diagnoses. We have highlighted both outstanding and underperforming local POW support programs with frequent notation of major improvements.

This assignment has been one of the most fulfilling and additional duties in my life, and I shall be forever grateful to have had this chance to serve my fellow ex-POWs. Regretfully, I feel it's time to pass the leadership of our Committee to someone else. Therefore, I hereby tender my resignation of chairman of your FPOW Advisory Committee. I stand ready to help assure that our rapidly aging and numerically decreasing FPOW community is not forgotten as it becomes a much smaller percentage of the total veteran population.

As that happens, they must continue to receive only the best acute and long-term care and benefits. With every best wish for your success.

I share that with you folks because all of

you, most of you over, or some of you for over that whole 20 years, and all of you have participated actively. This has been a very active meaningful working Committee, and it will indeed be one of the strong memories of my life, and I've created some of the associations and relationships on this Committee dating back to Ralph Levenberg and Edie Eger and some people that I could never forget or would never have met but for having this opportunity.

So I share that with you, and for your information, in the cover letter on the e-mail where I sent this letter up, I once again told Bob that I appreciated the opportunity and suggested for his consideration that Dr. Cornum be considered for the subsequent chair to the Committee.

Perhaps it's better that we've at least had the opportunity to review and think about this report although originally the thought was that there would be certificates handed out by Bob, and a change of command, as you will, but perhaps that's best accomplished in San Antonio, and if it

goes that way, then perhaps the change of command at the beginning of the meeting rather than would have been at the end of the meeting this time would be appropriate assuming that Bob goes along with our recommendations.

Given that, I'll open it up to comments, thoughts, questions, anything you guys have to say. Yes, Hal?

DR. KUSHNER: Well, I mean it was a task that we didn't ask for. I mean it was a directive from the Secretary.

CHAIRMAN McNISH: I know.

DR. KUSHNER: It was not tasteful for us to do it, but I just, the existence of this meeting and this group to me is a vivid illustration of the nation's obligation to former POWs, and I take it very seriously, and I just individually and as a former POW, I just want to thank you for your leadership and your judgment and your wisdom these four or five years that I've been involved with it and the 40 some years that I've been an ex-POW. I thank you.

DR. CORNUM: Not to mention your patience with all of us.

MR. HANTON: I was going to say and your stamina for 21 years.

DR. CORNUM: Yeah, really.

MR. FLETCHER: I myself--

CHAIRMAN McNISH: Leave that aside, this group has conducted themselves in a very level-headed and professional manner, and that's made it awful easy for me. I will tell you that in its earlier days it did not have that reputation.

And Bob and Fletch can probably--

DR. KUSHNER: Stratton told me.

MR. FLETCHER: Yeah, I came on in '81 I think it was. I was, Jesse Brown had just become Secretary. He was nominated.

CHAIRMAN McNISH: '91.

MR. FLETCHER: I'm sorry. '91. And he told the Committee it's all white. How do they know what black people are doing? You don't. You don't. You have no interest in black people. Dr. McNish does. Dr. Ambrose does. So I was appointed

by Jesse Brown. I filled my term. Whenever the doctor wanted something, he called me.

I want you to--can you do so-and-so for me and get me back? And I did. I went in the field, people. I didn't sit at home. I didn't take care of whatever. I went in the field where every POWs were and talked to them, and I found out why they weren't getting disability, and I think Dr. McNish can verify this because I would call him. I've got a POW I found and they told him he can't disability. So he says give me his name and his last four. Boom. He got it.

But still this Committee has to have people going out in the field. You can't be afraid of black people. Be honest with you. You've got to go to meetings wherever a POW meeting is. Like the Korean POW reunion. You know how many African Americans show up for that reunion? Six. Six. You know why?

MR. HANTON: Six out of how many? How many black POWs were there?

MR. FLETCHER: About 400. About 400. You

know why they don't go? Because it's run by whites. I've talked to a lot of them, and everything in the program is geared to the whites. And they don't want to go, and they're afraid to go because about 80 percent were from the South.

You got to remember the years back when black and white did not sit down and talk.

CHAIRMAN McNISH: The Korean War?

DR. AMBROSE: Yeah.

MR. FLETCHER: I served with an all-black regiment.

CHAIRMAN McNISH: We've tried to maintain--

MR. HANTON: My POW roommate for most of the time was a black guy from D.C., and I went to school with black guys--

MR. FLETCHER: You're a different era. You're a different era.

MR. HANTON: I know. But we don't get a lot of the Army guys coming to our POW reunions because they feel the same way. It's Air Force or Navy aviator guys because we are the majority of

the people. It's not because we don't like the Army guys. I keep saying, well, volunteer to be in the--

DR. KUSHNER: That's why I drink so much at your reunions.

MR. GALANTI: The Son Tay raiders come because they like to drink and they take care of our bar.

CHAIRMAN McNISH: Well, we have--

MR. FLETCHER: Go ahead, Dr. McNish.

CHAIRMAN McNISH: Ralph was our only Jewish member--

MR. FLETCHER: Yeah.

DR. CORNUM: Then you got Edie.

CHAIRMAN McNISH: Yeah, well, we had Edie, but Ralph was before and after Edie both. But we've tried to maintain an assortment of as many different variables as we can on the Committee, and I think that's a good thing to continue.

MR. FLETCHER: Yes, it's very important. Yes.

CHAIRMAN McNISH: We've got Shoshana if we

could get her at meetings.

MR. FLETCHER: Yeah.

DR. CORNUM: Yeah. I was going to make one more additional recommendation, that if you're appointed for a three-year, there ought to be something that if you don't show up for 50 percent of the meetings, you probably shouldn't have your appointment reappointed.

CHAIRMAN McNISH: Right.

DR. KUSHNER: There should be an attendance requirement.

DR. CORNUM: Right.

MR. HANTON: Yeah.

CHAIRMAN McNISH: Yeah. I don't know, Bob, are either of these two people from Korea that you recommended, are either of them black? That shows you how little--

MR. FLETCHER: Bill is from Korea, and the other one I saved his life. Okay. He was going to commit suicide in the prison camp.

CHAIRMAN McNISH: Answer. Can I get back to my first question, and then--

MR. FLETCHER: Yes.

CHAIRMAN McNISH: Are either of those two black?

MR. FLETCHER: No.

CHAIRMAN McNISH: Okay.

MR. FLETCHER: I don't really know any blacks that would want to be on the Committee because of their health problems for one.

CHAIRMAN McNISH: Yeah, Richardson and Sortillo were the two.

MR. FLETCHER: Sortillo. Sortillo.

CHAIRMAN McNISH: I'm from San Antonio. It's Sortillo.

MR. FLETCHER: Okay.

DR. KUSHNER: We don't have a single Mexican on this Committee.

CHAIRMAN McNISH: That's true. We don't.

MR. FLETCHER: Well, who was it--Alvarez.

MR. GALANTI: He was on the first one.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: Yeah.

DR. KUSHNER: No. Jose Anzaldua. He's

from Corpus Christi, Texas.

DR. AMBROSE: Anzaldua, yeah.

DR. KUSHNER: He has a hispanic name.

MR. FLETCHER: What's important to me, and Dr. McNish backed me up 100 percent, I'm going to miss the Committee. I'm going to miss you, I'm going to miss you, because you two have been good to me. Being the only African American on this Committee, I felt, well, let me go back. When I first came on the Committee, I was shit. I was the first enlisted man. Everybody was General this and Colonel that and Commander this, everybody. So they'd go to dinner. Do you think I was invited? No.

CHAIRMAN McNISH: Ooh.

MR. FLETCHER: No. My wife and I would go to dinner somewhere else. Dr. McNish took over and they said, well, we're going to so-and-so. He said no we're not. We're going to take a vote and everybody from this Committee that wants to go can go. And I looked at--

MR. GALANTI: Who was the chairman back

then when you came on?

MR. FLETCHER: Pardon?

MR. GALANTI: Who was the chairman when you came on?

MR. FLETCHER: He's from Florida. He shot himself down.

DR. AMBROSE: Stratton.

CHAIRMAN McNISH: Stratton.

MR. FLETCHER: Bill Stratton.

CHAIRMAN McNISH: Dick.

DR. AMBROSE: Dick.

MR. FLETCHER: Dick Stratton. He was chairman and he hated me. He hated me. And I'm not joking, people. You can see it on their face. But when Dr. McNish came on, he came on with a smile, and that's why I really am going to miss this Committee. I like him very much and Dr. Ambrose.

But in the beginning it was tough, and I told the wife twice I was going to leave the Committee, and she said no, you're not. They need you. And if it wasn't for her, I would not have

been on this Committee 21 years.

See, a lot of people don't know the history of this Committee. All they know is the Committee was formed. There's a lot more to it than that. When I came on the Committee, there were three presumptive illnesses, three that POWs could have. They got about 26 now, and it's because of us. It's because of us. We've made recommendations for that.

But see nobody really knows this. Where did they come from? Out of the sky? No. But again I wanted to say to my friend Paul, who we had wars to get there, Dr. Ambrose, and you on top of everything, buddy, and I hope to stay in touch.

CHAIRMAN McNISH: It means a lot to me, Fletch. Thank you.

MR. FLETCHER: You mean a lot to me. So thank you.

CHAIRMAN McNISH: Mike.

DR. AMBROSE: Going along with what Bob has said, I think it is very important for the new members from whichever conflict they come to have

at least an overview of the conflicts of all former prisoners of war. It's not just World War II. It's World War II Pacific. World War II European. Korea is another entirely separate. Vietnam, again, there are two--there are two areas of Vietnam, you know, those who were held mainly in the South, those who were held mainly in the North, and also the difference between the officer and enlisted experiences in those parts of Vietnam.

And then Gulf War I, Gulf War II. So for those new members, when they come, there should be, in my opinion, at least a review or orientation, however you wish to describe it, of the different conditions under which all former prisoners of war served.

DR. CORNUM: We should make them go to the training.

CHAIRMAN McNISH: That was my next thought, yes.

DR. CORNUM: They can both be participants and they can talk about their experience and they can learn about the rest.

CHAIRMAN McNISH: And not just be there for the panel--

DR. CORNUM: Right. For the whole thing.

CHAIRMAN McNISH: --but be--

DR. CORNUM: Because then they don't--then we all don't have to let suffer three people learning.

CHAIRMAN McNISH: That's right. That's a great source of breadth of information about that.

DR. CORNUM: Yeah.

MR. HANTON: Do they cover the history of--like you described?

CHAIRMAN McNISH: Oh, yes, you need to go.

MR. FLETCHER: Well, you know, you're saying you don't know. Do you know what the Korean POWs really went through?

MR. HANTON: No doubt.

DR. CORNUM: Well, I've listened to you.

REV. DR. CERTAIN: I've listened to you.

MR. FLETCHER: No. Do you really know what they had to eat?

DR. AMBROSE: Yes.

MR. FLETCHER: No, you know. Shut up.

[Laughter.]

MR. FLETCHER: I had an asian bowl of cracked corn, field corn, once a day. I went from 180 pounds down to 90, but see if you don't have a Korean POW on here that can explain that, we've lost a lot. We've lost a lot.

CHAIRMAN McNISH: I liked Rhonda's suggestion that the future members be strongly encouraged to--

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: --attend the seminar.

MR. FLETCHER: I like that too, Rhonda.

MR. HANTON: Well, that goes to the--

CHAIRMAN McNISH: Because it took me a long while to develop the background of information that I--

REV. DR. CERTAIN: I think the Secretary can make that a requirement.

DR. CORNUM: I think the Secretary can make that a requirement and then--

CHAIRMAN McNISH: Yeah.

DR. AMBROSE: And fund it.

DR. CORNUM: And they should fund it because they can be faculty for the panel.

CHAIRMAN McNISH: Yes.

DR. AMBROSE: The other thing that is important about going to the seminars, when I was lecturing at the seminars, the analogy that I had for the raters and the physicians was when I was working at NAMI, I was doing the physical exams. I would send them 70 yards across a parking lot and they would get kicked back at me for this, that, or the other, and finally I got up out of my chair, walked across the parking lot and said what do you need?

Oh, we've never had anybody come across the street and ask us before. I said, well, what do you need to have these done? And they told us, and I said, okay, what's your direct extension so that if I've got a question I can call you, and our error rate plummeted. The resubmission rate plummeted because we used a telephone and we talked to each other, and that's what started happening

with the most well-recognized Regional Offices and C&P examiners.

They started talking to find out where they were having problems, and they could communicate. So learning to communicate, learning about the different POW experiences and having this orientation for the new members I think will be key in allowing this Committee to continue forward in making progress.

MR. FLETCHER: Not only just the--

CHAIRMAN McNISH: And any of the current members who haven't had a chance to be there.

MR. FLETCHER: Not only just the newly elected, their wives. Their wives catch pure hell. They did. My wife did, and I'm very sorry I did it, but I didn't know what the hell I was doing. I didn't even know half the time who I was. And so the wives need to be involved to understand what he's doing when she can't go. I really feel strong about that.

My wife and I used to be on the educational program. We talked to about 150

people, and I'll bet 150 people walked up to me and shook my hand, and you know what their comment was? I didn't know we had black prisoners that were prisoners of war.

DR. CORNUM: Well, we can't make it mandatory to bring a spouse because many people don't have one.

MR. FLETCHER: But I'm speaking of those that do.

DR. KUSHNER: Not only that. My wife doesn't want to come.

CHAIRMAN McNISH: Probably can't get them funded, but we can certainly encourage them to come with their spouse and to be--

DR. CORNUM: They're always encouraged.

CHAIRMAN McNISH: --an invited guest in the background. All right. Let's come back to the report.

Are we--are there any discussion points regarding the recommendations in the Subcommittee's report?

DR. AMBROSE: The only discussion I have

is getting an accurate accounting of how long Paul Galanti has served this time and correcting the fact that he is able to serve.

DR. CORNUM: I already crossed him off the recommendation.

CHAIRMAN McNISH: And I think that we also need to make sure that--

MR. GALANTI: Yeah, let me say something if I could.

CHAIRMAN McNISH: Go ahead, P.G.

MR. GALANTI: I didn't know about this.

CHAIRMAN McNISH: Sure. Go ahead.

MR. GALANTI: Hal couldn't get a-hold of me. So it came as kind of surprise. I was a little disappointed yesterday because I think I really brought a lot to this thing, even though--

DR. CORNUM: Oh, yeah.

MR. FLETCHER: So was I.

MR. GALANTI: --some people say he's only a commander, an O-5, and so many O-6s. I said I got surveyed as an O-5. That's what happened to me. I think I probably would have made flag if I'd

stuck around because everything was number one.

CHAIRMAN McNISH: I don't know anything on this Committee that's ever had anything to do with rank, Paul.

MR. GALANTI: I know. I know. But I've heard that from several people, not on this Committee, but they say you're just a commander. What did you retire as a commander for? And so I didn't have any choice.

Regardless, I had a very distinguished post after I got out of the Navy, got surveyed out. I had a very distinguished career, including running the State Pharmacy Association for nine years. They've never had a non-pharmacist do that, and we kicked the ass of the Medical Society of Virginia so bad that they finally opted to hire me as their director.

So I did that. Worked with doctors for six years, which is a real education, and it was like running an officers club that's all admirals.

[Laughter.]

MR. GALANTI: But anyway I really enjoyed

this. I think, I thought about this about ten years ago. This Committee, these presumptives started coming. The only thing that's not presumptive anymore is old age, and it's incredible, and I really think it, I proposed at one point to just do away with it, I said because everybody comes with a lot of time and effort and money to make these happen.

I'm not sure it's necessary anymore because I think the POWs. Somebody shows up as a POW, I mean everybody, the Regional Office goes bonkers. Everybody goes out and they carry him into the Regional Office on a Sedan chair and wine them. Seriously, I have, we had one guy we found, a World War II POW living with his girlfriend in squalor. I mean it was just an old rundown trailer and weeds growing in it, and I went out to see him. I was running the state agency, and I went out to see him and we started sending--the guy at the Regional Office came out.

Finally, after about four trips by, I mean way more than any veteran ever got for thing, he

came into the hospital, got his teeth cleaned, got a glass prescription and died right on the spot. I just kept thinking how tragic that was that this guy had just lived his whole life like that.

Well, anyway, long story short, I think I am going to ease out because I have, as you know, the reason I missed the meeting, the last meeting that you all had, is I was awaiting cardiovascular surgery, and my wife had died, and they gave me a two month envelope when she was going to be buried, and I didn't want to take any chances of being anywhere else.

That's why I wasn't there. I love everything I do. I like everyone of you and despite your smart aleck remarks, and by the way, Dick Stratton loves you, too. I just want--this has been one of the most worthwhile things I've ever done, but I think I want to ease out because I've got a lot of other stuff I want to do, and I don't want to get locked into anything.

So saying, I would dearly love to go just as an observer to the Atlanta function with, when

they get all the VA reps in just to--I just want to observe it. I'll write you--

CHAIRMAN McNISH: Oh, we'll put you on the panel.

DR. CORNUM: Yeah. You can be a speaker.

CHAIRMAN McNISH: I'm going to be chairing the panel probably so--

MR. FLETCHER: You know when I came on Admiral Flynn had just stepped off.

CHAIRMAN McNISH: Yeah.

MR. FLETCHER: And Dick Stratton had come on, and he used to show up at meetings. He would sit down, you know, he was a guest. He knew what he was doing, he thought. It was really fascinating--

MR. GALANTI: No, that was the cycle afterward. I was, I was on with Jeremiah Denton and Sam Johnson was on there and some really famous guys.

CHAIRMAN McNISH: Flynn was the first chairman.

DR. AMBROSE: Yeah.

MR. GALANTI: Flynn was the first chairman, and he--

MR. FLETCHER: Yeah. They had General Flynn.

MR. GALANTI: He was gone just before I was on.

CHAIRMAN McNISH: Five years.

MR. GALANTI: And that's when it turned into an agency instead of--what--yeah, turned to an agency instead of being an administration. And that's a point. I don't want to get maudlin on this or do anything, and I'm not bitter about getting chosen, a reverse Miss America contest. But it was a great thing. I think you're doing good work. But I really don't think it's necessary in the big scheme of things.

We got a lot of young guys. We're never going to have big groups of POWs again.

MR. FLETCHER: Yeah.

MR. GALANTI: Because we don't do stupid stuff anymore. We don't put battalions against battalions and--

DR. CORNUM: We do plenty of stupid stuff, but not that.

MR. HANTON: I have one comment about, to add to that, Paul. It's not that we need any more benefits; we need to have somebody as a watchdog to see that the benefits there are maintained. We don't need any more. That's not the issue.

MR. FLETCHER: There you go. I agree 1000 percent because I feel strongly that if the Committee does not look at everything as benefits, they're dead. Don't need them.

MR. GALANTI: Well, again, I'll finish this last thing, last thought I wanted to make, is a state agency head of all the veteran services, we had three nursing homes, all of which are run under VA standards, we had 30 benefits offices, and about 40 benefits agents, and I got to know this. I was a service agent for AXPOW for a long time, and did a lot of stuff there.

But I got to watch when NASDVA, National Association of State Directors of Veterans Affairs, every single agency, I mean the Secretary would

come, both Assistant, all three Assistant Secretaries came, and about half a day each, and we are not real high on the totem pole right now.

MR. FLETCHER: No.

MR. GALANTI: And I think if they wanted to do something, we're not going to make any difference in it, and you know how long it takes you to get a report back. In NASDVA, we get it the next week, if there were any complaints or anything, it would come right back, and I think it's because of the fact that they represented not 2,000 veterans, but about 800,000 or 900,000, or whatever it was, members of all these state agencies.

Anyway, that's where I'm coming from. I've loved everything I've done here, and I wish you well, and I would like to go to Atlanta just because I want to see all those folks in action and see what they're really getting told. But I really don't want to serve anymore.

CHAIRMAN McNISH: Okay.

MR. FLETCHER: Wasn't there something

about the selection of the Committee will be done by the Secretary or whoever is--

CHAIRMAN McNISH: Well, he has to buy off on it. We can certainly recommend--

MR. FLETCHER: Okay.

CHAIRMAN McNISH: And like I've told every Secretary that I've worked for that I serve at your pleasure, and if you want somebody else to run your Committee or want me gone, you know, no harm, no foul and hurting my feelings. And I guess they've all been too lazy to make any changes.

But what Paul said about the only thing that's not a presumptive is aging, I think that's going to be one of the biggest challenges of this Committee, is transitioning from the concept of proposing and pushing for presumptives to looking after the long-term health care and the transition to the spouse of the former POW group.

MR. GALANTI: One other thing, Tom, and I haven't heard anybody say this, the last I heard is that longevity study at Pensacola with this, the only thing they found different between the control

group and us was high-speed ejection orthopedic injuries. Everything else was the same.

Now that would have a horrible effect of pulling apart all these presumptives if somebody took a look at it.

CHAIRMAN McNISH: Presumptives have become a political tool by which to give benefits.

DR. CORNUM: Right.

CHAIRMAN McNISH: We know that. And we saw what was being done with the Agent Orange thing, and we said, look, if you're going to grant it to them for that weak of a scientific basis, then you need to do the same thing for us. And so we got that to happen.

But, you know, this aging issue is I think it's the main issue that's going to be confronting--

MR. FLETCHER: Yes, it is.

CHAIRMAN McNISH: --the POW group.

DR. CORNUM: And everyone else.

[Laughter.]

DR. CORNUM: And everyone else.

DR. AMBROSE: Well, the other thing, Paul, the other thing, again, the Vietnam cohort was unique in that the vast majority of them were officers.

DR. CORNUM: College educated.

CHAIRMAN McNISH: Uh-huh.

DR. AMBROSE: Were older, better educated.

CHAIRMAN McNISH: Aviators.

DR. AMBROSE: Better trained. In better physical condition because of the mission that they had to serve.

DR. CORNUM: And pre-screened.

DR. AMBROSE: And they were pre-screened.

CHAIRMAN McNISH: Right.

DR. AMBROSE: So that is the outlier. It can be used for other things, but that's the outlier. The other thing about this Committee, what it reminds me of is the Roman emperor coming back into town in his chariot and having somebody whispering in his ear that, you know, he is not the end all and the be all, that he is a mortal person, and this Committee serves that purpose for the

Secretary and other entities within the government that they have an obligation to this population and that they need to be reminded periodically that they need to keep that obligation.

CHAIRMAN McNISH: Yeah.

DR. CORNUM: But I would point out that it's not up to us to dissolve it frankly. If the VA Secretary decides I don't need them anymore, he'll dissolve us.

DR. AMBROSE: Well, no, he can't.

MR. FLETCHER: No, can't do that.

CHAIRMAN McNISH: He can't drop the Committee.

DR. CORNUM: Congress will.

DR. AMBROSE: He cannot. It is congressionally mandated.

CHAIRMAN McNISH: He can ignore the Committee, but he can't drop it.

DR. AMBROSE: Yeah. It's one of the few congressionally mandated.

DR. CORNUM: Mandated, right.

REV. DR. CERTAIN: And he can also toss

these recommendations in the trash and say--

DR. AMBROSE: Well, the other question I have is in the public law it says that he's supposed to immediately forward the recommendations to Congress. I don't know that that's happening. I hope that it is.

CHAIRMAN McNISH: All that I--I don't know if it's changed from the public law in the charter or what, but it became a situation where our every other year's report was to be forwarded--

MR. FLETCHER: Right.

CHAIRMAN McNISH: --to Congress.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: And I think that's been done with maybe a couple of exceptions.

DR. CORNUM: So every other year. Does that mean every fourth because we have two per year?

CHAIRMAN McNISH: Every fourth report, yeah.

DR. CORNUM: Every fourth report.

CHAIRMAN McNISH: Every fourth report.

MR. BUSSEL: I don't want to ask for any special concessions, but I would like to be on the Committee for another ten years.

[Laughter and applause.]

DR. KUSHNER: You have to take the rapamycin Dr. Kellogg is working on.

MR. GALANTI: You'll still be the youngest one.

DR. CORNUM: Yeah, rapamycin--we'll take up a collection to buy some for him.

MR. FLETCHER: I think Dr. McNish remembers and so does--when Jesse Brown was Secretary, we would make a presumptive, and he would send it to Congress. You know what Congress told me, you don't need to send them to us. Sign it. That's where presumptives--that's where ischemic heart came from. He signed it into law. I used to have personal--

CHAIRMAN McNISH: We ran it through the statistical review committee and so forth, but that was kind of the one, that one, and particularly cerebrovascular disease, that one was one of the

ones that came after we said, hey, look, you know, if you're going to do the stuff for Agent Orange, you got to treat us the same. Presumptives for them. The scientific rigor--

DR. CORNUM: It's a reward for going to Vietnam.

CHAIRMAN McNISH: Yeah.

DR. CORNUM: For everybody.

CHAIRMAN McNISH: Yeah.

MR. FLETCHER: I was in Milwaukee at the Korean POW reunion, and Jesse Brown came up because they were dedicating the new VA hospital. He came into the meeting and started writing disability for POWs who weren't getting it, and he says do you have yours, Fletch? I said, yeah. He said I understand that you get out--I don't know how he got this information--he said I understand you get out in the field quite a bit and talk to POWs. I said yeah, and I go to the VA hospitals and some are good, some are bad.

He said here's my private address and my private phone number. When you find a hospital

that is not treating POWs with the highest, let me know. And I found about six, and I wrote them up, and I had feedback from the director. The guy said we have this educational program that we train our staff, and I said--once a year. So I said, well, how do you do it? They couldn't answer me.

I said you mean you bring your whole staff in and train them that one time? Oh, no, we can't do that. But he did not know what they did. So I wrote a nice letter. My wife looked at it and says it's no good, and she typed it up, and I sent it to Jesse. And he called me and said thank you.

CHAIRMAN McNISH: Well, we've gone through a couple of three Secretaries that couldn't even spell POW.

[Laughter.]

CHAIRMAN McNISH: So, but hopefully--

MR. GALANTI: POW spelled backwards is WOP.

CHAIRMAN McNISH: WOP. Yeah, I know.

MR. FLETCHER: Oh, you rascal you.

DR. CORNUM: That's Galanti. You can go

either way.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: Hopefully we have one now who will attend to the recommendations of this Committee because of his fact that his wife's father was a World War II POW. So I'm hopeful that you'll get better response than we got from, particularly this last five years, where we didn't even see the Secretary in one of our Committee meetings except as oh, by the way, stop by late in the afternoon for five minutes and then go away.

MR. FLETCHER: That was because somebody went up to his office. Who was it? Was it the preacher?

CHAIRMAN McNISH: Yeah.

REV. DR. CERTAIN: That was me.

MR. FLETCHER: Okay.

REV. DR. CERTAIN: He was up there for another reason.

MR. FLETCHER: Yeah.

CHAIRMAN McNISH: And he said our Committee is meeting, why don't you come down? He

said, oh, okay. Although he had been specifically invited--

REV. DR. CERTAIN: Then I found out the staff was keeping him from coming.

CHAIRMAN McNISH: Pardon?

REV. DR. CERTAIN: The staff was keeping him from coming.

MR. FLETCHER: I know it.

REV. DR. CERTAIN: Because they didn't want him to feel obligated to have to go to all 25. And so they--I was read the riot act by somebody else for doing that because now all the other committees will expect him to be there, too, and--

DR. CORNUM: That's where he should be.

REV. DR. CERTAIN: And that's where he should be, and I think that's really what he thought should be doing, but--

CHAIRMAN McNISH: I got a feeling that--well, I hope--well, this is not a good example because Bob didn't show up and neither did any of his henchmen.

DR. CORNUM: Yeah, but they may be

testifying.

MR. HANTON: It's the same staff probably.

CHAIRMAN McNISH: They may be very involved in being testifying to Congress tomorrow.

DR. CORNUM: I suspect they're actually testifying. Testifying tomorrow.

CHAIRMAN McNISH: Okay. Back to the report. Any strong disagreement with anything in the report? Anything else we need to? I mean let's talk about the gorilla in the room, the recommendation of Alice to be on the Committee? Does anybody have any strong feelings about that one way or the other?

DR. CORNUM: I strongly think it's a good idea.

CHAIRMAN McNISH: Okay. Granted. I would, I would encourage you to continue what we've found to be pretty successful is making sure that this Committee was separate and distinct from the American POW Organization.

MR. FLETCHER: There you go. POW. That was my only--

REV. DR. CERTAIN: AXPOWs.

CHAIRMAN McNISH: Because they've--when I came to this Committee, there was a very strong effort to turn it into a redcoat committee.

DR. CORNUM: Absolute--I'm off of that.

CHAIRMAN McNISH: Okay.

MR. FLETCHER: And so that's my only commitment.

DR. CORNUM: I don't want it to part of--I don't want us to be confused with AXPOWs or any of those--

REV. DR. CERTAIN: NAMPOWs or anybody else.

CHAIRMAN McNISH: Good.

DR. CORNUM: Right.

DR. KUSHNER: What's a redcoat committee?

REV. DR. CERTAIN: The American Ex-POWs have a red vest.

CHAIRMAN McNISH: American Ex-POW Organization wears red jackets.

REV. DR. CERTAIN: Just ask Paul. He's part of that. I mean I'm on--I'm a member. Paul's

an officer.

CHAIRMAN McNISH: I'm not opposed to the organization although they tried to kill themselves.

MR. GALANTI: Only widows--only widows--

DR. CORNUM: She just writes for them because she likes to write and they need somebody to write.

DR. KUSHNER: I thought they were a delta supervisor.

CHAIRMAN McNISH: And that's fine. I'm good with that.

MR. FLETCHER: You know that was my objective, objection.

DR. CORNUM: She doesn't have any particular--

REV. DR. CERTAIN: Just like the VFW or American Legion has a vest.

DR. AMBROSE: I'm going to play devil's advocate--okay--in that I have no objections to her being on the Committee. I think she would be a good addition. We need to define what her bona

fides are for being on the Committee, and that will underscore her value to it. That would be the only thing. You know, what, what are the qualifications that she has, and if we just list a few of them in case anyone ever has a question.

MR. FLETCHER: Well, the biggest thing is she is the lawyer for American Ex-Prisoners of War, and she also writes an article in the POW magazine.

DR. AMBROSE: And as such--

MR. HANTON: Writes or is an editor?

MR. FLETCHER: Pardon?

MR. HANTON: Is she an author or an editor?

DR. CORNUM: She's an author.

REV. DR. CERTAIN: Both.

CHAIRMAN McNISH: Author.

MR. GALANTI: She is also, she is a corporate counsel for the Court of Veterans' Appeals.

CHAIRMAN McNISH: I think that's more important.

DR. CORNUM: Right. That's the most

important thing.

DR. AMBROSE: That, yes.

CHAIRMAN McNISH: And she's very knowledgeable about the internal workings of the VA and about details like some of the stuff that like came up today.

DR. CORNUM: Like, yeah, she had--like adding the things tonight.

MR. HANTON: We spent half of the meeting so far talking about process improvement within the VA, databases and data fields and who does what and how long does it take, et cetera, et cetera, so--and the legal parts of it and connecting the right parts.

CHAIRMAN McNISH: Yeah.

DR. CORNUM: The right language.

CHAIRMAN McNISH: So with my only concern, and you've certainly comforted me on that, is the issue about the close association with AMXPOW.

DR. CORNUM: No. Any of the other people that were sitting back there on the AXPOW, I would not, and I would not want anyone who was a VSO

type, but a 43-year VA lawyer I think is a different question.

MR. GALANTI: You wouldn't want a VSO?

DR. CORNUM: No.

CHAIRMAN McNISH: I think it will help and it may help in getting through some of the things that need to be done as far as long-term health care and as far as getting the right wording on stuff at some point.

DR. AMBROSE: Yeah.

DR. CORNUM: Right wording. She will be very good.

MR. FLETCHER: It's a good topic, long-term health care.

DR. AMBROSE: Yes.

MR. FLETCHER: They sent me to a place, rehab they called them, when I had my knee redone, and my insurance, my insurance had to pay for it although my knees were service-connected.

REV. DR. CERTAIN: Well, but there's still insurance. But we all consist of the modern world. The other thing I would--

CHAIRMAN McNISH: Your point, you made that point to the VBA rep, oh, no, the VHA rep that was here, Dr. Agarwal.

DR. AMBROSE: Agarwal.

CHAIRMAN McNISH: And she keyed into it very quickly and said she would look at it.

DR. CORNUM: Yeah, I think that's not any different than TRICARE. If you have--whether you have "VA," quote-unquote, "insurance," or whether you've got TRICARE, whatever you've got, they are by law required to go--if you have alternate insurance, they're required to use it.

DR. KUSHNER: Right.

CHAIRMAN McNISH: And I'm not sure whether that applies to 100 percent.

DR. CORNUM: I think it does.

DR. KUSHNER: I think it does. I think it does.

REV. DR. CERTAIN: I think it does.

DR. KUSHNER: It does in my case.

DR. CORNUM: Yeah.

REV. DR. CERTAIN: If you got it, you got

to use it.

DR. CORNUM: If you got it, you got to use it.

REV. DR. CERTAIN: And why not? But they don't raise your rates if you use it.

DR. CORNUM: Correct.

REV. DR. CERTAIN: The other thing I would say--

MR. FLETCHER: They don't bill Blue Cross for everything when I go to the VA. For example, I've been to VA five times, and I just got out of the hospital after five days. I won't get a bill for that.

DR. CORNUM: No, because you were in a VA facility, but if you'd been in another hospital for five days--

MR. FLETCHER: When they operated on my knee and replaced it, they're the ones that said we're going to send you to a rehab center.

DR. CORNUM: Correct, correct.

CHAIRMAN McNISH: Yeah, but it was outside the VA.

DR. CORNUM: It was outside the VA.

MR. FLETCHER: Yeah, okay. I got you.

REV. DR. CERTAIN: Since the rotation of committees is a decision of the secretary of the various departments of the executive branch, I think we ought to leave some wiggle room in here, and say if--I mean to make it clear that if, if the rotation is scheduled, first of all, be mindful of the fact that they're not that many healthy and capable POWs out there who can serve on the Committee, and so a different kind of rotation other than the one, other than the standard three year or two year or whatever would be his call.

CHAIRMAN McNISH: Well, I think what we'll probably do is, unless there is some reason that we need to reword or edit that report as it was submitted, that we will include in the report a suggestion (a) that the, with the understanding that this Committee may, should probably not be held strictly to frequent rotation because of the lack of materials.

REV. DR. CERTAIN: And term limits.

CHAIRMAN McNISH: Yes.

MR. HANTON: Well, take several--

CHAIRMAN McNISH: Yes. But that this, this report will be attached as an attachment to our report.

DR. KUSHNER: I think there's enough ambiguity so that there is wiggle room.

CHAIRMAN McNISH: Yeah.

DR. KUSHNER: And the other thing is that a member of this Committee doesn't have to be an ex-POW. That's clearly in the report and in the public law and in the charter.

CHAIRMAN McNISH: It doesn't have to be, but I would hate for us to ever get to a point where it wasn't a majority.

DR. CORNUM: I don't want a bunch of daughters and sons and doctors to be on this Committee and no POWs.

CHAIRMAN McNISH: No.

MR. FLETCHER: Yeah, I agree with you.

DR. KUSHNER: No, I didn't say no. I didn't say no.

REV. DR. CERTAIN: Insofar as possible it needs to be populated by POWs.

DR. KUSHNER: Right.

REV. DR. CERTAIN: I would also--the changes in the recommendations I would say that Commander Galanti and Mr. Fletcher have indicated their desire to--

MR. GALANTI: Retire.

REV. DR. CERTAIN: --retire from the Committee rather than saying retire them.

DR. CORNUM: We're asking them--

[Laughter.]

REV. DR. CERTAIN: Yeah, because it was a misunderstanding with Paul, and that's--

CHAIRMAN McNISH: That would be good thing to edit, yeah.

REV. DR. CERTAIN: And Fletcher announced his before he ever saw this.

MR. FLETCHER: Yeah, I did.

DR. CORNUM: And I think Tom just had a really good idea, which is that we should say something about--

DR. KUSHNER: Fletcher even retired Tom before Tom--before he saw it.

[Laughter.]

DR. KUSHNER: Remember? Yesterday? He resigned for Tom.

DR. CORNUM: --it will always be not less than 50 percent POW, some POWs. And if you can't find that many, then we really don't need a committee.

CHAIRMAN McNISH: Right. That's true. So the fact that--add--

DR. CORNUM: So we've already got Mike, and even if we add Alice, we still are under our 50 percent.

CHAIRMAN McNISH: That would be in the report. I don't think that necessarily needs to be. But including a phrase or something in the Subcommittee's report about Paul and Fletch, that they had expressed a desire to move on from the Committee.

REV. DR. CERTAIN: And in spite of your letter to the Secretary, I think we need to ask

that you remain ex officio on this Committee as an advisor to this Committee for a period of time.

DR. KUSHNER: That's what that says actually.

REV. DR. CERTAIN: He didn't say that in his letter though.

DR. KUSHNER: No, it says it in--

REV. DR. CERTAIN: I know it says it in here. Make it clear you can't get off just--

CHAIRMAN McNISH: Well, Rhonda and I have discussed this.

REV. DR. CERTAIN: It was open-ended.

MR. HANTON: He could become a member.

CHAIRMAN McNISH: And I asked her specifically if I were to remain on the Committee for a period of time for transition, would that provide you with any discomfort as the new leader because I would never question a position of leadership?

DR. CORNUM: Was anybody worried?

REV. DR. CERTAIN: I don't think you'd be discomforted.

CHAIRMAN McNISH: Yeah.

REV. DR. CERTAIN: Here's my anxiety. All these people that I've come to know and respect who are aging out contain an enormous amount of corporate memory, and if we don't have somebody in here with corporate memory like yourself, I know Rhonda has been around for a goodly number of years, and Paul has been around a couple of times as some of the corporate memory, but we're losing--

MR. FLETCHER: Yeah.

REV. DR. CERTAIN: I mean Earl Derrington was with G.V. "Sonny" Montgomery when the law was passed.

CHAIRMAN McNISH: When they wrote 97-37.

DR. CORNUM: Exactly. And without him might not have written it.

DR. AMBROSE: I was talking with Sonny Montgomery, and I told him to put this wording in that and he passed Public Law 97-37. I was there.

CHAIRMAN McNISH: Yeah.

DR. CORNUM: Bless him.

DR. AMBROSE: And God bless him and his

wife.

CHAIRMAN McNISH: Yes.

MR. FLETCHER: The other thing I'd like to mention was that we were told by Central at a meeting there is no set number for this Committee.

DR. KUSHNER: The charter does.

CHAIRMAN McNISH: There's no set number. The charter says the target is ten.

MR. FLETCHER: Right.

DR. KUSHNER: Says ten.

MR. FLETCHER: But there's no set number.

CHAIRMAN McNISH: And I've always held that any committee with more than 12 people on it is a worthless committee because you just stir around each other so we've tried to hold it in the neighborhood of 12, and actually the 13 includes Charlie, who stood before the Committee and resigned although he's still on the list. So--

MR. BUSSEL: Well, I have--

CHAIRMAN McNISH: Norm.

MR. BUSSEL: --to interject and I cannot say anything about it. There are only three of us

here who really know the American Ex-Prisoners of War Organization, and one of us was a national commander, and he was ousted.

CHAIRMAN McNISH: Exactly.

DR. AMBROSE: Yes.

MR. BUSSEL: While national commander. And it was just a horrible situation. I was once president of their foundation, and they wanted us to put the money where they wanted it to go. We didn't want it to go there because the Morgan family, who run the organization, and some women, who are civilian attorneys, have a sinecure, and they've had it there for 50 years.

MR. FLETCHER: Yeah.

MR. BUSSEL: And the whole family works there. Well, I'll put "work" in quotes. And I know Paul is going to disagree with me, and I'm sorry, but he's wrong.

[Laughter.]

DR. CORNUM: There we go.

MR. BUSSEL: I wrote some pretty tough articles about that, and I finally just got out

when things got just unbearable. One of the guys on my foundation committee, he was a retired colonel and a wonderful guy. What was his name, Fletch? That they kicked off, they ousted him from the organization.

MR. FLETCHER: Oh, yes.

MR. BUSSEL: And we had our attorney come in there and get him reinstated. You know who I'm talking about?

MR. FLETCHER: He was from Oregon. Minetta or something like that.

MR. BUSSEL: I don't know Alice's closeness with the group. But all I can say is to me there's a taint involved with being with those people. And I haven't gone to one of their conventions in many, many years, and it started off as a good organization.

MR. FLETCHER: Yeah.

MR. BUSSEL: And it just went downhill, and they also instigated a program where civilian attorneys became civilian ex-POWs. How are they ex-POWs? Well, they had the same hardships as you

did. Well, to my knowledge, they had a guy going to town everyday with money to buy food to bring back so they could cook their food. We didn't have that.

And now they're bringing them up where one day, not too far off, one of the ex--one of the attorneys, who are now considered a military attorney, will become president of the organization. And it's a sad situation. I'm not going to take any more of your time with it, but Fletch will concur with me on that I know.

MR. FLETCHER: Yes, I can. Dr. McNish and what's his name from Seattle? Dr.--

CHAIRMAN McNISH: Orsborn.

DR. AMBROSE: Orsborn.

MR. FLETCHER: Orsborn. I think I gave you two guys the plaque. They were against it.

CHAIRMAN McNISH: I got it hanging up at home.

MR. FLETCHER: I know, but they were against it.

DR. KUSHNER: I'm sorry. I don't

understand how this is germane to what we're talking about.

CHAIRMAN McNISH: But as long as we make sure--

MR. FLETCHER: Well, what he's talking about is the election of somebody to the Committee.

CHAIRMAN McNISH: Yeah, but I don't--I don't want this Committee to ever have--and hope and I think from Rhonda said she feels the same way--this Committee does not get involved in the politics of AMXPOW, period. End of discussion.

DR. CORNUM: Right.

REV. DR. CERTAIN: Right.

CHAIRMAN McNISH: AMXPOW does not in any way designate or direct anything that this Committee does.

MR. BUSSEL: Right now.

CHAIRMAN McNISH: That does not necessarily keep people who are members of AMXPOW from being on the Committee, but the workings of the Committee need to be kept separate and distinct from the workings of AMXPOW because I think that

would be--

DR. CORNUM: If we have two former commanders, then how can we possibly be saying that that taints you?

[Laughter.]

CHAIRMAN McNISH: Yeah.

DR. AMBROSE: Yeah. So--

CHAIRMAN McNISH: Right.

DR. KUSHNER: I'm in AMXPOW, but I'm--you know, I'll get the magazine. I've never been to a meeting. I don't participate.

DR. CORNUM: Right. I'm a member, too.

DR. KUSHNER: I'm inactive. I just--but I mean so--

DR. CORNUM: Hell, they made me a life member when I got back.

CHAIRMAN McNISH: I am too.

DR. CORNUM: So here I am.

CHAIRMAN McNISH: Right.

DR. AMBROSE: So the concern that I hear is that AMX--someone representing AMXPOW may have an undue influence on this Committee.

DR. KUSHNER: A conflict of interest.

DR. AMBROSE: Or conflict of interest. So I don't think that Alice Booher would be offended if we let her know about the concern and that we would request that she acknowledge the concern and that she feels that she would be able to serve on the Committee without violating that concern.

Is that a reasonable summation?

DR. KUSHNER: Well, I don't--well, before we vote or whatever, I don't understand why there has to be a conflict of interest between two organizations, I mean between a VA committee, this Committee, and another organization. I'm in a Rotary Club, too. I mean I don't see a conflict.

CHAIRMAN McNISH: The sensitivity came from the fact that they were trying to take over this Committee because they saw it as a direct conduit to the Secretary.

REV. DR. CERTAIN: But not recently.

DR. CORNUM: Not since most of us have been on it. This all happened before we all heard about it. So I don't think we need to dredge it.

DR. KUSHNER: I've been a member for five years. I have not been aware of that.

CHAIRMAN McNISH: This happened 20 years ago.

MR. FLETCHER: Yes, it did. Yes, it did.

DR. KUSHNER: Well, forget it.

MR. FLETCHER: I was going to say 25, but 20 years ago, they tried to take over this Committee.

DR. KUSHNER: Well, see, I didn't know that.

REV. DR. CERTAIN: You never tried to get us all to wear red vests.

DR. CORNUM: Yeah, but I didn't know it and you didn't know it and you didn't know.

MR. FLETCHER: That's what I'm saying is you guys don't know a lot of things.

DR. CORNUM: So I shouldn't be responsible for stuff that I didn't know about and don't want to know about and don't think is germane.

MR. FLETCHER: But if you put somebody on the Committee--

REV. DR. CERTAIN: The Secretary puts them on the Committee. Rhonda Cornum isn't going to allow anybody to run her roughshod.

MR. FLETCHER: Well, the Secretary, but you elect them.

REV. DR. CERTAIN: Last I checked.

MR. FLETCHER: And they try to bring influence from American Ex-POWs, for example, what are you going to do?

DR. CORNUM: Well, if it makes sense for former POWs, then maybe we ought to consider it.

MR. FLETCHER: No, I'm not saying it makes sense.

DR. CORNUM: Well, if it doesn't make sense, we would say we would not agree with it.

MR. HANTON: It would be outvoted.

DR. CORNUM: They'd be outvoted regardless of where the idea came from.

[Laughter.]

DR. CORNUM: Just like every bad idea gets outvoted.

DR. KUSHNER: I think this is a sterile

debate, Mr. Chairman.

DR. AMBROSE: It would be a thank you very much for your input.

CHAIRMAN McNISH: We have taken their input as suggestions to be considered by the Committee, certainly not as directives that would necessarily be put in our report or recommended to the Secretary.

DR. CORNUM: I mean all those organizations show up.

CHAIRMAN McNISH: Yeah.

DR. CORNUM: That's why I wanted them out when we were here.

DR. AMBROSE: And it's a thank you very much for your input, thank you for coming, thanks for your support.

CHAIRMAN McNISH: Yeah.

MR. FLETCHER: I'm sure, Tom, you can remember that gallery used to be full of service officers.

DR. AMBROSE: Oh, yeah.

DR. CORNUM: That's what I meant. That's

why I'm not very excited about the veteran service officers.

MR. FLETCHER: It was full. They had to get extra chairs to go around the wall.

CHAIRMAN McNISH: And we recognized each one of them, and they got up and said their thanks.

DR. CORNUM: And then they went away.

CHAIRMAN McNISH: And then, yeah, and then on our--when we were writing the report, they were not invited to be in the room.

DR. CORNUM: Right.

DR. KUSHNER: Okay. I propose we move on.

MR. FLETCHER: Still look what we have now.

DR. CORNUM: Yeah. Move on.

REV. DR. CERTAIN: Let's move on.

DR. KUSHNER: Let's move on.

CHAIRMAN McNISH: Okay. So other than--

DR. CORNUM: But I don't really want it added that this one person who writes articles for this organization, and she writes about, you know, about prisoner of war camps, should be singled out

as we're worried about her being tainted when the rest of us are also all members and we didn't get that--

CHAIRMAN McNISH: Yeah. I'm sure you'll share with her the discussion, and then the only concern of the Committee was her involvement with AMXPOW.

DR. CORNUM: Yeah. I'm happy to--

CHAIRMAN McNISH: But other than the conclusion in the report about Paul and Fletch, I'm hearing it to be the consensus that we accept the report, and we'll forward it as an attachment to our report, which will--

DR. KUSHNER: We'll let Chaplain Certain modify that written report to include the thoughts that he--

DR. CORNUM: To reflect the correction.

CHAIRMAN McNISH: He's already done that?

DR. KUSHNER: No, I said we'll let him amend it.

CHAIRMAN McNISH: We'll let him amend.

REV. DR. CERTAIN: The only amendment is

one and two.

DR. KUSHNER: Yeah, just change it.

REV. DR. CERTAIN: And to say of the remaining ten members, Mr. Fletcher and Paul Galanti have indicated they'd like to retire from the Committee. That's the only change I would make in there at this point.

DR. CORNUM: Right.

CHAIRMAN McNISH: That's fine.

REV. DR. CERTAIN: Everything else is good.

CHAIRMAN McNISH: Yeah, I would too. I agree. And by the way, excellent work on you guys.

DR. AMBROSE: Yeah.

CHAIRMAN McNISH: Thank you very much. It wasn't an easy job, but thanks a lot.

REV. DR. CERTAIN: Well, it's distasteful. It's distasteful to say it's time for people not to see each other again.

CHAIRMAN McNISH: Yeah.

REV. DR. CERTAIN: That's the fellowship that we've had here.

DR. CORNUM: That part is--

MR. FLETCHER: Yeah, I agree.

REV. DR. CERTAIN: That part is distasteful. The rotation schedule proposed here I think makes sense because we've got several that can never be here again.

MR. HANTON: One of the things about the term length, being a new guy, and it takes at least three meetings or so to kind of get a grasp of any of this. It's like any big job change I had when I was on Active Duty, I went from flying to some staff thing with all--are these guys in the same Air Force? The language they use is totally different than normal.

[Laughter.]

DR. CORNUM: Yeah.

MR. HANTON: Acquisition terms or whatever it is, it's happened a lot. So it takes a little while. So I don't know how you--each person--

REV. DR. CERTAIN: Well, the rotation schedule is going to be set by statute or by fiat from the Secretary's Office. The reappointment

schedule is also their option.

MR. HANTON: That's the part.

DR. CORNUM: And do you also want to add something about the attendance.

REV. DR. CERTAIN: Yeah, I agree with Rhonda. The attendance requirement I've got--

DR. KUSHNER: 50 percent.

DR. CORNUM: 50 percent over one, over one appointment.

REV. DR. CERTAIN: I have the same problem with Military Chaplain Association. I've got an executive committee member that never comes.

CHAIRMAN McNISH: It's a good idea.

DR. CORNUM: Right. I think 50 is reasonable because then if you've got a health problem and you can't travel far away, at least you can come to the ones that are close, half of them.

CHAIRMAN McNISH: Half of them.

DR. AMBROSE: Yeah.

MR. HANTON: I couldn't come before because I was taking care of my spouse.

DR. CORNUM: Yeah.

MR. HANTON: For over two years.

DR. CORNUM: But you're here now faithfully.

MR. HANTON: Yeah.

DR. CORNUM: And you did the right thing.

MR. HANTON: Absolutely. Family first.

DR. CORNUM: Family first.

CHAIRMAN McNISH: All right.

DR. CORNUM: Okay.

CHAIRMAN McNISH: Good healthy discussion. Thank you, guys. That was--it's one of the nice things about this group. Like Mike alluded to earlier, it's kind of become like a family.

DR. CORNUM: You don't have to like all your brothers and sisters everyday, but you still take care of them.

[Laughter.]

CHAIRMAN McNISH: And all of the discussions that we've had on this Committee have been at a professional, no ad hoc attacks or direct personal attacks on anybody, ad hominem attacks. And much appreciated.

DR. AMBROSE: Yeah. Just--

CHAIRMAN McNISH: Well, I would propose that those who can attend be invited to attend, even though they're rotating off the Committee, be invited to attend the meeting in San Antonio as ex officio or whatever if we can get, if we get the VA to--

REV. DR. CERTAIN: Well, the Secretary may not approve the rotations until the San Antonio meeting. So nothing is official yet.

MR. ROBINSON: Not yet.

CHAIRMAN McNISH: And would we have the new appointees there?

MR. HANTON: But we can't force them to stay on.

DR. CORNUM: No. And the question, whether it gets paid for would be the deciding factor. If they came--

DR. AMBROSE: If they have the new appointees, that's one thing. If they don't, then having the new appointees invested, as it were, and in the D.C. meeting would be more of an opportunity

for the folks from down the street to meet the new members face to face, assuming that they can come to one of our meetings.

DR. CORNUM: Well, if we can get it done earlier than later, that would be good.

CHAIRMAN McNISH: A lot of people like to be in San Antonio so I think we may be able to get Bob or one of his henchmen down there.

DR. AMBROSE: Yes.

DR. CORNUM: Yeah. The food is good. The food is good. River Walk is good. Margaritas are good.

MR. FLETCHER: Good ribs.

DR. CORNUM: I can go visit one of my puppies while I'm there.

[Laughter.]

CHAIRMAN McNISH: Best brisket in the world is in Texas.

DR. CORNUM: And almost the only brisket in the world right now is in Texas. There's an actual brisket shortage.

MR. FLETCHER: There's a what kind of

shortage?

DR. CORNUM: There's a brisket shortage.

MR. FLETCHER: Are you kidding?

DR. CORNUM: I am not kidding. Did you notice why there hasn't--barbecue has a really big problem right now, and it's a big problem. That's why like it was $6 a pound for corned beef this year. How's that for a little tidbit of news?

DR. KUSHNER: Not in North Carolina.

REV. DR. CERTAIN: That's because we use a different animal.

MR. HANTON: But pork barbecue seems to be okay down in South Carolina.

DR. KUSHNER: Yeah, in North Carolina, it's fine.

MR. FLETCHER: I agree with you, brother.

DR. CORNUM: Yeah, there's plenty of pork barbecue. There's not a problem with hogs. It's a problem with cows.

MR. FLETCHER: You and I are on the same page.

MR. HANTON: I like both kinds of

barbecue.

CHAIRMAN McNISH: All right. Then tomorrow morning we'll just meet--what time are we supposed to get here? I don't know what it says.

DR. KUSHNER: It says nine.

MR. FLETCHER: Nine.

DR. AMBROSE: Nine o'clock.

CHAIRMAN McNISH: Nine.

DR. AMBROSE: Yeah.

DR. KUSHNER: I have to leave at 10:30. My plane is at noon.

CHAIRMAN McNISH: Okay. Then let's meet at nine, and we should be able to go over kind of a draft report as we usually do. Any additional inputs, changes, things like that, and we'll get that done and be out of here probably by 10:30.

MR. FLETCHER: Okay.

CHAIRMAN McNISH: Thanks, guys.

MR. ROBINSON: Public forum discussion? Is that it?

CHAIRMAN McNISH: Sorry?

MR. ROBINSON: Public forum discussion?

Was that what we just did?

CHAIRMAN McNISH: Public forum discussion.

DR. AMBROSE: Yes, that was our--

MR. ROBINSON: That was it. Okay. Okay.

CHAIRMAN McNISH: All right. I don't think there were many public forum people here; right?

MR. ROBINSON: No.

REV. DR. CERTAIN: We ran them off. We got to ask them to come back.

[Whereupon, at 3:35 p.m., the Advisory Committee recessed, to reconvene at 9:00 a.m., Wednesday, April 29, 2015.]