DEPARTMENT OF VETERANS AFFAIRS

+ + + + +

ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

+ + + + +

MEETING

+ + + + +

WEDNESDAY
NOVEMBER 29, 2017

+ + + + +

The Committee met in Training Rooms A-C, Atlanta Regional Benefits Office, 1700 Clairmont Road, Decatur, Georgia, at 9:00 a.m., Robert Certain, Chairman, presiding.

PRESENT

ROBERT CERTAIN, Chairman

HARRY CORRE, Member

TOM HANTON, Member

JOSEPH MILLIGAN, Member

JEFF MOORE, Member

SHIRLEY QUARLES, Member

ELLIOTT SORTILLO, Member
ALSO PRESENT

LESLIE WILLIAMS, Designated Federal Officer
(DFO)
E. MAQUEL MARSHALL, Alternate DFO
ANNETTE P. WALKER, Director, Atlanta VA Medical Center (VAMC)
RHONDA STURDIVANT, FPOW Program Advocate, Atlanta VAMC
NAYANA AMBARDEKAR, Physician Medical Specialty Care, Atlanta VAMC
STACEY POLLACK, Director, Mental Health, VA Central Office
JELESSA BURNEY, Program Specialist, Advisory Committee Management Office
AL BOCCHICCHIO, Director, Atlanta Regional Benefits Office
ANNA CRENSHAW, Assistant Director, National Outreach & Web
MARILYN CORRE
THOMAS PRICE
# C-O-N-T-E-N-T-S

Open Session and Member Recognition  
Rev. Robert Certain, Chairman  
--- 4

Welcome and Overview of the Atlanta VA Healthcare System  
Annette Walker  
--- 25

Roles and Responsibilities of the FPOW Program Advocate  
Rhonda Sturdivant  
--- 63

Networking Break  
--- 102

Compensation and Pension Exams  
Dr. Nayana Ambardekar  
--- 103

Vet Center Services  
Stacey Pollack  
--- 143

Networking Break  
--- 177

Overview of the Robert E. Mitchell Center for Prisoner of War Studies  
Dr. Jeffrey Moore  
--- 178

Updates from SecVA & New Committee Members  
Jelessa Burney  
--- 207

Adjourn  
--- 241
P-R-O-C-E-E-D-I-N-G-S

(9:05 a.m.)

CHAIRMAN CERTAIN: Okay, rules of the game, one person talks at a time because it is being recorded and when you speak wait until I call on you and when you speak state your name first so he can make sure the minutes are all correct. Got it? All right, good.

Well, welcome to this session. For those who may not know us let's go around and just give a very brief introduction. I am Robert Certain, Retired Air Force, Former Prisoner of War, Chairman of the Committee.

MEMBER QUARLES: I am Shirley Quarles, former Army, Retired Colonel, 28 years, and I have been on this Committee for two years.

MS. WILLIAMS: Good morning, everyone. I am Leslie Williams, an Air Force veteran, and your Designated Federal Officer.

MEMBER HANTON: Tom Hanton, Former POW from Vietnam. This is my last year on the Committee. I can't remember then I started, but
this is my second term. Retired Air Force, and
that's it.

MEMBER CORRE: Harry Corre from West
L.A., Ex-POW from Philippines and Japan.

MEMBER MOORE: Jeff Moore from
Pensacola, Florida, Retired Navy and Retired
Director, former Director of the Robert E.
Mitchell Center for POW Studies in Pensacola,
Florida.

MEMBER MILLIGAN: I am Joe Milligan,
Retired Air Force Colonel, former Vietnam POW.

MEMBER SORTILLO: Elliott Sortillo,
Retired Army Sergeant Major, POW in Korea.

CHAIRMAN CERTAIN: And how about the
folks down, out there, introduce yourselves.

MR. BOCCHICCHIO: Good morning,
everyone. Al Bocchicchio, I am the Director of
the Atlanta Regional Office of Disability. I
have been here since 2008 and I started my career
with the VA in 1990, so welcome to Atlanta.

Anything you need, we have a gracious
host, I know you have a pretty full agenda on VHA
today and I think the non-medical benefits side
tomorrow. If there is anything you need just
give us a shout.

MS. CRENSHAW: I am Anna Crenshaw. I
am the Assistant Director of the Benefits and
Service for DVA and the FPOW is my program.

Leslie is one of my top program
analysts. I am a retired Army pilot and I have
been with DVA since 2000. I started my career at
the Atlanta Regional Office and Al was one of the
Directors.

(Laughter)

MS. STURDIVANT: Good morning. My
name is Rhonda Sturdivant. I am a licensed
clinical social worker and FPOW advocate from the
VHA.

I have been the VHA POW advocate since
2009. I am an Army, well a military brat. I
have every branch of the military from
grandfather, great-grandfather, on down to
brother and dad.

So this is why I am here. I have been
with VA since 2007. I started as an intern and came back full-time and no plans of leaving any time soon.

MS. CORRE: I am Marilyn Corre. I am married to Harry. I am a volunteer at the VA. I have been doing it for over 16 years. I spent seven years with Benefits and the rest with the hospital. Service Officer, I represent POWs, but I really like the work.

FEMALE PARTICIPANT: We're going to bow to you, Marilyn.

MS. CORRE: Yes.

(Applause)

DR. POLLACK: I am Stacey Pollack. I am with VHA and the Office of Mental Health and Suicide Prevention and I have been with the VA for about 20 years.

Prior to coming to the VA Central Office and the VHA I worked at the Washington D.C. VA as the Director of the Common Services Program for over ten years and I am honored to be here as well.
MS. BURNEY: Good morning. I am
Jelessa Burney. I am with the Office of the
Secretary Advisory Committee Management Office
and I have been with the VA 16 years starting my
VA career at the VBA Regional Office in New
Orleans. I am here to support.

CHAIRMAN CERTAIN: Okay, good, thanks.
And we are going to defer general business until
a little bit later, but I would like to discuss
some ideas I have had and if you remember ACMO
had recommended, Mr. Moragne had recommended that
we start liaising with other committees, advisory
committees that have similar kinds of interest.
And one way to do that is for us to
establish working groups of maybe two people to
go to those meetings, and so I would like to
develop a few working groups while we are here
and so I want you to be thinking about where you
would like to be, and those of you who thought
you were rotating off the first of October that's
been delayed.

Another piece of business we have is
to make sure we have our recommendations up to
the Secretary for appointment to this Committee
to replace you so that we don't have a debacle
like we did a few years ago where people were
rotated off and it took us 18 months or so to get
new committee members approved.

So you are sort of indefinitely on
hold until probably through the spring meeting so
we can get those appointments for your
replacements. That is Shoshana and Tom I think
are the two, and then we'll also want to get --

MS. WILLIAMS: Hal Kushner.

CHAIRMAN CERTAIN: And Hal Kushner.

Hal Kushner will be here tomorrow evening. So he
will be here I hope in time for dinner and will
be here for the Friday morning part of the
meeting.

And then so we can get those done and
then I would also like to see us get the next
group also in the approval process so those then
can be established by the 01 October transition
time, and Shirley is one.
Who else comes off with me? I think 2018 I think I time out and maybe one or two others. And Lane Carson couldn't be here because he was out of the country, right?

MS. WILLIAMS: No. He is interviewing for another committee. I forget the name of the committee, but I know he is doing interviews.

CHAIRMAN CERTAIN: Okay.

MEMBER SORTILLO: For Service Academies.

MS. WILLIAMS: For Service Academies, okay.

CHAIRMAN CERTAIN: All right. So here are my thoughts for working committees, one is to meet with various stakeholders in the POW advocacy business to recruit potential new members with the term limits and the rotation schedule and the fact that we can serve two terms then is sort of a ragged time.

Some people who expire after three years will pick up again but some others in that same year will be rotating off. So we need to
have a sort of constant one or two people in the
pipeline to get in there.

So the stakeholders I have in mind are
people like the Nam-POWs, the American ex-POWs.
The Korean War group is dissolved, right?

MEMBER SORTILLO: Yes, they have
dissolved, but I have contact with them.

CHAIRMAN CERTAIN: So Elliott has
contact with most of them and some of them surely
are members of the American ex-POWs, so to go and
to talk to the leadership of these organizations
to get good nominations and good information in,
so that's one idea.

The other is to meet with and recruit
some high visibility people to testify to the
Committee. There are some folks who have their
finger on the pulse of what's going on with this
population, this small population, and ever
smaller population, subgroup of veterans known as
former prisoners of war and to come and talk to
us about issues they are discovering.

My third one would be to meet with
caregivers of POWs, so spouses, children, whoever the primary, you know, that former POW's main caregivers are that have concerns so that we can find out better and make it and advise the VA on how to work with those caregivers to give them the tools they need and the access they need because some of them will not be informed about what the VA provides.

And part of that, of course, is to -- our concerns are always to make sure that insofar as we can help the VA and guide the VA to be in touch with every known former prisoner of war in their regions to invite them into the system and to make sure they are properly rated and that they and their caregivers and their spouses, surviving spouses are properly cared for in accordance with VA policies, rules, and the legal stuff.

The other would be to set up groups of caregivers, groups of liaisons from this Committee who would go and meet with such groups as the Family Caregiver and Survivor Advisory
Group, the Readjustment of Veterans Advisory Committee, Disability Compensation Committee, and the Geriatric and Gerontology, since, I hate to tell you this, but most of us are quickly getting into that.

In fact, we were told we were all in the Geriatrics Committee I think in New Orleans, wasn't it, when we heard that nasty comment.

MS. WILLIAMS: Yes.

(Laughter)

CHAIRMAN CERTAIN: So if -- There are some things that affect us that affect all other veterans. There are some things that affect us that the Mitchell Center particularly has discovered that are sort of unique to our experience and so we need to make sure that as best we can that we give good advice and counsel to the VA.

So if you will be thinking about those and any others in a little bit then later today and tomorrow we'll try to form those groups so that we can -- And Leslie, I've asked Leslie to
find out when those other subcommittees are
meeting in the next year so that we can make some
plans to go and work with them.

    It would be like at one day of their
meeting, to go to their meetings and find out,
you know, tell them what our concerns are from
our reports, what we are discovering, and see if
they have similar.

    One of the suggestions that Mr.
Moragne gave to us a year or so ago was that when
we write a report if we know of another one of
those committees that is making a similar making
recommendation and we referred to it and that we
work with that committee to make our
recommendations the same, word for word the same,
so that it has a better chance of -- gives the VA
an easier way to approve, sort of like the
Conference Committee in the Congress, that's
supposed to help get laws approved, isn't it.

    How is that working for us? Yes,
Joseph?

    MEMBER MILLIGAN: Joe Milligan. Could
we get a list of the other committees as a reminder?

CHAIRMAN CERTAIN: Yes. And it's also on the web. If you go to the VA website you can look at the federal advisory committees and you will see the list.

I forget how -- There are 30-
something, aren't there?

MS. WILLIAMS: Advisory Committees?

CHAIRMAN CERTAIN: Yes.

FEMALE PARTICIPANT: They've got 29.

CHAIRMAN CERTAIN: Twenty-nine. I thought it was around 30, so 29, some of which have, you know, they are esoteric. I think they are very specified and sort of narrow ways that wouldn't affect us, but the ones I list are, when I look down at the list those seem to be committees that would have some kind of relationship with what we are doing.

MS. WILLIAMS: And so just keep in mind that at the New Orleans meeting Kirk Martin, who is the Chairman for the Advisory Committee on
Disability Compensation, so the Committee did hear from him and that Committee is interested in working with FPOW.

CHAIRMAN CERTAIN: Thank you, Leslie.

MS. WILLIAMS: You're welcome.

CHAIRMAN CERTAIN: And, you know, one of our ongoing concerns has been how the VA can urge former prisoners of war to get into the system.

That's one, because some of washed our hands of the VA back in the '70s and some of us have had bad experiences and won't forgive the VA for something that happened 20 or 30 years ago.

And so trying to encourage them to try it one more time is sometimes difficult. One of the concerns that Fletcher used to voice was that people are afraid to go in for a new protocol physical because they are afraid that what they had will be taken away from them and then one --

Yes?

MS. CORRE: Some years ago they sent out -- in Las Cruces, New Mexico. They sent out
a letter to all the POWs saying that they wanted
them to come back into the VA to be reevaluated
and they were not to worry about their other
benefits, they would not be touched.

CHAIRMAN CERTAIN: Now that was Mrs.
Corre speaking there for the record.

MS. CORRE: Yes.

CHAIRMAN CERTAIN: Yes, I know that,
and the question is whether or not some of us
incorrigibles actually believed the letter.

MS. CORRE: Exactly.

CHAIRMAN CERTAIN: And you can't make
somebody believe it.

MS. CORRE: Yes.

CHAIRMAN CERTAIN: And the VA cannot
require anybody to come in for a protocol
physical. The other concern that I have had was,
and I heard at a Nam-POW reunion a couple of
weeks ago, was that the raters are inconsistent
across the whole VA and --

FEMALE PARTICIPANT: That's true.

CHAIRMAN CERTAIN: -- and some of them
don't, you know, say, well, that's not a problem, they don't look at all the presumptives, but if any former POW has any condition that is in the presumptive list they should automatically, they should at that point be rated at some percentage, and so that's not necessarily happening everywhere.

MS. CORRE: I agree.

CHAIRMAN CERTAIN: And when it gets into Agent Orange presumptives then that's a whole other ball of wax because when the Agent Orange presumptive area got extended into places like Thailand aviators in Thailand said, well, I was in Thailand I wasn't in South Vietnam.

I said, well, yes, and I worked with a guy in Waco that had been turned down for one of the Agent Orange presumptives and he had to, fortunately he had photographs of Agent Orange barrels right outside of his hooch and they sprayed the perimeter of the taxiways and the runways to keep the weeds down and, of course, pilots tend to taxi with their canopies open.
So he was breathing the stuff taxiing out. He was not walking to it like an Army soldier would do, but he was still potentially affected.

And finally after a long couple of years and an attorney who was working pro bono for him managed to get the Waco office to repent and properly rate him for that disability.

And as those you who have ever been around Nam-POWs know we encourage people to keep up with that because it's not so much for the veteran but it also makes a big difference for surviving spouses when it comes to DIC.

So we need to -- If we can help the VA to figure out a better way or a more efficient way to both get all the former POWs from all the wars into the system first and then get them properly rated for whatever is going on with them across the system then we would be doing the VA and our veteran population a big service. Any other thoughts on that?

(No audible response)
CHAIRMAN CERTAIN: In a little bit, in a few minutes, Annette Walker is expected to come in at 9:30. She is the hospital administrator here and was in Detroit for a lot of years and those of you who remember Fletcher on this Committee she knew him and was quite fond of him, so I look forward to hearing from her later this morning.

Let's see. That's looks like the next thing on the agenda. Do we have other concerns while we await that?

MS. WILLIAMS: We do not. So the water is here.

CHAIRMAN CERTAIN: So those of you who want some water.

(Off microphone comments)

CHAIRMAN CERTAIN: Thank you. I also have -- I thought this had been sent to everybody?

MS. WILLIAMS: Yes. Well, no, so they'll get it in their binder.

CHAIRMAN CERTAIN: Okay.
MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: So the binders are being -- There was a problem with the binders. They will be coming in later, but the good news is our 2007 recommendations have been signed off by the Secretary.

MS. WILLIAMS: Signed off, yes, by the Secretary.

CHAIRMAN CERTAIN: The bad news is our 2016 is still in limbo.

MS. WILLIAMS: Concurrent. Leslie Williams for the record. So essentially the 2016 recommendations, now the good news about those is the majority of the actions are complete.

However, they have not been signed off by the Secretary and essentially that is because he had to go through the concurrence process, meaning several different business eyes in the VA had to review it on multiple occasions.

So hopefully by the D.C. meeting we will have them signed off.

CHAIRMAN CERTAIN: Hopefully.
MS. CRENSHAW: And remember that the Committee, the program changed the Program Office, so with that change the recommendations kind of got, just got stuck somewhere. Once we unstuck them they started moving through the system. We had a change in VBA, a lot of changes in all of our program office management at that time went through a change, just as we went through the administrative change, VBA went through a transition with a lot of change.

So with the change of the program from one business line to another the recommendations were there but when new leadership came in, as would normally happen, they get caught up.

So now we have moved them on through the system. So as Leslie said we hope to have them all finalized by the December meeting. That's not an excuse, but it is an apology with that transition.

CHAIRMAN CERTAIN: Now if any of you are historians and like to read a lot, Tom McNish
left us with all of the reports for the last 20
years and the actions.

FEMALE PARTICIPANT: Wow.

CHAIRMAN CERTAIN: It would be nice if
somebody has, if any of us have some time on our
hands who would like to go through all those and
summarize them, both the recommendations and the
VA response, just to bring, because we bring new
people up to speed. There she is.

MS. WALKER: Good morning.

(Multiple good mornings)

CHAIRMAN CERTAIN: So that we can
better inform people of our history and the
various trajectories that we have followed
through the years and how the VA has responded
and it will also give us a chance to look back
and see what has been approved so we can maybe
get a status report on how that's going over
time. So, again, if -- I've got all that stuff
in a dropbox.

MEMBER MILLIGAN: Joe Milligan. I was
going to ask, do you have it electronically?
CHAIRMAN CERTAIN: Yes, it's all electronic. He didn't -- I told him I wouldn't accept paper.

(Laughter)

MEMBER QUARLES: Bob, I would love to read those reports.

CHAIRMAN CERTAIN: Okay. What I will do is put them into a dropbox and then send you access to it.

MEMBER QUARLES: Yes.

CHAIRMAN CERTAIN: Annette Walker.

MS. WALKER: Good morning.

CHAIRMAN CERTAIN: Welcome.

MS. WALKER: How is everyone doing?

FEMALE PARTICIPANT: Good morning.

CHAIRMAN CERTAIN: This is Annette.

Annette, as I have mentioned earlier, is the Director of the hospital here. It's good to see you again. Retired Air Force, is that right?

MS. WALKER: Yes, Air Force.

CHAIRMAN CERTAIN: Yes.

MS. WALKER: Air Force flight nurse.
CHAIRMAN CERTAIN: Thank you.

(Off the record comments)

MS. WALKER: Is it time for me?

CHAIRMAN CERTAIN: It's time for you.

MS. WALKER: Good morning, everyone.

How are you all doing?

(Multiple responses)

MS. WALKER: Good. I am Annette Walker. I am the Medical Center Director of the Atlanta VA Healthcare System. Can you all hear me okay?

CHAIRMAN CERTAIN: Can he hear you is the question since he is recording.

MS. WALKER: Okay, good, good.

FEMALE PARTICIPANT: Do you want the microphone?

MS. WALKER: I don't know. Do I need the microphone? Is everyone hearing okay with me talking like this?

(No audible response)

MS. WALKER: I can use the microphone if we need to.
CHAIRMAN CERTAIN: Well that way we can make sure it's recorded for the --

MS. WALKER: Make sure it's recorded, okay. Okay, now I am not technology inclined so you make sure it's on.

(Off the record comments)

MS. WALKER: Okay, all right, good.

How is that, is that any better?

FEMALE PARTICIPANT: That's good.

CHAIRMAN CERTAIN: All right.

MS. WALKER: I'm sorry about that.

Let me just tell you a little bit about myself. I have been here at the Atlanta VA going on 12 months, no, 14 months.

I started in September of last year but I am no stranger to the VA or to the POW Advisory Group. I have been in the VA system going on 24 years now.

I started out as a nurse manager at the Detroit VA and worked my way up from being nurse manager to the associate director there and I was at the Detroit VA for 22-1/2 years.
I spent the better part of that time from 2004 until the day I left in 2016 as the POW Coordinator. They switched it from POW Coordinator to Case Manager, but I will tell you that having that role was probably the most rewarding role that I have ever had as a nurse or working in the VA.

I met some very courageous men from all branches of the service and from all eras. I had POWs that were part of the Korean War, Vietnam War, and World War II.

I didn't have any Desert Storm POWs, but certainly those three wars, and if any of you know Robert Fletcher you all know he kept me in line.

(Laughter)

MS. WALKER: And I still talk with Bob today.

CHAIRMAN CERTAIN: Amen, amen, amen.

MS. WALKER: Yes, I still talk with Bob today on a regular basis. In fact I talked with him when you all were due to come down in
September and he was going to come down as well because they have the event over at I think it was Marietta.

CHAIRMAN CERTAIN: Right, right.

MS. WALKER: And with the weather and everything it got delayed, but he sends his regards. I told him I was going to be meeting with you all again today, he sends his regards and he is doing pretty good, so he just wanted to say hello to you all.

So let me tell you a little bit about the Atlanta VA and how the work that we are doing benefits all of our veterans, including our POWs, but it also aligns closely with the Secretary's top five priorities.

So the first page in your handout -- Does everyone have a copy of the handout?

CHAIRMAN CERTAIN: Yes.

MS. WALKER: The first page of your handout kind of identifies our catchment area, and let me just put this microphone up here for a minute.
Okay. It identifies our catchment area in all parts of the Georgia counties that we kind of intercept. We have a total of 14, 15 sites of care right now.

Our veteran population, we are close to 110,000 users, folks who actually use our VA healthcare system.

FEMALE PARTICIPANT: Wow.

MS. WALKER: And as you can see we are encompassing several different counties. And the second page has a copy, it shows you where our clinics are located currently.

We are currently in Rome, Fulton County Clinic, we have a clinic in Oakwood, we have the Atlanta Clinic which is about maybe 2-1/2 miles from the main hospital.

We have a clinic in Gwinnett County where the Trinka Davis Veterans Village, which is one of our community living centers, we have two community centers total. We have the main hospital which is in Decatur.

We have the clinic and a domiciliary
at Fort McPherson. We have a clinic in
Stockbridge, Austell, Blairsville, Newnan,
Lawrenceville, and also a Henderson Mill clinic.

And you will see later in our
subsequent slides where we are planning to expand
to in the future trying to accommodate the
continued growth that we have here in Atlanta.

When I first moved down here the
realtor that was trying to help me find someplace
to live told me that Atlanta is getting a million
new residents per year.

I don't know how many of that relates
as veterans, but I can tell you on average we're
probably getting about 100 new veterans enrolled
every week, if not more, at the Atlanta VA
Healthcare System.

So we are a 1A tertiary level
hospital. 1A means we are high in our intensity
of programs that we offer, including medical,
mental health, and surgical programs.

Atlanta VA has surgery that includes
cardiothoracic, we have neurosurgery, so we have
a wider gamut of service locations that we are
currently taking care of.

We have over a million square feet of
space at the main campus and if you've ever been
to that big building that building is over 50
plus years old and is need of a lot of
improvements, but it's about 12 floors.

We had over a $700 million budget last
year. We have over 4300 employees. And, as I
said, we have two community living centers, one
is at Trinka Davis which is at Carrollton, which
is about an hour and 45 minutes away from us, and
the other one is on our main campus at our CLC,
which is two floors.

Now the Trinka Davis Veterans Village
is interesting because that was donated to us by
a local entrepreneur, Ms. Trinka Davis, for us
to, for the specific use of veterans, and it's
not the normal nursing home type setting.

The veterans who live there are pretty
much self-sufficient. They have very nice
apartments that we call them to live in. They
have a community center there for veterans to be able to engage in a lot of different activities.

They work very closely with the VSOs in the area that takes them out on different outings. They have a chef that prepares their meals for them every single day.

They get to order what they want, so it's not the routine hospital-type food, it's the prepared meals right there for them. It's a very nice environment for them.

We offer multiple services, your typical services of mental health, primary care, and surgical services, but I wanted to highlight a few of our services.

We have just become a whole health flagship. We are in the process now of staffing that program up. We are working with the national office.

We are one of 13 VAs, or 18 VAs, rather, that is working to become a whole health flagship. And what whole health means is that we are not just looking at a disease or a diagnosis,
we're looking at the total patient and what
impacts his or her healthcare.

And I forgot to mention I am a
veteran, too, so I will be taking part in this as
well. I am a flight nurse, former Air Force
flight nurse as a matter of fact.

But the whole health process is it
allows us to look at a veteran from a point of
view of what impacts his or her care. What types
of things in your culture, in your daily life
that affects your care, and how can we
incorporate those things into your health
provision that we provide you.

So it doesn't help if you are a
hypertensive patient and you like to eat pork
every day and we don't take that into account.
How do we get across to you the best way to help
you all out with that, you know, not eating so
much pork, not eating so much salt, that improves
your hypertension.

If you are someone who has difficulty
seeing are you going to be able to read the
medication labels. How can we work on that to make sure that those kinds of things are improving.

And starting tomorrow we are having a 2-day training for all of our staff, to include all of our physicians in primary care, the leadership team, and we bring in also people in from other areas of the hospital, so all of it is going to be onboard with the whole healthcare program.

In addition to looking at your disease and to then how it impacts your healthcare or how things in your life impact that disease we are also alternative types of care.

We are going to be starting with massage therapy, aromatherapy, acupuncture is going to be one of those offerings that we make as well, and we are going to provide this care not just at the main hospital but throughout several of our clinics as well.

Women's health is another one I know is near and dear to a lot of our hearts. Our
women's health program is booming. We have over 12,000 women who use our services right now.

We have a total of about 14,500 that are enrolled and our women's health population is growing every single day, so we are making strides to improve that care to our women veterans.

One of the biggest things that we are trying to start now and pilot now is the mammography program, and the mammography program is not just going to benefit female veterans it will also benefit our male veterans.

Currently in order to get a mammography we have to send you out into the community to receive that care and you know if you go out into the community sometimes things get a little fragmented, it may take a little more time to get the care that you need.

So we want to create one-stop shopping at the Atlanta VA Medical Center so that all of our veterans can see the mammography care within our program.
We currently have on average about
4000 people that we send out every year for
mammography care and trying to coordinate that
care is quite difficult.

So we put forth a plan to the Central
Office and we're waiting for approval on that.
Teleprimary care is another big area that we were
focusing on.

We know that sometimes it is difficult
for veterans to get to the main hospital and
those of you who experienced the Atlanta traffic,
yes, that's not something that's easy to do, and
a lot of our veterans don't like coming to the
main hospital because of that traffic.

So by the time you get down to the
main hospital and find a place to park, if you're
lucky, and then get into the clinic, it becomes a
long day.

So we have expanded our services for
telehealth. We are one of the teleprimary care
health hubs. We are working to expand care more
into the rural areas where there is access to
This is a bit more difficult than what we are able to do in the main hospital and we are working and partnering with several other facilities as well.

We are working with Dublin VA through such things as eye care over the telehealth system, dermatology care. So if you have a skin lesion or a skin problem the doctor doesn't have to see you in person and face-to-face.

You could be at another site and they can take a camera to help identify what that skin source or skin irritation may be over the phone, over that telehealth program.

Mental health is another service that we currently offer under telehealth. So we expanded our services and are offering quite a bit more.

Other services that we offer that sometimes we don't quite often talk about, VA has 45 residency training programs and as you all know the VA is very big on training physicians
for future employment.

From what I understand some statistics show that about 70 percent of the doctors that currently exist in America now have had some type of rotation at the VA.

So we are partnering with the Morehouse School of Medicine and Emory School of Medicine to provide that care. We have resident trainees that come in on a regular basis that are working with us.

And it's not just the medical programs, we also have physician assistants, we have respiratory physical therapists, we have nurses from Emory that come and work with us as well to help us improve our care and also to help train the future doctors and nurses of the world.

We are currently a Magnet Designation for nursing excellence. Our nurses work very hard to obtain that designation to improve patient outcomes and last year we completed 1.4 million outpatient visits in our medical centers.

So for our top priorities at the
Atlanta VA we are closely aligned with the Secretary's top five priorities of greater choice for veterans, modernizing our systems, focusing on researches more efficiently, improving our timeliness, and suicide prevention.

Along with the top priorities, that improving our access, what I shared with you is that we have currently 15 sites of care but it's not just increasing the number of sites of care, it's also expanding our hours so that we accommodate veterans to come in different times of the day.

We have Saturday clinics currently, we are expanding our hours to have clinics later in the day as well. We are improving our wait times. Our current wait times are, for mental health you can get seen the same day if you have a mental health crisis.

We have what you'd call an open door, or just a 24/7 open door process where social workers are covering that area and anyone that comes in with a mental health need or a social
crisis, they say they're homeless or they don't have money or they may be out of medications, we have folks that can help them out on a regular basis.

Our wait times to be seen for an appointment is about 1.4 days in mental health but we also have a same-day walk-in service. Primary care we also have same-day walk-in availability for primary care, but you can also contact your primary care provider by phone, and how many of you know about secure messaging where you can email your provider if you have a question or a concern, so we do make that available to everyone as well.

Specialty care, we're still working on that. That's about a nine to 10-day wait time for specialty care. So if you need to see a cardiologist or a surgeon that does take a little bit longer, but sometimes our appointments for specific types of specialty care we end up going past the 30-day limit and that's where we end up sending patients out into the community for care.
through the Choice Program.

I know everyone knows about the Choice Program. We are fortunate to be a pilot for the new program that is coming down the pipe for Choice.

We have -- Currently we are working with the VA Chief Business Office to set the tone for how Choice is going to look in the future. There is going to be a lot more care coordination on our part so we won't rely so heavily on that third-party person to make the appointments and to make sure we get the results back.

We are staffing it now to make sure that we have the opportunity to make that seamless to the veteran, because that's probably our biggest complaint that we have at the Atlanta VA is that you sent me out on Choice, it took me forever to get an appointment, and now you don't have my results.

So we're working on trying to improve that and when we are doing so it's becoming a pilot for the way forward for how Choice is going
to look in the future.

Working on informing our veterans is a big, big priority for all of us. There are so many things that the veterans don't know about the VA and what's available to them and as we work towards improving our care we are also working towards improving our communication to our veterans.

One of the top priorities that the Secretary had for us is to partner with local community programs, and we work closely with the community service boards.

We have VETLANTA, which is a new community service board and it started up probably about a year or so ago, and we just partnered with them to work on three different things for veterans in the Atlanta area.

One is focusing on improving the communication about services available to the VA, another one is focusing more on women's health, and a third one is making sure that we are timely with our access, timely with our education, and
making sure we get out and partner more often
with our veterans in the community.

    It's amazing to me when I find out
what people don't know about the VA. It took me
awhile to learn it once I got in, but there is so
many things available that people just aren't
familiar with so getting out there in the
community and talking more, partnering with our
community services, working with people on
homelessness, working with the city and the state
agencies on homelessness.

    Dr. Lynch (phonetic) and I, she's with
me today, she is my congressional liaison, I can
tell you we stalk the halls of our Congress
leaders on a regular basis to hear their
concerns, to bring concerns back to them about
what their constituents are saying and helping us
to work on resolving some of our problems.

    So those community resources helps us
to better improve the services to veterans all
along.

    Another one of the Secretary's top
priorities is modernization of the VA. He talked specifically about IT modernization and making sure that we do a lot more with our electronic medical record.

So you all know that we're going to move to a new electronic record which will make it easier for us to communicate with outside facilities about the care that is being received for veterans on the outside.

But what we are doing specifically at the Atlanta VA, one of the biggest concerns that I hear about all the time is that you can't get through to you all on the phone, and that's a big, big problem.

We are working to improve our infrastructure for the phone system. What's happening is that Atlanta is growing so big and we are including so many sites of care we ran out of phone numbers.

And so the numbers that we currently have are overloading the circuit, so we're working with IT to move from a four digit
extension to a six digit extension, and I'll tell you I'm confused already trying to call in.

So I know it's going to be a big point of confusion for our veterans but we're working more to communicate to veterans about this change, letting them know that this change is coming about in January.

That will give us more lines of access and help to kind of decrease or minimize the wait times or the drop calls that we are currently experiencing.

We are also doing some education and training for our staff about how to answer the phones and to make sure they answer the phones with a smile as opposed to hello, VA, may I help you, if they say hello, so we are working to improve that as well.

Modernization also includes some of our construction projects. One of the biggest things that we are working on that is going to be coming up in the next couple of months is parking.
We are going to add two additional spaces to our existing parking, not spaces, lord help us if we only add two spaces, we're adding two additional decks that will hopefully get us to about 300 plus parking spaces in the coming months.

That's a big dis-satisfier for a lot of our veterans coming in, that they circle around and they have to find a place to park, but we also have valet parking which has been a big improvement for our veterans.

They come in, someone else parks their car for them. I think we've park close to 80,000 cars since the inception of it last year in March and we are looking to enhance that service, particularly with the construction about to start.

I expect it to be a bit more complicated to find a parking space, so one of the things that we are going to really work on doing is making sure that we increase our number of valet staff onboard to make sure that we have
valets available to park patients' cars while
they build this construction project.

    We are expecting that probably to last
about a year, so I am getting ready for all the
concerns that are going to come up as a result of
that.

    Some of our construction projects are
included in your packet. In addition to the
current sites up here that we have we are adding
on eight additional clinics.

    So for the Austell area we're going to
include and add a mental health clinic. In
Gwinnett County we are replacing the current
clinic that is there and expanding the clinic
with adding some additional spaces for some more
teams to be there.

    Northeast Cobb is going to be a new
clinic. The South Fulton mental health clinic is
going to be redesigned. Austell is going to have
a replacement clinic, that Austell clinic was
kind of old when we moved in there so it's time
to get that one replaced.
Newton County is a new market, that's going to be a new clinic for us. Northeast Georgia for ICARE is going to be opening up. And, also, we have a Fulton County clinic and also a Pike that's going to open up.

In the end all total we're going to have 23 different sites of care for veterans to be able to go to and I do think that if we build it they come and that probably will not be enough.

Focusing on resources more efficiently is also one of our areas of concern that we are working on to make sure that we have the right resources in the right place to take care of those foundational services such as primary care, spinal cord injury, and ensuring that we take care, have monies available to take care of those areas of responsibility.

We are working closely to manage the money that we receive. We have what we need to set the priorities that we need to set to take care of our veterans and it's just a matter of
making sure we stay focused on those priorities and focus on those foundational needs that we have identified.

And, finally, I'll talk to you a little bit about suicide prevention. That is one of the Secretary's top priorities and we have been really focusing on doing all we can to get the word out to families and veterans and also our fellow veterans about watching out for the signs of suicide, watching out for signs that people are depressed or their demeanor has changed, making sure that people are connected with the veteran's crisis line and knowing that they understand what those phone numbers are.

We do outreach on a regular basis. I think we're probably out in the community four or five times a month, if not more, talking about the things that are available for veterans at the VA to make certain that people understand that this is a top priority and we are real concerned about the 20 suicides per day with only seven of them actually seeking VA care, particularly when
we have all these sites of care why aren't they
coming in and what can we do to change that and
prevent that.

Other than the fact that I have a
robust staff of 4300 people who work diligently
to take care of all of our veterans on a daily
basis I think that the one thing I get out of
being a part of the Atlanta VA is that it is
massive, it is big, and it keeps me busy.

I'm running from one thing to another,
but all in a good faith of taking care of our
veterans. And I really want to emphasize again
the heartfelt joy I get out of working with the
POWs.

When Ms. Sturdivant, when I first came
actually she was one of the first people I
contacted, okay, where is our POW program and
what are we doing with our POW program, because I
hated that I left the guys in Detroit and I still
converse with them on a regular basis because I
get concerned about them and make sure that their
needs are being met.
And the one thing I focus on with them is that everything they are offering our veterans in the VA is available to them as well. I think we have a very good advocate in our POW Coordinator, Ms. Sturdivant.

She works very diligently. And I don't know if she has had a chance to speak yet, but when she does get up she will tell you that one of the things we just did recently was establishing the Missing Man Table.

The Atlanta VA did not have that there, and it was interesting, when we established the Missing Man Table you can't believe the reaction that we got from people when they found out what that table really meant.

We actually saw veterans standing there with tears in their eyes, streaming down their faces, thinking about what they may have gone through or what some of their colleagues have gone through as being a prisoner of war.

So I think that that helped us to kind of re-focus the Atlanta VA on a mission to make
sure that we don't forget the POWs and our MIAs.

And we have been very fortunate to
have Angela, I'm sorry, Rhonda, rather, being a
part of our team and working with us closely.
And I think I will leave the last few minutes for
some questions if you have any questions for me.

CHAIRMAN CERTAIN: Annette, this is
Robert Certain --

MS. WALKER: Yes, sir?

CHAIRMAN CERTAIN: -- do you have a
trained and qualified specific doctor on the
staff whose job is the POW physician?

MS. WALKER: We have a primary care
provider and I think Rhonda can tell you a little
bit more about that when she comes up and talks
and she'll know exactly who that is.

I know that's one of the requirements
of the 2011 Directive, not only that, to also
have trained folks that are working on the team
as a whole who have taken that certification
training, which I took several times, and I think
I am due to renew as well, so I need to kind of
get mine renewed as well.

And I don't know if they've had any conferences lately. You know, before they used to have the face-to-face conferences and I don't think we've had those --

CHAIRMAN CERTAIN: It's gone to online.

(Simultaneous speaking)

MS. WALKER: -- because Dr. Merryman (phonetic) I think since he kind of retired I don't know if we have had that continuing to occur, so I would hate to have that fall off the radar, so hopefully we can get that back again, because that was one opportunity for VBA and VHA to be a part of the team and work together closely.

I know in Detroit I had a very good working relationship with the folks at the Detroit VBA to make sure that we connected with our POWs and got them what they needed, particularly filling out the DIC claims after someone passed away.
That was a really big effort that we put together to make sure that we didn't drop the ball on that. Any other questions? Yes, sir?

MEMBER MILLIGAN: Yes, this is Joe Milligan. Did you say you were an Air Force flight nurse?

MS. WALKER: Yes, sir.

MEMBER MILLIGAN: Oh, good. I wanted to ask a question that is not POW-specific, but in trying to work with other committees that have similar issues that POWs might have. My wife was an Air Force flight nurse.

MS. WALKER: She's a good person.

MEMBER MILLIGAN: And my POW physician in San Antonio said that your wife is eligible for benefits since you are a POW but you need to get her in here because she is eligible in her own right as a Vietnam veteran.

MS. WALKER: Yes.

MEMBER MILLIGAN: The issue is, yes, she was a flight nurse in Vietnam for two years yet her DD-214, there is two blocks on it, Korea
and Vietnam, it's checked Korea, no, Vietnam, no.

MS. WALKER: Oh.

MEMBER MILLIGAN: The issue is she has no documentary proof that she was a flight nurse in Vietnam for two years because she wasn't assigned to Vietnam, she was stationed in Yokota, Japan, but commission was to fly in and out of Vietnam care for and pick up, or prepare and pick up patients, transport them back to the States.

MS. WALKER: So she was -- (Simultaneous speaking)

MEMBER MILLIGAN: And there were times where she would actually be on the ground for a 2-week period in Vietnam on a voluntary basis actually caring for patients, not just picking them up --

MS. WALKER: Yes, sir.

MEMBER MILLIGAN: -- in places like Cam Ranh Bay and Da Nang and Tan Son Nhut. There were never any orders. This was typical of the time. There were never any orders to Vietnam, the orders were to Yokota, Japan.
And so she can, of course, prove she
was a veteran, but there is no documentary proof
that she was ever in Vietnam and this is nearly
50 years ago and all the flight nurses that she
served with have since, that she has kept in
touch with, have since passed away, so she's got
--

(Simultaneous speaking)

MEMBER MILLIGAN: -- nobody to verify
that she was ever in Vietnam.

MS. WALKER: To verify, hmm.

MEMBER MILLIGAN: As a flight nurse
what would you suggest?

MS. WALKER: Well I would think that
someone somewhere should have kept some type of
record, you know, flying hours, you know, just
the flying logs should have been referencing --

(Simultaneous speaking)

MEMBER MILLIGAN: Well, I mean I was
a pilot flying in Vietnam, none of -- Yes, I had
a flying log, none of them said I flew in
Vietnam.
MS. WALKER: Yes.

MEMBER MILLIGAN: But flying in Vietnam doesn't mean you stepped foot in Vietnam.

MS. WALKER: Right, but it would be different for her because she was on the ground taking care of patients.

MEMBER MILLIGAN: Yes, yes, that's right.

MS. WALKER: I don't know, is Al coming to talk, maybe he might have insights on to how we can get that taken care of. Do you know where she served? Because I know --

MEMBER MILLIGAN: Oh, yes, yes, the three places I mentioned --

MS. WALKER: Because I know a couple of --

MEMBER MILLIGAN: -- were where she served.

MS. WALKER: I'm going to give her a name. I've got to get the address, the phone number of the person I am thinking about --

MEMBER MILLIGAN: Yes.
MS. WALKER: -- but Jane Markham was a Vietnam flight nurse and she was stationed there forever and she may have, be someone that your wife can reach out to because she was actually stationed there, coming and going, back and forth.

MEMBER MILLIGAN: Yes.

MS. WALKER: And I'll try to find her phone number, but I don't know if I have it, but give me your information. I will see if I can get a hold of her, and that would be the one person that I know of -- Actually there is two, her and Esther Noah. There is two people that I know of that were over in Vietnam.

Actually I think it was three, flight nurses that I know of that were over in Vietnam, so let me get you information. I will try and connect with them and have them reach out to your wife and maybe help her out.

MEMBER MILLIGAN: Okay.

(Simultaneous speaking)

MEMBER MILLIGAN: Okay. I mean the
same issue exists with pilots.

MS. WALKER: Yes.

MEMBER MILLIGAN: I got a phone call from VA in the State of Washington earlier this year concerning a pilot who happened to be my roommate in Ubon, Thailand, at the time I was shot down and he had the same type of issue.

(Simultaneous speaking)

MEMBER MILLIGAN: The VA said come on in we need to evaluate you for herbicide orange exposure and he had no proof that he was ever in Vietnam because his orders were to Thailand, so they called me, I could verify.

Believe it or not I still remembered the months staying at locations that he went to.

(Simultaneous speaking)

CHAIRMAN CERTAIN: Robert Certain.

This was all part of the how many people do we have in Vietnam scam that the Whiz Kids at the Defense Department were pulling.

MEMBER MILLIGAN: Yes.

CHAIRMAN CERTAIN: We were temporary,
I was temporary duty orders in Thailand and I was never in Vietnam. I was Short Tour PCS Ribbon, which is my funny ribbon, for the 3-month, 3-1/2 month tour I had in Hanoi. Other than that I was never in Vietnam.

MEMBER MILLIGAN: Yes. I --

(Simultaneous speaking)

CHAIRMAN CERTAIN: So that's the issue. There is a study that I have electronically that shows where Agent Orange was used in the whole theater, and so I can get that to you if you ask for it and then if you can demonstrate you were there that's the first thing.

The second thing is demonstrate you were within 50 meters of usage, or some random number like that, and that was the issue I had with this aviator in Waco was that because, so he lived, because he wasn't in the grass where it was sprayed they were turning him down until we added some additional information to it.

So, you know, that goes back to -- and
I am sure the same thing is going on, how many
people do we have in the theaters today do not
include air crews and other people who come in
TDY or fly into the area for drops and supplies
and fly out again.

    You know, and remember the first
cruise missile launched in Desert Storm was
launched by a B-52 that took off and landed at
Barksdale, so the local flight, because it didn't
land 50 miles from where he took off, and it took
36 hours, or some number like that.

    So while they were part of the war
effort they don't show up in the manning
documents and that's just the way that DoD has
done it at least since Vietnam.

    MS. WALKER: Well, you know and I
learned the lesson from my uncle who was in
Vietnam, when I went to Desert Storm I kept a
journal, everything I did, every pill I had to
take, every shot they gave me, anything that they
did to me while I was there I kept --

    CHAIRMAN CERTAIN: All right, okay,
that's -- We're getting a little far afield, so
to keep on schedule Rhonda Sturdivant is next.

    MS. WALKER: Okay, Rhonda.

    CHAIRMAN CERTAIN: You have already
referred to her.

    MS. WALKER: Yes, I have. Come on up,
Rhonda. And thank you, gentleman, for your
service, thank you for continuing through the day
to work towards making sure that our POWs are
taken care of.

    CHAIRMAN CERTAIN: Thank you, Annette.

    MS. WALKER: It amazes me still how
many guys don't have the 100 percent service
connected disability yet and we're still working
toward that effort to make sure.

    I know in Detroit we would get 90
people in one year rated 100 percent service
connected disability. That just came from the
joint effort with the good folks at VBA and the
outreach outlets that we had to get those folks
in.

    So with that I am going to turn it
over to Rhonda Sturdivant, our local POW Coordinator here at Atlanta. Thank you, ma'am.

MS. STURDIVANT: Thank you. Good morning. Can everyone hear me fine?

(Off the record comments)

MS. STURDIVANT: All right. Well good morning again. My name is Rhonda Sturdivant.

Well before we go any further, since we now all have our binders if you turn my slides should be included in this packet as well. Right? Yes. Okay.

A general breakdown, of course, a description of the definition of a POW from our Congress and public law as far as entitlement and benefit pack.

I won't bore you with reading all the information because you all are aware of it already.

CHAIRMAN CERTAIN: Okay, but is Tab 3, we're on the bottom of Page 2, Tab 3, bottom of Page 2, for this particular slide.

MS. STURDIVANT: Okay, we're all here,
all right, yes. As Director Walker was saying, compliance with the VHA Directive 2011 and the most recent update that was provided in 2016 that all medical centers are required to have an appropriate team composition, which is a minimum of four persons, two physicians, one treatment, one compensation and pension, one nurse, and a POW advocate.

Since Ms. Walker has joined us here in Atlanta she has aided me in developing our current team. Dr. Ambardekar is our CMP evaluator, she has been actually in this role for maybe four years or more, and Dr. Thomas Price is our treatment physician.

He is actually over at our geriatric department here at the Atlanta VA, so he has a, as Dr. Certain here was advising, experience working with veterans who are 70 and older, because that's where our bronze team, our geriatric team, focuses on here in Atlanta.

So he actually volunteered to join us and become our treatment physician and has gone
through the training as well.

Vickie Spann-Reaves is the RN on our team, and myself as the FPOW Advocate. I am a licensed clinical social worker by trade and I am a social work supervisor, so I have served in this capacity for, as I stated, for about 6-1/2, almost seven years.

So in my role I have worked to identify POWs and manage referrals for services. I assist with benefits as well as education directly to the veteran and also their family, widows, and caregivers.

Additional duties have included management of the POW Remembrance Wall and for this wall we share on the very first main hallway of the medical center and we have created a, I can't say a mural, but it's a dedication wall to former prisoners of war who have been willing to share their story, including usually an excerpt from their direct report of their experience while held in captivity as well as a photo.

A lot of the veterans have shared a
picture when they were first captured or prior to
capture and a picture when they were safety
returned.

Secondly, I host and plan for the POW
Recognition Day reception. We had a period of
time where we had a short break in services
because we had a change in assignment of the POW
coordinator duty, and that's before it
transitioned to the title of advocate.

So since 2010 to present we have
maintained the POW Recognition Day each year.
Previously we had a speaker and we would bring
someone in to speak and then have the dedication
table, the dedication of the Missing Man Table,
and a reception to follow.

Based upon feedback that I received
form the veterans who participated we
transitioned into just having a reception. We
have a -- The primary veterans that have been
participating in the receptions for Atlanta are
from the World War II population.

I have about five active Vietnam era
veterans and most are still working so a lot of
the times they are unable to attend because they
are working. They go to the bigger celebration
which is Andersonville.

But we are slowly trying to bring more
around to become more actively involved, as Dr.
Certain was saying, in receiving care from the VA
and also participating in FPOW activities.

In addition to handling and hosting
the POW Day Reception I also manage MCM 00-31 as
far as any updates for presumptive conditions or
any changes that are set forth from a national
standpoint, I update them locally and make sure
that our Directive is aligned.

Our goals for our care are pretty much
the standard and aligned with the national
Directive as well. We are working diligently
towards getting our veterans ranked at a 100
percent service connected rating.

Some of the difficulty we are having
is that concern of when I come in and I go for a
C&P examination will my rating decrease, and
those that I have been able to work with I have always advised them what you have will not be bothered and some are willing to, or become receptive to, come in and having this evaluation done and working with me to help get them at a 100 percent service connected rating.

Also, including explaining education and outreach amongst VA programs as far as educating staff on what the POW advocate role is, what we offer, and what my duties are in assisting veterans and families.

Also, with the local community. We had in Atlanta an ex-POW chapter and that was primarily ran by World War II veterans as well. So when I initially took this position they had about 30 participants on that team, on that chapter for Atlanta.

So from 2010 until now that Atlanta ex-POW chapter is about five and those that are actively participating they are either now in long-term care facilities, they are in nursing homes, which includes nursing homes or assisted
living, or they are considering relocating to be closer to family.

So the barriers that I face now is that because the majority of the veterans that were more actively involved for the Atlanta ex-POW chapter are aging I have tried to help them with transitioning to other VA locations closer to their family so they have more support.

As far as -- I continue to advocate for the advocates in the system of care coordination. When I am contacted or when I have a veteran that has been identified as a former prisoner of war I try to meet with them directly either face-to-face, telephone, clinic, I have actually made home visits, and just trying to see, okay, what's your current status, are you connected to services as far as a primary care team, have we made sure that your eligibility status and your co-payments are properly coded so you are not paying out of pocket unnecessarily, and also what services are you in need of that I can assist and coordinate on your behalf.
The biggest one I have received is usually eye or dental. Those are two pretty big ones that I get called about probably about four or five times a month where they received dental services in the community for a certain amount of years and having to come back and have a reevaluation to make sure that the authorization is there for them to continue to receiving care in the community, and that is an adjustment because for several years they were able to receive the dental care at their local dentist for many years and the VA would cover the payment.

But when they made changes to the NVCC and fee basis payment schedule it required veterans to come back in to be seen by a VA dental provider and then re-certified to continue receiving those services again.

Many veterans did not come back and wouldn't continue to receive their dental services, so it seems that when they do learn that the change is made that and that they really
do need to come back in for at least one visit, I
get those phone calls and I assist in
coordinating by scheduling the dental
appointment, by making sure they have the
transportation to get to and fro, seeing their
options as far as dental because we do have
dental available at more than one site at this
point, and determining how they can get the re-
certification sent back out to their dental
provider of choice in the community

The eye one is a little bit easier for
me, thankfully, because our eye clinics are not
as heavily bombarded as dental is sometimes and
they are able to work the veterans in very
quickly and get their needs addressed and have
them back out, get home.

Okay. My efforts and plans along with
our POW Committee is to increase our outreach
efforts. Because the Atlanta ex-POW chapter has
grown to, or decreased to such a smaller size,
trying to determine how we can reach out to that
Vietnam population.
So we have recently identified a former prisoner of war who had been, well working towards getting his POW designation for 50 years. Similar to the case that Mr. Milligan said, this veteran served in Vietnam and was captured for literally 24 hours.

And during that 24-hour period he was not, he was recovered by someone in his squad and brought back home, but for the past 50 years he has been working with VBA to identify himself as a former prisoner of war.

He had letters and statements written on his behalf, he has had, of course, the same issues where his comrades were passing away, and some continued throughout the years to continue to advocate on his behalf where he was, his DD-214 was updated in late August of this year and he did participate in our FPOW ceremony this year and it was his first time having that honor.

So what I have been working with him specifically on is getting, since he now has his DD-214 updated, having the VBA update him in the
record as a POW, having the VHA do the same thing
as well, and also get those awards and medals
that he never received.

So this is just one instance of how I
am looking at what experiences have you had as
far as decreasing in your ratings and how we can
work with you to, one, get that rating back up to
100 percent, make sure you are receiving all of
the benefits and services that you are entitled
to with designation as a POW.

So I think I actually went through all
of these now, but the last one is the
coordination of are amongst the VA and community
resources as needed or as identified by veterans.

I have like a running panel, I have
created my POW list within our computerized
electronic system for medical health tracking,
and for that I have about 18 former prisoners of
war that are actively followed in our system, and
that means maintaining care within primary care,
coming for specialty care services, and/or just
maintaining their primary care and receiving
ongoing care in the community.

So they are two or three things that I maintain with them regularly. If they are followed by a non-VA provided and they receive an update or a change to their medical diagnosis I become a point of contact where they are able to have their doctor send me their medical records so that way when they do come back to the VA system for their annual visit it will already be in the record.

And that is helpful because, one, they have been diagnosed with a new condition and the VA is not aware of it, we are at least trying to make sure that their PCP is notified so that when their medical diagnosis list in the VA side can be properly updated, that if there are any changes in medication and they are in need of the medication to be transferred over to the VA system in order to be dispersed by the VA I am assisting with coordinating with the medical office as well to make sure that all that, the orders are sent over and that way the PCP that
works closely with them is able to transfer or at least transfer the scripts to VA.

And, finally, the future direction of our team is finalizing our POW Committee, because like I said Director Walker's presence has actually helped a great deal with me because it was myself and Dr. Ambardekar for quite some time and now we have another physician and a nurse that is working closely with us on a team and we are establishing trying to have quarterly meetings in order to determine what has been going on with the veterans we have identified over the past three months, what are we currently working on, and what needs to be done moving forward.

Myself, as far as the advocate, is, again, increase my participation in community events. In the past the Atlanta ex-POW chapter had Christmas dinner, they had monthly meetings in the community, and since that is a decrease I am trying to see how that Vietnam population will be able to continue those services so we can
still have some level of community and fellowship amongst this population.

And, lastly, establish a stronger connection with the, well the Vietnam era POWs. I have gotten in touch with our Vietnam group here locally and the president that works, he actually is very close to one of the POWs I am working with actively, gave me guidance on how to get in tuned with their group when they meet and that they have a newsletter, so that way I can actually share who I am, how to contact me, and even if they are unwilling to come into the VA for all care at least you know to get into the system and get registered so we can work towards addressing your benefits. Okay, any questions?

CHAIRMAN CERTAIN: What group is that that you're talking about that has the newsletter?


CHAIRMAN CERTAIN: The Atlanta Vietnam Veterans Business --
MS. STURDIVANT: They're not business, it's actually just a local group that --

CHAIRMAN CERTAIN: Oh, Vietnam Veterans of America?

MS. STURDIVANT: -- was developed by Vietnam veterans. They're not under Vietnam Veterans of America, they've identified themself as Atlanta Vietnam, Atlanta VA Vietnam, actually, I have my email.

I can't think of the exact title. I can look at my email and give you their exact title, but they're not connected to a national group, they've developed their own local. They have a newsletter and they sent it out.

CHAIRMAN CERTAIN: Oh, I see. It started out as a VBA group and they broke away from the national and they have a local.

MS. STURDIVANT: Okay.

CHAIRMAN CERTAIN: But there are a number of Vietnam Veterans who live in the city that you could have reached out to, including me. I was here for ten years and I have never heard,
I've called every year. I got one voicemail back from you and that was the only connection outside of --

MS. STURDIVANT: Okay.

CHAIRMAN CERTAIN: And, in ten years of coming here for annual physicals, I've never saw a POW doctor. And the two doctors that I did see, when I asked them if they were trained, they mumbled something like, well yes. But they weren't.

They were not trained to deal with Former Prisoners of War. So I no longer live here, since May, but this hospital is, until Annette Walker came here, was letting this whole area slide. And I thank Dr. Walker.

But I never heard of Ambardekar.

MS. WALKER: So we're going to, we're working on --

CHAIRMAN CERTAIN: Oh, good.

MS. WALKER: -- brought up, okay?

Because I know the first time I met you --

(Laughter)
CHAIRMAN CERTAIN: Yes, we talked about that. And that's --

MS. WALKER: -- as you talked about.

CHAIRMAN CERTAIN: -- what I said, once you came here, it seems to be improving.

MS. WALKER: I have been here, I don't know, two months I think, three months --

CHAIRMAN CERTAIN: I didn't give you very much time.

MS. WALKER: -- and he shows up at my door.

PARTICIPANT: No, it's one month.

CHAIRMAN CERTAIN: One month.

MS. WALKER: And he shows up at my door. But, no, those times were very bad --

CHAIRMAN CERTAIN: And the only reason Annette agreed to see me was because she thought we were here to talk about women's issues --

(Laughter)

MS. WALKER: She surely came but she didn't say she had a plus one.

(Laughter)
MS. WALKER: Honestly had a plus one.

But no, because of the fact I had taken care of
POWs before I got this --

CHAIRMAN CERTAIN: I know.

MS. WALKER: -- because I knew exactly
what was going on and what we had been talking
about.

CHAIRMAN CERTAIN: And so this is --

MS. WALKER: But Rhonda's working very
hard. She's been a personal, a one person, a
one-woman team in recent years, trying to work on
making sure we have everything for our POWs.

And because it's so near and dear to
my heart, I decided to make it a priority for me,
as well as Rhonda, to kind of beef up the team.
Get out the bible, be more educated about the
different things that POWs experience. Different
from anybody else that went through war and been
active in your lives today.

I think about Bob Fletcher and the
stories he told and I see what's happening to him
today. I know it's directly related to what he
experienced as a POW.

And I think about my fellow co-worker

who was a POW in Vietnam who, still to this day,

it takes him a week to eat a sandwich because of

what he was exposed to. So I get it.

Just through empathy and by virtue of

listening to people and people that have said, I

know how important it is. We did it as a VISN

when I was in VISN11, with Ann Arbor, Battle

Creek and Saginaw.

We had a group dynamic going on with

all of our POW coordinators. Leslie Wiggins, who

is our VISN director, was a strong supporter of

POWs and she was she part of a national advisory

committee years ago.

So I'm sure we're going to be able to

resurrect that in the VISN light for our eight

hospitals in the VISN 7 region. That's covering

South Carolina, Georgia and Alabama, to kind of

resurrect POW coordinators.

We're going to support their need,

make sure our providers are trained. We're going
to work on that.

CHAIRMAN CERTAIN: Two things then.

Wayne Waddell and Marietta has probably got the names of every Vietnam POW in the region. That's who, that's what I recommend you actually work, the person you should work with.

MS. WALKER: Do you have his contact information?

CHAIRMAN CERTAIN: Sure I do.

MS. WALKER: That's an honest thing.

I think, I know --

CHAIRMAN CERTAIN: I'll send it to you.

MS. WALKER: -- we used to have a database of all of our POWs in the region. I can't remember, I think it came from a DVA, but whatever reason, that information ceased to come into us, so it was very hard to connect with people to reach out to them.

So we didn't have a database or a listing of someone who has all that information, we could certainly work on reaching out to them.
to make sure there is a world, a stronger help to
get that done. Yes, sir?

MEMBER MILLIGAN: This is Joe

Milligan, I'm president of Nam-POWs and you can
always contact me as far as --

MS. WALKER: Okay.

MEMBER MILLIGAN: -- Nam-POWs who are

in the region.

MS. WALKER: Okay.

MEMBER MILLIGAN: I can do a quick

search. I have a database.

MS. WALKER: Okay, good. Are you --

MS. STURDIVANT: Thanks.

MS. WALKER: -- local, sir?

MEMBER MILLIGAN: No, I'm in San

Antonio.

MS. WALKER: All of you are from way

out of town. Well, how I'm going to reach out,
he's out of town, he left me, so you all out of
town as well.

MEMBER MILLIGAN: I'm in town as far

as the electronic capability.
MS. WALKER: Okay, good.

CHAIRMAN CERTAIN: We're all local.

MS. WALKER: Mr. Moore, yes?

MEMBER MOORE: Yes, Jeff Moore. In looking at the map, it looks like there are maybe three catchment areas within in the State of Virginia? I mean, the State of Georgia, is that correct?

MS. WALKER: I forget how many counties, something like total, how many counties do we have?

MS. STURDIVANT: In Georgia there's 129 counties, in Georgia --

MEMBER MOORE: But this region does, this region wouldn't be responsible for all Vietnam era --

MS. WALKER: No, no, no. No, some of our posts are covered by Dublin --

MEMBER MOORE: Dublin.

MS. WALKER: -- some are covered by Augusta or --

MS. STURDIVANT: Or Cavis (phonetic).
Cavis covers a certain part of --

MS. WALKER: Cavis covers some.

MS. STURDIVANT: -- the southeast as well.

MS. WALKER: Well, that's why I'm saying that that whole regional approach to it, with us having partnerships with North Carolina and South Carolina, Alabama and Georgia, from a VISN level.

And I'll raise this up to Ms. Wiggins when I get the chance to meet with her again about resurrecting our POW group from the VISN level to see what we can do, what she is offering and do an outreach to all of our catchment areas.

MEMBER MOORE: Sure. I thought that that was the case, so that everybody who lives in Georgia, the patriots, the Vietnam era patriots, 34 of them let's say, somewhere in there, plus or minus Bob Certain --

(Laughter)

MEMBER MOORE: -- not all of them would be --
MS. WALKER: In our catchment, right.

MEMBER MOORE: -- in this catchment.

MS. WALKER: That's why with us having the one network director that's responsible for all three states, we can make that more global and kind of work out and reach out to all of our POW coordinators in each of the eight facilities, to make sure we are capturing and talking to all of our POWs and trying to get them to come in and get their exams done.

MEMBER MOORE: And I assume you have the official DoD Vietnam POW list?

MS. STURDIVANT: No. I've actually been requesting lists for quite a few years.

MEMBER MOORE: Okay.

(Simultaneously speaking)

MEMBER QUARLES: Ms. Sturdivant, but I'm sorry --

MEMBER MOORE: Yes, we've got two --

MEMBER POLLOCK: -- perhaps I missed this, but how many POWs you have in your catchment area, how many?
MS. STURDIVANT: I'm not sure, that's what I've been trying to figure out for the past six years.

CHAIRMAN CERTAIN: The DoD list is open website so --

MS. STURDIVANT: Okay, perfect.

CHAIRMAN CERTAIN: -- we can get you that.

MS. STURDIVANT: Yes, you can.

MS. WALKER: We identified that some months ago that certain information may not be acceptable to everyone. We can certainly work on getting a team together.

CHAIRMAN CERTAIN: One of the issues we have with privacy laws is getting addresses. And some people change their email address as often as they change their underwear, so keeping up with people is difficult, and we understand that.

Getting a living address, a postal address for people is difficult and sometimes banned by law.
MS. WALKER: Yes. One of the things we've done in past though, these lists used to come regularly to the Detroit VA, used to come to me directly, we would cross reference that list and run it against our enrollees to make sure that, okay, have I reached out to this person, have we talked to this person about coming in.

It's a daunting task when you don't get a name, you don't have a social number and that sort of thing to work with, but it can be done.

CHAIRMAN CERTAIN: Yes. And so one of the recommendations --

MEMBER MOORE: I've got a list.

CHAIRMAN CERTAIN: -- to help the VA with this would be something along the lines of easing the law so that names and addresses and social security numbers can be accessed from the DoD into the VA, for those people who have a need to know, like Sturdivant here, who has a need to know if she's going to do her job very, very well.
And every other coordinator and advocate in the VA system should have, should be able to get that information.

MS. WALKER: And the one thing that we felt from those face to face meetings was getting that information.

CHAIRMAN CERTAIN: Right.

MS. WALKER: Because we have the VBA, POW coordinators in the room with the VA POW employees who would talk about their concerns and how we could work on getting that information.

VBA probably has a better list of people coming in for 100 percent disability, or for disabilities period. We should be able to share that information and make sure that they reach out, and that we can reach out to them as well.

But not having that face-to-face and --

CHAIRMAN CERTAIN: I know. And we've made that --

MS. WALKER: -- and not having any
conference calls --

CHAIRMAN CERTAIN: -- recommendation to reestablish the face-to-face.

MS. WALKER: Right. And the conference calls. We had quarterly conference calls, I think with Dr. Lang, before he retired.

CHAIRMAN CERTAIN: Oh, yes.

MS. WALKER: So haven't had, I mean, as far as I know, there were like hundreds of people on that line having a conversation about the challenges that they were facing with either coordinating care giving, getting information or getting folks to come in. So having those types of forms set up would be a big help.

CHAIRMAN CERTAIN: Well, it's a --

MS. WALKER: That's just my opinion.

CHAIRMAN CERTAIN: -- it's a big challenge for you because you have, every region has antiquated computer systems and programs, that don't necessarily talk across the whole United States. And that's an expensive fix that the VA has on their agenda. But getting it done
and getting it workable has been a bit of a challenge.

    MS. WALKER: Yes.

    CHAIRMAN CERTAIN: Because that's the way electronics are.

    MS. WALKER: Right. And I want you all to keep in mind too that the POW advocate, a coordinator, that's the collateral duty.

    CHAIRMAN CERTAIN: Right.

    MS. WALKER: It's not a dedicated position. So, I know Atlanta had, I was the associate director, so I had everything else on the chief operating officers side, but because this was my passion, I wouldn't give it up. So I took it on and kept it with me the whole time.

    But for Rhonda and for all the other POW coordinators, they have other assignments as well. So we have to kind of carve out the time for them to be able to do the things that we need to do to make sure they have the outreach capability, the information they need and the time they need to reach out to our POWs as well.
CHAIRMAN CERTAIN: The other thing we recommend, and in fact the last time I did a protocol physical, the rater would not see me unless I brought my wife with me. And I think that's an important thing for everybody in the system to understand that spouses need to come with the former POW because we lie.

MS. WALKER: Well, you don't always share everything.

CHAIRMAN CERTAIN: Well, we have a different reference. When I say I'm doing fine it's based on my reference point --

MS. WALKER: Right.

CHAIRMAN CERTAIN: -- not yours as the medical professional.

MS. WALKER: And not your wife's.

CHAIRMAN CERTAIN: And not my wife's.

MS. WALKER: Right. Exactly. Exactly. Because they see things that sometimes you guys either won't admit to or don't know about it.

CHAIRMAN CERTAIN: Yes. It's just
normal for us.

MS. WALKER: Right.

CHAIRMAN CERTAIN: And then the other
one is, other people had it much worse. And
while that's true, it's also irrelevant when it
comes to a rating system.

MS. WALKER: Yes.

CHAIRMAN CERTAIN: So, I encourage,
always, to include the spouses, if there is one,
in interviews with the population. But you
already knew that.

MS. WALKER: Yes. I think I'm going
to go. I'm sorry, you had a question, sir?

MEMBER SORTILLO: Yes. Elliott
Sortillo. I assume, and that's bad, don't we all
have POW on our VA ID card? Is there any way --

MS. WALKER: You're supposed to. Yes,
it's supposed to --

MEMBER SORTILLO: It might be a
starting point if you can pull up just your
catchment areas.

MS. WALKER: Right. I think it's
supposed to be on your card. I know on my card
it's just my, I'm not a POW so don't get me
wrong, but it says just my branch of service on
my VA ID card. Does anyone have a VA ID card?

CHAIRMAN CERTAIN: Yes, here's --

MS. WALKER: I know Purple Heart is on
there, I don't know if POW is on there.

PARTICIPANT: POW.

MS. WALKER: Okay.

PARTICIPANT: It's supposed to be.

MS. WALKER: So we can pull that from
the HIC too. If the HIC will give it to us, we
can find out.

Okay, I'm not the surest face, but

come on now, give back the old card, get the
right card.

(Laughter)

CHAIRMAN CERTAIN: Well, you know,
they said they were going to send us the new ones
and they never did, so I haven't bothered with
this.

MS. STURDIVANT: Yes, they can't count
MS. WALKER: They never sent you one?

Did you apply for one? We got to work on, how long are you going to be here?

CHAIRMAN CERTAIN: I leave Friday.

I'll be here today and tomorrow.

MS. WALKER: All right, let's see what we can do.

CHAIRMAN CERTAIN: Or I'll just go to the VA in San Antonio when I get home.

MS. WALKER: Okay.

MEMBER SORTILLO: It doesn't mean anything, but we have it on the card.

MS. WALKER: Okay. All right. Yes, sir.

MEMBER MILLIGAN: I just wanted to address one statement you made about working with somebody that has been working for 50 years to get identified as the POW, and that person had been captive, captive for 24 hours and rescued and returned or whatever.

So the DoD rule or regulation or
whatever the definition of a POW, the last time I checked, was somebody who had been held captive for more than three days. And so if, right or wrong, if they had been held captive for less than three days, they are not identified, by regulation, as a POW.

MS. STURDIVANT: Interesting.

MEMBER MILLIGAN: And I don't know what you're told in your FPOW training, but I would think that that definition would be briefed to everybody.

MS. WILLIAMS: So, Leslie Williams speaking. So VA goes off of DoD's definition and POW status. For POW status.

MEMBER MILLIGAN: Yes. And you knew that three day rule.

MS. WILLIAMS: Correct.

MEMBER MILLIGAN: So, if you've gotten that person identified as a POW, for less than three days of captivity, then that's --

(Simultaneously speaking)

MS. WALKER: We'll double check on
that.

MEMBER MILLIGAN: I mean, to me three days is arbitrary. I don't know why they picked three days. What's the difference between one day, three days, three weeks, three months, I don't know.

MEMBER SORTILLO: It used to be a lot longer --

MS. WALKER: A lot longer.

MEMBER SORTILLO: -- before World War II and Korea.

MS. STURDIVANT: Well, thank you for that information. We just received it from him so I can follow it with him and also DoD who update --

MEMBER MILLIGAN: I mean, it's not just you that's dealing with this, I mean, I sit on a POW panel at Audie Murphy and this issue comes up during --

CHAIRMAN CERTAIN: Yes, I was on a POW committee in San Bernardino and every year they had a recommendation they attend. I was always
there so was recognized by theater and war.

And one year it was Vietnam and I

stood up and one other guy stood up, and I didn't

recognize him, he was kind in the back of the

room, went up and talked to him, got his name and

he was a fraud.

MEMBER MILLIGAN: Yes.

CHAIRMAN CERTAIN: A total fraud. And

we put him into, what's that, our junk yard dog?

CHAIRMAN CERTAIN: Mike McGrath.

PARTICIPANT: Mike McGrath.

CHAIRMAN CERTAIN: Mike McGrath who

exposed him. But this guy was a child abuser.

He was on the sex abuse list. He was awful. So

the hospital got him off the roles as a former

POW in San Bernardino.

But we've had that problem over the

years and the VA has had to work on it. And

we've had to help offer some counseling advice

and make sure that the list, the DoD list was

available.

And then Mike McGrath, who is our
historian for the Vietnam Era POWs, keeps a complete list of those who are still alive and those who have died. All of our mailing addresses that he has access to because not everybody keeps that database up either.

And so it's a challenge. It's a horrible challenge for you because it's, it's because of the way people have moved around in this county and changed. Particularly email addresses.

And then you can't locate somebody easily if they don't want to be found. And you can try it through the IRS, but they won't tell you if they found them.

You can send a letter to somebody if it's filing income tax reports, and the IRS may or may not forward that letter, but they won't tell you if they did. And so unless that person gets back in touch with you, you won't know if you've been successful.

I did that once back in '92 and couldn't find one guy. Who has been found since
then.

    MS. WALKER: So we'll work on our
database.

    CHAIRMAN CERTAIN: Good luck.

    MS. WALKER: I will provide that to
you as a takeaway from here. And my thought is
that if we get, even if we just get one person to
come in and get his data and then we'll be a
little more successful than we were before. So
we'll work on that.

    CHAIRMAN CERTAIN: Exactly.

    MS. WALKER: And we got some work to
do but I'm committed and I will continue to work
on that so she gets what she needs.

    CHAIRMAN CERTAIN: I can send Mike
McGrath a request, if he can send you his
database to knockout.

    MS. WALKER: Okay. That would be
fine.

    CHAIRMAN CERTAIN: And that way, if he
says that's not going to be permissible then --

    MS. WALKER: And if he can send it in,
if he has encryption, I get encryption.

    CHAIRMAN CERTAIN: Okay.

    MS. WALKER: Not on my text though.

    CHAIRMAN CERTAIN: All right, we can do that.

    MS. WALKER: So I have another assignment for Bob Certain, just want you all to know that.

    CHAIRMAN CERTAIN: You're good, thank you. Thank you for you work. All right, we're going to take a short break.

    (Whereupon, the above-entitled matter went off the record at 10:34 a.m. and resumed at 11:05 a.m.)

    CHAIRMAN CERTAIN: Just by way of information, our plan right now is when we break for lunch, we'll go in then, and we've got a stool now, right?

    For those of us with eating needs or other issues, go to Houston's restaurant. Big menu, lots of seating, and so we won't be all at one table, but it's only about five miles away.
And we've got two hours between break time and return time, so it's enough time to get there, have a nice meal and get back, get through security and all that sort of stuff.

MS. CRENSHAW: We can call Houston's and let them know we're going to be coming and have them reserve space for us.

CHAIRMAN CERTAIN: Right, we're going to do that and try to get the menus printed out so they can get an idea at the restaurant what to anticipate in the way of orders.

And we can kind of speed it along that way.

All right, it is now 11:00 a.m. Dr. Ambardekar, who I was just visiting with, is next up. And she is the rater, right?

DR. AMBARDEKAR: No, I'm the Compensation --

CHAIRMAN CERTAIN: You're compensation, yes, that's what I meant.

DR. AMBARDEKAR: -- Examiner. So, I want to thank the Committee for giving me the
opportunity to come here and present.

It's truly an honor to be in this role and to help veterans, a unique group of veterans, who have sacrificed so much.

I've been with C&P for several years and my role is examining. I'm a DEMO-certified FPOW Examiner.

CHAIRMAN CERTAIN: That records what you say for our records.

DR. AMBARDEKAR: Okay, and then how do I change this?

CHAIRMAN CERTAIN: You nod to somebody.


It established an advisory Committee, mandated medical and dental care.

Certain diagnoses were established as presumptives, and then subsequent laws and studies and policies have added additional diagnoses to the list of presumptive conditions.
Next.

So, disability compensation for FPOW veterans, these veterans are eligible for VA service-connected disability compensation. They have the same criteria as other veterans.

In addition, though, they're also eligible for FPOW presumptive conditions and I'll talk about those in a few minutes.

And then also special monthly compensation, which is paid in addition to the basic disability compensation to a veteran who incurred loss of use of a specific organ or extremity as a result of service.

And then higher levels of SMC is, therefore, housebound veterans are the ones who need aid and attendance.

Next slide. So, what's the basis for the presumptive conditions that are established?

Studies have shown that physical hardships and psychological stress that's endured by POWs have lifelong effects on their health, their social adjustment and vocational
adjustment.

Often times, the military or the service records do not document these conditions. They don't cover the periods of captivity and so certain conditions are presumed to be related to time in captivity.

Presumptive conditions are based on studies of long-term effects of captivity, deprivation, trauma, and cold injury on former POWs.

Next. So, these are the presumptive conditions that are regardless of the length of captivity; osteoporosis, if the POW has PTSD.

So, studies have shown that veterans who have PTSD have had low bone density and so if the captivity was regardless of the length, some of the criteria that are established for captivity 30 days or more.

In this case, osteoporosis is associated with PTSD, then that can get service-connected even if the veteran was in captivity less than 30 days.
Then, the mental health disorders and neuropsychiatric disorders including psychosis, dysthyemic disorder, any of the anxiety states, PTSD, all of these, and this is regardless of the length of captivity.

Cold injury, post-traumatic osteoarthritis, stroke and its complications, and heart disease.

And this is atherosclerotic heart disease and hypertensive vascular disease, and the associated complications.

Next slide. These are the presumptives for captivity periods of 30 days or longer, and again, you see osteoporosis.

And if there were 30 days or longer in captivity, then osteoporosis is a presumptive regardless of whether the veteran has PTSD.

Nutritional deficiencies are covered, beriberi, which is thiamine deficiency, pellagra, which is niacin deficiency.

Any vitamin deficiencies are included, and there's a nutritional DBQ that's completed
for that. Malnutrition, including optic atrophy, is also covered.

There have been studies -- basically, with optic atrophy, vitamin deficiencies can be one of the causes of optic atrophy.

Helminthiasis, peripheral neuropathy, except when directly related to an infectious disease. And this would exclude diabetes or other conditions that can also contribute.

Digestive disorders including peptic ulcer disease, we know that peptic ulcer disease, whether it's gastric or duodenal, a majority are associated with H. pylori.

And so peptic ulcer disease is covered, chronic dysentery irritable bowel syndrome, and cirrhosis of the liver.

These are the exam requests that Atlanta received.

This covers a span of ten years, starting in 2007 to this year, and basically, just shows the limited number of examinations received.
Next slide. So, the process, when a veteran files a claim, if VBA decides to go ahead and rate, and they have sufficient evidence to rate, then we don't give the request.

But if an examination is requested, an exam request, it's the 2507, we receive that from the regional office, and Dr. Cullins, who's our Chief of the Compensation Clinic triages all exams that come in.

When the examinations are scheduled based on this triage, the sub-specialty examinations, which are the opto, audiology, and mental health, are scheduled and have to be completed by those specialists.

The general protocol examination and any other associated DBQs are completed; generally, I complete those. And then exams are released and completed for VBA ratings.

So, the role of the C&P Examiner, this is the DEMO-certified C&P Examiner, completion of required educational training, I had the opportunity to participate in the training last
year that was online, and then attend one of the
trainings a few years ago.

Collaboration with VBA Coordinators
and the FPOW Advocate throughout the exam process
as well as collaboration with the veteran's
family.

Comprehensive medical records review;
completing the FPOW protocol exam addressing all
claimed conditions as well as evaluating for the
presumptives, and prioritizing and expeditiously
processing these exams.

The FPOW protocol exam, ideally, this
should be completed as an in-person exam, but
just recently, I had a case where the veteran was
92, multiple medical problems, lived two hours
away from the facility, had recently sustained a
fall, sustained fractures, unable to travel.

So, there were sufficient records
available where I was able to complete the exam
as an ACE, and I'll present that case in a little
bit.

The exam should document comprehensive
medical history during veteran's time in the service, including history during the time he or she was a POW and any history since discharge.

A general medical exam is completed. Additional DBQs are completed, which provide a detailed history and exam findings related to the conditions claimed, and addressing any additional presumptives that are applicable.

Comprehensive review of medical records is important and this is done in addition to the medical history and the exam, and any appropriate diagnostic testing is completed as required.

Next slide. So, the challenges that we've had, and this is certainly for the FPOW, but also for some of other veterans who are older, there are challenges that present for us in C&P.

Reach of the veterans, certainly for the FPOW, distance from C&P facility, multiple exams and test coordination, medical conditions that impact travel, limitations that are there in
obtaining a medical history from the veteran because of cognitive impairments.

And then transportation issues, when they don't have anyone to drive them or they're unable to drive.

So, solutions.

The ACE exam, ACE stands for Acceptable Clinical Evidence, and this can be completed with a review of medical records or review of medical records in conjunction with a telephone interview, and that's usually the best method to do it when an in-person exam cannot be done.

An in-person exam is obviously ideal, but when there are limitations and the records have the findings that are needed for rating, ACE exams should be strongly considered.

Exam video tele-health, mental health is currently doing tele-health exams, and I understand now with telemedicine, tele-health, that multiple CBOCs are equipped with the FedOp. And so if some of these exams can be done as
tele-health exams, then that would be helpful.

In addition, if a patient is unable to go to a CBOC where the tele-health equipment is available, I understand that VA-issued iPads are given to patients for treatment to be able to evaluate them.

And this is not for C&P, but whether that's something that could be considered for compensation exam.

When you look at tele-medicine in primary care, I know with appropriate setup, you can examine the heart, the lungs, a neurological exam can be done.

If the tele-health presenter who is at the site is a trained person, whether it's an LPN, RN, then, certainly, some of the basic exam components can be done, especially when you look at the presumptives for POWs, the heart disease, the neurological exam, checking reflexes or checking for sensation, or checking cranial nerves.

And these can all be done by the
provider.

And then home visits is an option, or alternately, a C&P Examiner can examine the patient at a CBOC if that's convenient for the veteran.

MEMBER SORTILLO: Elliott Sortillo.

What is a CBOC?

DR. AMBARDEKAR: It's a Community-Based Outpatient Clinic, so there are multiple clinics that are available throughout, and generally, these are for primary care and mental-health care.

The sub-specialty visits, the veterans do have to travel to the main VA facility that would be available.

But from my understanding, I think with tele-health or tele-medicine, I think there's room for C&P to have this setup, from what I understand.

So, next slide. Considering ACE exams for veterans for travel is an issue.

Most DBQs on the list of presumptives
can be completed with medical records review and a telephone interview, excluding the orthopedic exams.

Diagnoses such as CVA, heart disease, when you look at the list of presumptives or the protocol exam for FPOWs, most of those really can be addressed through review of records.

For heart exam, you need METs, you need recent echo, LV function, when you look at CVA, a basic neurological exam.

And what I've found, and this is not just for FPOWs, but in general, when these diagnoses exist, such as CVA, there's enough work-up in the records.

The patient's already being seen, they've had the CT scans, they've had a documented exam. Same thing with heart disease.

Often times, we can use an echo report that's been done, and METs can be estimated without having to put a veteran through additional testing, especially when they have multiple other medical problems.
So, I think even the GI exams or GI presumptives, all of those, if we have the records, these can be done, which would expedite the process and avoid the need for a veteran to have to come in or delay their exam process any longer.

And then consider having the veterans complete the required diagnostic testing with their medical providers, or at a local CBOC if they're unable to complete testing with the same ACE facility.

Some studies are needed for ratings, such as an echo would be required for LV function.

And sometimes, if we have an echo from a year or two ago, a year or two past timeframe, then we can still use it if there hasn't been a new cardiac event or something that would have changed the LV function or the criteria that are needed for rating.

So, most of the times, I've found that we are able to obtain these records and the exams
can be done as ACE.

Next slide. So, factors for future consideration.

Due to high prevalence of mental health disorders in the FPOW veterans, consider having VBA routinely request mental-health screening at the time of the protocol exam request.

This would allow for in-depth assessment of the mental-health conditions and avoid the need for a second visit.

As a general provider, doing a basic screen may not necessarily be sufficient and I feel, this is just my suggestion, that an in-depth assessment, given the high prevalence of mental-health disorders, one-time visits should be considered with a mental-health examiner.

And then what happens is if I see the patient and then determine that they need to have a mental-health assessment, then it's an additional it could be a week, two, additional time, second visit, and just further delays in
getting the claim processed.

    Expanding tele-medicine, as I

mentioned earlier.

    Next one. Also consider separate ICD

codes for FPOW-related compensation exams for

    tracking purposes.

    And I also consider flags for the

veteran, FPOW veteran, charts, which would allow

    linkage to pertinent clinical reminders, such as

mental-health screenings, DEXA for osteoporosis,

    or any additional studies that might be needed.

    And I also provide contact for local

FPOW advocate.

    I know that when I was in primary care

in the past, if you put a problem such as

    diabetes on the problem list, because there's an

ICD code for that, the clinical reminders that

    pop up on the CPR screen tell us the provider,

that this patient hasn't had their diabetic foot

    exams, or they haven't had all the required

reminders that are needed.

    So, I don't know if that's something
that's feasible, if a separate ICD code could be created for the FPOW status.

    And if that's put on the problem list, whether a link, a clinical reminders link, could pop up that would say FPOW status to consider all the screens that are routinely done, so that these veterans need, which would be the specific tests, looking at any testing that might be needed for presumptives.

    And then also having the contact easily available for the FPOW Advocate.

    That way, some veterans are not necessarily aware of the benefits that they have and getting that in place, even as a primary-care provider, if you haven't had the experience or the training, you don't necessarily know everything that the veteran needs.

    And maybe having a link in the contact for the FPOW Advocate, where the patient can get in touch to see what other benefits are available.

    So, I think that a flag with linkage
might be a useful thing to consider in establishing a separate ICD code.

Next slide. So, this is a case presentation. Recently, this was from this year, that we received an exam request for a 92-year-old veteran.

He had multiple medical problems, lived a couple of hours away, had recently had a fall and had multiple fractures, and also advanced dementia, so wasn't able to come in for an appointment.

And this is just his brief history. And we were able to take care of this request through ACE.

And so Mr. H is a 92-year-old veteran who served in the army from 1944 to 1946 and was a prisoner of war in the European theater. This was in Germany.

He sustained right lower-leg gunshot wound by enemy of rifle fire and was captured. He was capture by the enemy, treated on the field with a dressing and a splint, and from what I
understand, based on the records, they transported him to a nearby building.

The records document that he was three hours in captivity. Within a few hours, the enemy retreated and American troops had come in and transported this patient to an evacuation hospital.

And from there, he was subsequently sent to another hospital and had surgery.

The reported physical examination from 1945, which is in his records, noted under medical history, the veteran being a prisoner of war for three hours in April in 1945, and documents a severe perforated wound involving the right leg.

Next slide. The X-ray reports from May 1945 noted fracture of the lower third of the right tibia, and severe MFBs in the soft tissue.

Subsequently, after he got out of the service, Post-Service Orthopedic Compensation examined from 1947, so this was about a year after he got out.
The noted diagnoses of the gunshot wound with the right lower leg fracture of the tibia, traumatic arthritis of the right ankle, and superficial shrapnel wound in the right cervical region, for which the veteran did receive service connection, and this was direct service connection.

Next slide. Social histories, Honorable discharge from the Army, he also received Purple Heart. The veteran was employed as an electrician and retired many years ago. He's currently 92.

He was born and raised in Georgia, married his first wife and had one daughter, both are deceased.

He remarried; with the current spouse, he's been married for over 20 years. And the couple currently resides in an assisted-living facility.

A claim was filed with VBA just a few months ago, and the claim conditions were dementia, A. fib, CHF, glaucoma, hypothyroidism,
stroke, and hearing loss.

And as I mentioned earlier, he was unable to travel due to multiple medical conditions and was two hours away.

The exam reports were completed as ACE with medical records review in conjunction with the telephone interview. I spoke to his stepson and his wife.

The veteran was unable to provide any history because of advanced dementia, so all the history was obtained from the family members. And then we relied on medical records to complete the exam.

His medical care was through a local family physician and I think he lived in Royston, Georgia.

He had a local physician who took care of his general medical needs, and he had to travel to Athens, which was approximately 30 miles from where he lived, for any sub-specialty care.

Past medical history, history of the
gunshot wound, advanced dementia, the records
documented Alzheimer's, A. fib, CHF,
hypothyroidism, glaucoma and cataracts.

The pelvic and sacral fractures, those
were after a fall. B12 and vitamin D deficiency,
history of TIAs and CVA, BPH, and recurring
urinary tract infections.

Next slide. He was on multiple
medications, as can be seen here.

Next slide. Pertinent findings in the
records, advanced dementia was noted throughout,
gait instability, A. fib, findings consistent
with A. fib, CHF, CVA, history of TIA, CVA with
some of the residuals.

Vitamin B12 and D deficiency were
noted. Results of head CT scans, report of the
echo labs, were also available.

In fact, he hid the records, from his
primary-care provider, that were available.

There was an aid and attendance form
that was completed by the veteran's medical
provider from 2016, and that was available.
Also, his recent hospitalization record, after having the fractures and an admission for possible heart failure, those records were additionally available.

So, there were findings from a physical exam, some of the studies that were there that were all available.

And in conjunction with the telephone interview, that was enough to complete these exams in ACE.

These are the DBQs that were completed, the protocol DBQ, and this is again through the records review.

So, there was no physical exam of the veteran that was completed by me, but the physical exam for pertinent DBQ findings were noted by his medical providers and documented on the DBQs.

CVA with residual, so heart disease DBQ, the protocol DBQ, CNS DBQ, nutritional deficiency DBQs, were completed because he had claimed hypothyroidism and an endocrine DBQ is
Dementia was addressed by mental health, and a mental-health examination, which was also tele-health, was completed.

The eye and audio exams could not be completed as the veteran was unable to come in for these examinations.

And I don't know in the future if there are enough records for ophthalmology whether that can also be completed in ACE.

I did not see any ophthalmology or audio records that could have been used.

Anyway, next slide. So, this was a subsequent rating by VBA. He had already been service-connected I believe at 30 percent for his direct service connection for the leg injuries.

Subsequently, 100 percent service connection was granted, and this was recent after these exams.

The service connection was granted for CHF, CVA; these are presumptives, and all the associated residual conditions with CVA, special
monthly compensation was also there.

He required aid and attendance and was housebound. Some references that were used.

Thank you so much, and I hope that the case highlights the need for looking at alternate methods of evaluating these patients, especially as we're dealing with patients who are older who have multiple medical conditions.

And it's important to be able to expedite these things and get these taken care of in a timely manner. Thank you very much.

CHAIRMAN CERTAIN: Questions? Thank you, Dr. Ambardekar.

MEMBER CORRE: Harry Corre. What do you mean by special compensation in those cases?

DR. AMBARDEKAR: So, what they get their additional benefits, from what I understand, and I'm not with VBA, but from what I understand, they're eligible for additional benefits on top of their regular direct service-connected disabilities.

Things such as aid and attendance,
there's additional payment that's made on top of
that, if aid and attendance is required or if
there's loss of use of an organ.

And I don't know the specific details;
that probably is something to be better addressed
by VBA. But that's my understanding of that.

CHAIRMAN CERTAIN: Another question?
Yes, Dr. Moore?

MEMBER MOORE: Jeff Moore. You
mentioned a couple of times that the flagging
would be helpful to you.

Whether it would be an ICD suffix or
something, I don't know, but I assume that would
have to be made at Central Office?

DR. AMBARDEKAR: Yes.

MEMBER MOORE: And it also sounds like
the mirror -- the mirror, I shouldn't say that.
The existence of a POW status on the
card when they come in, that doesn't generate
automatically any of these flags that you're
talking about?

DR. AMBARDEKAR: I don't think so.
From what I understand, at least when I was in primary care some years ago, and Dr. Price is here from geriatrics, but when you've put a problem on a problem list, then it opens up clinical reminders.

So, my thought was if we could put FPOW status, if a flag could come up that way, the providers who are taking care of him know.

And if we could create a separate -- I believe you have to have an ICD code.

If you can create the code and put this on a problem list when the status comes up, then it could open up all the clinical reminders.

And I think those clinical reminders, for example, for diabetes, you have all those foot exams and all of that.

So, for FPOW, we could say mental-health screen, DEXA, cardiac. Anything that's presumptive could be properly addressed.

So, I think that would be helpful, and also, to have the point of contact for the Advocate.
Because often times in primary care, you may not necessarily think about all these things or be knowledgeable about this.

Because I don't think the general primary-care group necessarily knows about these conditions.

And even for me being a C&P Examiner, until I actually attended this training, just watching a few -- completing a TMS course really is not sufficient to get in that knowledge of what, you know --

MEMBER MOORE: Well, I think the osteopenia and osteoporosis is a good example because there might not be listed a problem.

DR. AMBARDEKAR: Absolutely.

MEMBER MOORE: And the flag would be generated by repatriation itself, with the POW status, not based on pathological fracture or anything else like that that might be listed as a problem.

DR. AMBARDEKAR: Right, in this case, actually, this patient, when I looked at some of
his X-rays that were done, he had severe osteopenia. And so osteoporosis wasn't on the list of his diagnoses.

In this case, it wouldn't have been applicable because the criteria for 30 days or more for just osteoporosis by itself were under than that, and he did not have PTSD.

But in terms of just even from a treatment standpoint, I think it's important if this is something that could be done, and the Committee can suggest or have any input in this, I think it would be very helpful.

And I do think that the tele-medicine would be another thing to strongly consider. Because from what I understand, if you have the equipment, you can listen to a patient's heart, you can listen to their lungs.

Neurologically, even range of motion, I know I mentioned the orthopedic exams would be excluded, but if you can see the patient and you're looking for shoulder abduction, these are easy things to do, the flexion extension.
MEMBER MOORE: Get up out of a chair?

DR. AMBARDEKAR: Yes, so I think that even basic gait, all of these things can be assessed, even if there's a skin lesion, they can zoom in on that, or any other conditions that are -- I think that there's definitely a role, not just for FPOW veterans but for any of the veterans that we see, especially the veterans who have multiple comorbidities.

CHAIRMAN CERTAIN: I know this Committee has addressed the flag issue before and part of that, as I recall, was that there were some medical centers who had done it.

But not every medical center had the IT availability to do it. So, perhaps we can circle back around and see if that can become a systemwide process.

DR. AMBARDEKAR: I think that would be very helpful.

CHAIRMAN CERTAIN: And then the others, as you say, if we go in and see somebody who's not been trained who gets a flag, doesn't
recognize it for what it is, that's another issue
internal to the medical center.

     DR. AMBARDEKAR: Right, and then at
least to have the FPOW contact there to say the
flag comes up, maybe the Advocate can try to get
the patient situated.

     CHAIRMAN CERTAIN: Joseph Milligan?

     MEMBER MILLIGAN: Yes, Joe Milligan.

I sit on a panel, a POW panel, at Audie Murphy
and this code for POWs came up there.

     And they worked it it seemed like
forever, probably over a year, and the answer
that they received and I don't know if that was
an Audie-Murphy-specific issue or if this was
centrally from VA, but the answer was, no, you
cannot establish an ICD code specific for POW.
Then the question was why?

     And all I'm going to say on that, it
was a bureaucratic and illogical answer for why
it could not be done.

     But what they were able to do since
the FPOW clinic at Audie Murphy is part of the
geriatric clinic, they were able to put a flag, a
POW flag, under the geriatric clinic.

And so that was the work-around, and
I don't know if that would work everywhere.

DR. AMBARDEKAR: The people who
established the clinical reminders, and I wonder
if there's a way to link it if you can't do an
ICD-9 code, I'm sure that with technology, I'm
sure that these are things that could be done,
that there would be some way to address it.

If a formalized ICD code can't be
done, I'm sure that there's got to be other ways
to have the reminders pop up, and again, that
would be something to have checked with Dr.
Price.

DR. PRICE: All we would need to do is
get a patient data object set up and it could be
done all through one intake.

Once that's happening, we have a fall
screen, for example, we don't have to have an ICD
code.

All it is is the assessment has
flagged it and it will show up as a reminder. It just has to be linked. So, it just is an internal patient intake.

ICD is international, it's huge.

I've actually listened to the Electronic Committee trying to propose new ICD codes and it took them four years for the ones that were -- because it has to go through many different organizations.

So, this is more expedient. I'm sure that if we found out what other VAs did, we could probably figure it out.

DR. AMBARDEKAR: That would be great, and Dr. Price has worked with or had several POWs on the panel, and so from the treatment standpoint, he would be able to address those issues.

MEMBER CORRE: In conjunction with what you're saying, I have 560 percent disability. I'm serious.

And I'm just wondering if that means that I would be receiving extra compensation?
Because at the present time, I just receive 170.

DR. AMBARDEKAR: Well, you know, I would defer that question to VBA because I'm not sure how we simply as Compensation Examiners do the exam and address all the components needed for rating.

But, ultimately, the decisions are made by VBA. So, I think there are going to be representatives tomorrow so I would defer that.

But, yes, I know veterans who are over 100 percent and I know with SMC there are additional benefits, but I don't know all of the details of that.

So, I'd defer that to the VBA.

MEMBER SORTILLO: Elliott Sortillo.

Until we get the codes involved and walking in the records, how about just asking what you would be without them?

DR. AMBARDEKAR: In the primary-care setting?

MEMBER SORTILLO: Well, no, the patient said he wasn't a POW.
DR. AMBARDEKAR: You know, I guess when they come in through intake clinics, or whether it's nursing or the PC provider, that could be easily asked as one of the questions.

In fact, during triage, I know that certain questions have to be asked, so this is something that's built in. I'm sure that that could be asked.

When I see the patient, they've already been established, their status has already been established.

So, I don't question the status because when I get the exam, it's for compensation and everything has already been established.

And I was talking to Dr. Moore about even the length of captivity in the handbook that I received from the course; the law that's the definition of POW doesn't have the term -- any specified length of captivity in the definition.

And so everyone that comes through our clinic, it's never questioned because the
statuses have already been determined, and we've
had very few numbers.

But I think that's simple enough to
just ask are you --

MEMBER SORTILLO: It's certainly a
question. Before they get viewed?

DR. AMBARDEKAR: Yes, because once it
gets to us, we're really -- VBA is determining
all of that and when we get the exam revised then
it's -- but you're right, I was hearing from a
few people that I spoke to about the fraudulent
cases, and luckily, I haven't encountered those.

CHAIRMAN CERTAIN: Joe?

MEMBER MILLIGAN: Actually, this was
discussed earlier this morning.

Annette Walker stated that, I heard
quickly that, you go by the DoD definition of
what is a POW and as far as I know, by
regulation, the definition of a POW is more than
three days in captivity.

Therefore, in that case, the
presentation you gave, three hours does not fit
that definition. And therefore, the definition should not be designated as a POW.

This isn't a case of fraud, I mean, it's an ongoing issue that we see. But the problem is in that person's mind and in the minds of the family, he was a POW.

DR. AMBARDEKAR: And the medical records.

MEMBER MILLIGAN: He was captured and they don't know the DoD definition. But if you're going by the DoD definition, this case does not fit that.

CHAIRMAN CERTAIN: So, if we can help find the citation, the DoD citation, for the DoD definition, that would help.

DR. AMBARDEKAR: I think that would help because the handbook that I received from the course that shows you the definition, it actually didn't specify that.

And so as someone who's getting the training, if that's not specified, then I think if that's the definition, then it should be also
included in the training so that the providers
are aware.

MS. STURDIVANT: We're going off of
what DoD told us.

The DD-214 is not done by the VA, so
when it comes to us, we're only following what
we're advised to do per our project as the
advocate or as the DoD examiner.

So, if the DoD has identified them as
a POW, we are not exactly in the force taught to
object that, we're advised to go with it.

So, it's a DoD issue and they're the
one to determine whether it's POW.

DR. AMBARDEKAR: And then the training
handouts that are passed on, it really should be
very well defined because that wouldn't be
something -- I have the handout and it's not
specified in there. So, it would be helpful for
the providers to have that.

MEMBER QUARLES: I'm curious --
Shirley Quarles. I can really appreciate you
saying the value of your training that you
received.

Do you know how many other positions
in VA Peter went through that training?

DR. AMBARDEKAR: As far as I know, I'm
not aware of another physician. At least the two
times that I went through it last year, it was
just an online training.

So, if there were additional people,
I don't know, but from a compensation standpoint,
I'm not aware.

Dr. Cullins may know if anybody else
had done. What's that?

MS. STURDIVANT: -- training then you
were on the team. You're a C&P Examiner, you're
an advocate. If you're a physician or nurse on
the team. Other than that, you are not required
or allowed to attend face to face training or
even a form of the online training. So, no time
is carved out for you to attend it or participate
in it.

DR. POLLACK: I just want to correct
that. You're allowed to, but you're not required
DR. AMBARDEKAR: Okay, so what training would be available for the treating providers? Dr. Price is interested and he has experience.

So, to be designated as a treating provider, what kind of training --

DR. POLLACK: Same training.

DR. AMBARDEKAR: Same training? Are there any forces now that are available this year or next year?

DR. POLLACK: The training is online on TMS.

CHAIRMAN CERTAIN: Thanks, Stacey. Any other questions? Yes, Dr. Moore?

MEMBER MOORE: Jeff Moore. The document that you were mentioning is the document that I believe Charlie Stenger used to put out periodically. And I think the one that we were looking at was 2008.

The DoD number listed on there for Vietnam is one off but the DoD number for Desert
Storm and Iraqi Freedom, those are correct.

But that document, although those numbers are correct, for those errors, it doesn't specifically say on that document that he produced one way or the other what the DoD definition was.

It was just not mentioned. It just says here are the DoD numbers. And I don't think that that document is being updated any longer.

CHAIRMAN CERTAIN: That's Dr. Stenger?

MEMBER MOORE: Right, no one picked that up after his passing.

CHAIRMAN CERTAIN: Anything else?

We're about ready to break for lunch. We've got a band, we're all going together. You're responsible for your own bill.

DR. AMBARDEKAR: Thank you.

CHAIRMAN CERTAIN: Thank you.

(Appause.)

Anything else before we break for lunch that you need to bring up? Okay, so you've got your menus that you've been perusing.
You can make up your mind what you're going to order once we get there, and we'll gather downstairs as soon as we can get there.

(Whereupon, the above-entitled matter went off the record at 11:52 a.m. and resumed at 2:29 p.m.)

Okay, Stacey, you're on.

DR. POLLACK: Hi, everyone, I am going to be presenting on the FPOW care and benefits training and where we are at with that. If you could go to the first slide?

So, in FY15, so about two years ago, we had received guidance to reduce the number of face-to-face and mandatory trainings within VA.

And so about two years ago, we created the first series of online FPOW training. This past year, we updated the training based on feedback that we had received from the previous FY15 and FY16 training.

And the feedback that we have received is people really wanted the training to be more interactive, so we tried to -- and each year we
have done the training, we have tried to make it as interactive as possible.

And the other feedback that we had received is people were questioning why this was important, why was it important that we were doing this training.

So, we tried to give the training more context, and the way that we attempted to do this was by talking to people who had attended the face to face training that used to happen.

And people said one of the things that they really liked about that training was that the training started off with some former prisoners of war telling their stories and telling why the training was important and why it was important that people be in the training.

So, obviously, we're not able to capture that in the same way one would be able to capture it in a face to face training with a large panel with individuals.

But we did create an introductory training video that Dr. McNish, who everybody in
this room knows, was willing to tape for us the last time when he was in D.C.

And we're going to play it now just so you all can see it. Is that something you're all interested in seeing? It's about five minutes.

CHAIRMAN CERTAIN: Sure.

DR. POLLACK: Okay.

(Video plays.)

DR. McNISH: Hello, my name is Tom McNish. I am the Chairman of the Veterans Advisory Committee on Former Prisoners of War.

I have been in my job for quite a while, and let me give you a little background of how I got here.

In 1964, I graduated from the Air Force academy, went straight from there to pilot training, and from pilot training directly to Southeast Asia.

On September 4th of 1966, I was flying a combat mission over North Vietnam, near Hanoi, and I was shot down and captured almost immediately.
From that time, I spent six and a half years in a Vietnamese prison, and was released back to the United States in March of 1973.

The purpose of my talking to you today is to give you a better understanding of what the Advisory Committee is, how it came to be, what issues we deal with and have dealt with in the past, hopefully, to give you a better understanding of why you are sitting in this seminar today, and give you some motivation to be able to learn what you used today to improve the care and benefits for POWs, ex-POWs, and their families.

To continue with the discussion about the VA Advisory Committee on Former Prisoners of War, it was created at the same time as the presumptives for former prisoners of war were created, or at least the initial group of them. Many of you already know from having worked with former prisoners of war.

That was in 1981 when Public Law 97-37 came into being, and as the Committee was formed
within the next couple of years, they said we
realized that there was an apathy amongst the VA
personnel as to how to deal with POWs.

    They had a lot of other things on
their plate and here's this group of POWs that
now had a Committee that speaking for them.

    In trying to address that in 1990,
there was a film, a documentary film, created, a
training film, which was called Priority POW.
It's still in the VA Library.

    It outlines why this group of former
military people deserve to be considered in a
slightly different way than other veterans in
that, for one thing, there were no medical
records kept during the prison time.

    So, a lot of things have to be
considered as presumptives.

    I know this is redundant for you but
let me just emphasize it, presumptive means that
the diagnosis exists and the prison experience
exists.

    And thereby, it is considered
combat-related or presumed combat-related on that basis.

In 1995, that was about the time that I became involved with the Committee. We looked at it and found that it wasn't really so many an apathy amongst the VA personnel.

There was a lack of knowledge about the POW experience and a lack of how to elicit information from POWs about their experiences so that it can be used best to develop ways to give them the consideration, the care, and the benefits to which they were entitled.

Now, as I mentioned earlier, this population is very rapidly decreasing. There were over 140,000 POWs at one time eligible for VA care. Now, it's down to well less than ten percent.

So, it is critical that you, the VA staff, supporting them solidly understand certain key requirements, and that is why we've put together this seminar on the web, hopefully, to share that importance with you and give you an
opportunity to provide us feedback.

First of all, you must know and understand the health problems that may result from the POW experience.

And when I say the POW experience, that in itself is not a really good phrase, because there is no single POW experience. That's one of the things that I hope you carry away from here.

You must understand that different wars, different years, even different camps within the same theater, may produce different health risks to the population that you are encountering.

You must realize that each POW is different, and through that realization, you must incorporate the understanding that most POWs have one similar trait, that is that they don't believe that they deserve special care, that they will minimize any complaints that they might have, and they won't even share the ones that they minimize with you until you have fully
gained their confidence.

And I remember, all of us were in situations where we were interacting with people that we did not want to share information.

And some of us have carried that, most of us have carried that, over into our future lives.

So, realize that one of the big things you have to do first when you're dealing with a former prisoner of war is to share with them, share experiences with them, share your understanding of their experiences and the level you have, and express interest, once you gain their confidence that you're a friend and not an enemy, you will be able to get a tremendous amount more of information from them.

You must know why the presumptives exist, and we already talked about that a little bit.

There were no medical records in prison and so you can't back in the medical records to make sure that what this guy is
telling you really happened.

You need to know what the presumptives are, and how, as I've alluded to some before, to elicit the supporting information from the prisoner, former prisoner of war, and from each of them in a way that will help you to better develop their case in a way that will best help them.

We need you to learn from this seminar how to work together as a team, the medical staff with the rating staff, to ensure that all POWs receive the support and benefits that they are entitled to.

Once again, it can never be said too many times, but it is a fact that POW veteran population is rapidly decreasing and rapidly aging. Most of us are in the geriatric clinic these days.

So, please, accept this sense of urgency to make sure that all the POWs, ex-POWs, are found and that they are cared for and receive the benefits to which they're entitled.
And don't forget, on the front of the VA building, it says to care for him who shall have war in the battle and his widow.

The more rapidly you accomplish getting the maximum possible benefits to the former POW, the greater the probability that his widow will be cared for or will receive DIC, and will get that to which she also is entitled.

As the bottom line, let me emphasize that in my mind, the fact that you are here and participating in this training program should mean that you are committed to improving the care and benefits for ex-POW veterans.

And trusting that you all will accomplish those objectives of being educators and cheerleaders, and working yourselves to improve the healthcare and benefits for former prisoners of war, I on behalf of all former prisoner of war veterans and our families would like to thank you for the work that you do, for the healthcare that you provide and for all that you do to make sure that former prisoners of wars
and their families are cared for by the Veterans Administration.

Thank you.

DR. POLLACK: So, I'm not sure what you all thought of that, but I think it really, from the feedback that we received from the field, really added a lot to the training in terms of having Dr. McNish's live voice to really talk about what this training means and why it's important.

Other things that we have done besides adding this video is this year we really did a lot more -- I'm not sure how familiar everybody is with Adobe Connect, but really using the chat box to try and make sure that people working are active in a chat box in the online training, and really doing some interactive polls, where we did some case studies during the training and people were asked questions.

And we had these interactive polls where people could participate and sort of give their opinions of what they would do in a certain
situation.

Next slide. So, we had three different online trainings. There were live, and these trainings are on our talent management system, TMS, so people can take them when they're online.

But when they were live, we had 118 participants approximately for each of the trainings, about half and half VBA and VHA.

So, we had a good mix of people from the benefit side of the house, as well as the VHA side of the house.

The first training was about VBA benefits for FPOWs. The second training was the role of the FPOW coordinator and mental-health and former prisoners of war.

And the third training was VBA-VHA collaboration, and I know I talked last time I was here, as some of you all knew, a training video of Mr. Champaign, who was a Korean War FPOW, and his experiences.

Next slide.
So, one of the things that we, as a faculty, really are committed to doing is making sure that we look at the feedback that we receive from individuals who take the training to try and incorporate the feedback that we get.

And make sure that we're meeting people's training needs and to enhance the training based on that feedback.

And to figure out if there's things that are missing how do we add those things and how do we make the training as good as it can get?

So, basically, the numbers here are about 80 percent in terms of overall, I was satisfied with this learning activity, the learning, knowledge, and skills was appropriate to my professional needs, I'll be able to apply the knowledge to improve my job performance, and the training was effective for learning.

And when I talked to the folks from our Education Department, they said these numbers are very comparable to what they get with most
online trainings in terms of this is very similar
to the numbers, and also very similar to numbers
they get at live face-to-face trainings as well,
in terms of there's always people who benefit.

But the fact that they said these
numbers were sort of comparable was interesting
in terms of -- and it's not statistically
significant, just given the small N, but training
one, which is more didactic about benefits.

Training two is more didactic about
the role of the FPOW Advocate and about mental
health.

Training three, where it says the
training environment was effective for learning,
that number goes down a little bit to 76 percent.

And that's the training where it's
really interactive between VBA and VHA, and I'm
going to talk a little bit about what we're
hoping to do in the future potentially to try and
address that.

So, training three, again, this is the
interactive training between VBA and VHA, and
people were asked these questions in terms of describe challenges faced by FPOWs individually and organizationally, how well are you able to do that, how well are you able to summarize ideas for collaboration between VHA and the VA Regional Office, and identify successes that have been achieved in working with POWs.

So, these numbers are pretty good actually. We've been talking to the education people in terms of what you would want in terms of outcome data.

Next slide. So, comments from the training, and I'm not going to read through all of these because everybody has the slides and is able to read them, but I just want to highlight some of these.

So, one of the questions that everybody got asked is if you feel you'll be successful in applying this learning, please provide a few specific examples of how you will apply it.

So, things like better able to be
attentive to POWs, very well done presentation
means the production video was the most
meaningful, better C&P exams, I'm a new FPOW
Advocate at my VA and I need all this info.

I will be able to make sure that when
evaluating that POW I consider all basis for
service connection, how to learn this.

I work on the VHA side of the house so
the training for the VBA side I will likely not
use, however, it's good to know because I can
give my FPOWs information they may not have had.

What this sort of says to me is people
are getting something out of the training.
They're actually learning something and they're
learning what we need them to be learning.

Next slide. Again, the same thing.

If you'll be successful in applying
this learning, please provide a few specific
d examples of how you'll apply it when talking with
surviving spouses about DIC benefits,
understanding that records may not exist.

I've been the FPOW coordinator for a
while so there wasn't much info in the course
that was new to me; I'm going to come back to
that also.

    My frame of mind, I'm sympathetic and
open-minded with all the claims I rate, but I see
these claims as a little different given the
experience these vets underwent.

    Next slide. This is something I think
someone else is going to talk about. We could
really use a formal outreach project for the
FPOWs.

    I've heard you all talk about that.

    I would like to know how to reach out
to FPOWs that are still living to make sure they
are receiving all the benefits they deserve.

    This is, again, that same comment of
how do we reach people who are not currently in
the VA system?

    And I would like to have more face-to-
face interaction with other FPOWs team members at
my site.

    Again, that's a real simple one for
people to try and set up local meetings with the Members of the care and benefits teams.

For training two, and again, this was the training about the role of the FPOW Advocate and the mental-health training, again, people were asked the same question in terms of how they will apply what they learned in the training.

And again, people were saying things, in interfacing empathically with the FPOWs, FPOWs are not self-revealing, and learning about mental-health effects we know helps to know what may be going on in the background of their minds when we meet.

We’ll ensure that the FPOW Advocate is on the facility website.

Working with the FPOW population will be new for me but I feel like the information was presented in a manner that will help ease the transition.

This information will make me more effective when attending group support sessions with FPOW in my clinic. Next slide.
Better understanding how VBA and BHA can work together, empathy.

And what I didn't put on here is how many of the comments, because I didn't put every comment, we have hundreds of comments for each sort of question, the one thing that stood out to me when I reviewed all the comments was the word empathy kept coming up over and over again in terms of what people learned from the training and what they would take away was really how to be more empathic. And really, how to have that empathy.

The other thing that really came up is what was most useful for you seeing both sides of the house, FPOWs interviews to put things in perspective, clinical material was all familiar but review was appropriate, reminding me of the physical sequelae of being an FPOW and how this affects the person's overall health.

Next slide.

This first comment I put up here just because it was sort of, again, that same thing
about outreach, but as we do not have many active
POW claimants at this time, admittedly, I do
wonder if I will have the opportunity to be in a
position to apply these skills.

A good portion of our living FPOWs are
already receiving a total disability award and
may not feel inclined to pursue additional
compensation benefits.

I will encourage our primary
coordinator, who is a member of our public
contact team to consider some outreach efforts to
see if there's any additional benefits they would
be interested in learning about more.

And there were also a lot of comments
that were made like that that the population was
dwindling, that people used to have very active
POW support groups, but that those support groups
sort of have dwindled in number as,
unfortunately, many individuals are getting older
and may be dying.

We want more learning sessions like
this in the future; using Skype impacted my other
duties very little as I did not need to travel.

The interaction of the portion of the session was preserved through the informal type of lecture and the interactive chat line, and made me feel connected to FPOW Staff across the country.

So, I put that there and it's interesting because we got an equal number of comments from people who say I prefer this being online to people who would say I prefer this to be face to face.

And I think it's just people today have different learning styles. There's people who learn better online, there's people who learn better face to face; people have different commitments.

But I just wanted to put that up there because I think it's worth mentioning.

Next slide. Again, this was from training three, the interactive training, how I'm going to apply it, enhance attentiveness to POW concerns, provide the greatest benefit under the
law, identification of a dedicated team.

The discussion after the video, I'm so
glad to hear from others the different level of
advocating for FPOWs. I learned quite a bit
about additional benefits that FPOWs may be
eligible.

The training was thought-provoking and
motivated me to try to reach out more to both
FPOWs and to fellow Staff to educate them on the
FPOW experience and my role as an FPOW Advocate.

Next slide. So, where do we go from
here? The goal is to, one, make sure that the
trainings are on the TMS system, which they are,
so that employees can participate in them at any
time.

So, if you get a new member of the
care and benefits team at your site, someone
doesn't have to wait for a specific time to go
online and take the trainings.

Now, the advantage of that is people
get to hear trainings about the presumptives,
they get to see Dr. McNish in the video, they get
to see the slides and hear everything about mental health and the role of the FPOW Advocate. Obviously, though, if you're taking a training online, it's not interactive.

So, that piece of it is there, so we still want to encourage people to attend the trainings when we do them sort of live online.

But we want to make sure that people have access to the training, because given the rapidly-declining FPOW population, we don't want people to have to wait another year to get trained if we have training that people can take right now.

To continue to figure out how to make those trainings more interactive, we've received feedback that this training is really good but maybe we should figure out a way to separate it out as original training for people who have not yet been trained, versus an updated training for people who have already taken the training and maybe just sort of needs a refresher course.

So, to look into whether that's an
option for exploring; whether to have quarterly meetings between VHA and VBA in terms of Staff who work with the FPOW population.

One of the pieces of the feedback that we used to hear when there was the face-to-face conference is that people would have preferred the interactive sessions between VBA and VHA to be with people they are actually working with.

So, let's use Atlanta as an example, to have somebody from the Atlanta Medical Center being able to work with somebody from the Atlanta Regional Office.

So, we've talked about whether or not we would want to do certain regional sort of trainings, in terms of let's say the Southeast VBA Regional Offices and the Southeast Medical Centers.

Some of this is sort of complicated, though, by the fact that VBA now has this national work queue and claims are being processed sort of at a variety of different places, not all in the local, regional office.
So, we're still trying to figure out what the best way to do this is.

One of the things is VHA requested that each VHA have contact information for each VBA representative at the Regional Office, so we are in the process of getting that to get that out to them.

Next slide. One of the suggestions that was made was utilizing additional FPOW videos, maybe having a training video.

Like I said, we use the video right now for Mr. Champaign, but maybe adding a couple additional videos, one from each era.

And then really, the suggestion was made to talk to the FPOWs to talk to you all and say what are we missing?

If this is our opportunity to provide the training online, are there things that are important to put into the training that people are not getting?

We talked about this during the break, from someone who's recently taken the training.
Are there things that we can do to enhance the training, whether it's adding more training videos?

I personally thought that our videographer did a really great job filming that video of Dr. McNish. And we can certainly add more videos like that, more context, et cetera.

So, I would really leave that up to you all to ask you all the question. Are there things that we are missing that we really should add?

And I think that's the last slide.

So, questions or comments? Silence from everyone. I don't know how to take silence.

CHAIRMAN CERTAIN: It's just after lunch, what can I tell you?

DR. POLLACK: Huh?

CHAIRMAN CERTAIN: You got us after we ate.

DR. POLLACK: Yeah, that's true. I'm not as much a hall professional, though, I can sit with silence. Leslie?
MS. WILLIAMS: Leslie Williams.

So for the certification, do they have to attend the live training sessions in order to be certified? Or do they receive it if they go from TMS?

DR. POLLACK: That's a good question and no one has asked that.

I think what we would probably say is you can take the two that are more didactic in TMS, that the one that's interactive, you really need to be able to do.

And it may be that we then continue to offer that training more often live so that people can do that interactive component.

There's no reason we can't do that quarterly, and those other two trainings, which are more didactic, we still want to do them live because there's a lot of comments that go through the chat box even during those trainings.

I was actually surprised at how much better people have gotten, and I think it has nothing to do with this particular training.
I think it's just the more and more familiar people become with using the technology of online training and the chat boxes, how much more people are interacting in those training forms than they did two years ago, three years ago, as they become more familiar with it.

And I think we, as people who are putting on the trainings, become more familiar with it too.

MS. WILLIAMS: Thank you.

MEMBER MOORE: Is there a big turnover among the trained personnel?

Does everybody in all facilities in general have four trained people but there's a lot of turnover? Or how does the turnover work?

DR. POLLACK: There's not a lot of turnover as much as, I would say, in the FPOW Advocate role. How long, Rhonda, not to put you on the spot, have you been the FPOW Advocate?

MS. STURDIVANT: All seven years.

DR. POLLACK: Seven years.

I think most people who are serving as
the F POW Advocate really like that role and feel really honored to be able to be in that role and to have that role at their facility, and don't want to give that up.

In terms of the other roles, I don't know the answer, but I can say when people change members of the team, we get us to update the spreadsheet of who's on the team.

And it's not that much turnover. I mean, there is turnover, I'm not going to say there's not, but it's not as much.

MEMBER QUARLES: Shirley Quarles.

Stacey, I'm just curious, in terms of gathering your information from all the coordinators and speaking of various prisoners of war, have you found anything distinguishing differently between female prisoners of war and male prisoners of war in terms of treatment?

DR. POLLACK: We have very few female prisoners of war who are getting treatment in the VA.

So, I don't have an answer to that but
there are not as many. So, I guess my answer
would be a reluctance to be coming in.

CHAIRMAN CERTAIN: Leslie, did you
have something?

MS. WILLIAMS: I didn't have a
question, I had a comment to answer your
question.

So, on the VBA side of the house, I
believe it was at our New Orleans meeting that
the recommendation was put forth that our
coordinators serve a minimum of three years.

And so that was one of the
recommendations that was signed off on.

I was trying to look in the book to
see if I could find an exact number to give it to
you, but once it's implemented across VBA, then
all those appointed will serve in that position
for a minimum of three years, unless they're
promoted or leave VA.

DR. POLLACK: And I do remember one of
the recommendations that your Committee had put
forth, that we are in the process of sending a
memo out to the field was making sure that we
have an update list of all of the members of the
team, of the care and benefits team, and whether
or not they had participated in training. And we
are in the process of getting that.

I think we have a pretty good list,
but it will be something that the Medical Center
Directors have to sort of certify that, yes,
these are the members of the team at their local
site and that they have been trained.

DR. AMBARDEKAR: Nayana Ambardekar.
Are there any thoughts about having agenda-free
general education training for primary-care
providers or for geriatric primary care?

Because the veterans are spread
throughout having one designated treatment
provider at a certain location, the patient's not
really seeing that provider because they're
scattered and --

DR. POLLACK: So, at some sites, they
do see one provider.

I think one of the things that we can
certainly do is add to this particular training
some context for the primary care providers or
treating providers, other than primary care
geriatric clinic, wherever they are, sort of
saying it's still important to understand what
the presumptives are, whether you're in primary
care, whether you're in geriatrics, whether
you're doing C&Ps, and these are the things that
you need to look for.

But that's really good feedback to put
some context into this in terms of why it would
be important for that treating provider to
understand this information as well.

So, I'll take that feedback back and
as we update things, I think that's really good
feedback.

Thoughts on the introductory video?
Positive, negative? I won't be hurt. I thought
they did a really good job and I really did think
it was important.

And like I said, we really are trying
to base things on the feedback that we get. It's
sort of a data-driven approach.

Let's look at what people are saying and how do we meet the needs? So, maybe we will think of adding additional training videos.

We have Mr. Champaign, maybe someone from the Vietnam or World War II era.

I wish Shoshana was here, talk to her maybe about a training video, in terms of a female prisoner of war experience.

Well, if anybody has any suggestions, please let me know.

Again, we're open to feedback and really trying to -- but like I said, I was really struck by the one word that kept coming up over and over again was empathy.

And that, to me, people were getting what they needed to get, that I will have more empathy, that this is important to me.

Thank you all for having me.

MEMBER MOORE: Joe Milligan. I had one question for you in terms of your training.

Do you train your people in terms of
consideration of an aging POW population? And therefore, the things that are bothering them start to bother them more often?

And I don't have to look any further than myself to see that.

You talked about POWs as a group minimize what they think is wrong with them, and that's the truth to some extent, but some of it is just human nature.

If something's not bothering you, you don't complain about it.

And personally, I've got things that bother me as a result of being a POW that have always bothered me.

I've got some pains that I've had ever since the experience and they're not going to go away, but I have other issues.

For instance, back pain, as a result of ejecting from a high-speed aircraft, and my back issues flare up about once every ten years whether I need them to or not.

DR. POLLACK: I don't think you need
them to.

CHAIRMAN CERTAIN: And so if you question me when my back hurts, I'll be honest with you, but in the ten years in between, there's nothing bothering me.

But now that I'm getting older, it's more and more of an issue.

So, if you don't keep asking me some of these questions every time you see me, you might not see the trends that are going on in my life, and the same with everybody else.

CHAIRMAN CERTAIN: And you're an example of why the spouse needs to go with the former prisoner, because she can answer honestly.

All right, thank you, Stacey.

(Applause.)

We'll take about a five or ten-minute break and we'll be in here at quarter after for Dr. Moore.

(Whereupon, the above-entitled matter went off the record at 3:06 p.m. and resumed at 3:18 p.m.)
MEMBER MOORE: Harry's ready and Bob says I may start. My name is Jeff Moore.

By training and background, I'm a clinical neuropsychologist, specialized in aviation neuropsychology in I guess include say geriatric neuropsychology.

I retired from the Navy a little over 20 years ago, and I retired from the Mitchell Center at the end of August of this year.

For approximately 28 years, I had the honor of taking care of the Yankee Air Pirates, as the North Vietnamese called our folks.

The 566 POWs, men, who were repatriated following Operation Desert Storm -- I'm sorry, Operation Homecoming. See, that's why he's sitting at the head of the table here.

Then there were a few others, bringing the total repatriated from Vietnam to about 662, and those others represented people who actually escaped from the South or they accepted early release or otherwise came home early.

It does not include the one person who
was court-martialed in Vietnam and who was not eligible for care.

But for 28 years, again, it was my honor to be associated with that program.

Leslie asked me to say a few words today about what the Mitchell Center is, because this Committee has heard a lot about the Mitchell Center.

And I think it's high time that we told a little bit about what the Mitchell Center is and how it came to be, what it's been over the years.

Before I get off into that, I want to address something that's been alluded to earlier day and just a little bit ago.

We heard that the local physician is a geriatrician, we heard from the geriatrician in New Orleans as well, and the average age of the Vietnam repatriate is right about 79 now, which all of a sudden, doesn't seem that old to me.

But that's the average age.

There are many repatriates from
Vietnam who wrote personal books about their experiences.

There's a couple of very, very good books summarizing the experience in Vietnam, Honor Bound is one of them, and let's see, the very very first one, it will come to me.

But again, a lot of the repatriates wrote books themselves.

The Mitchell Center logo indirectly pays homage to some of those books because our logo has an unchained eagle for freedom, and some of the books have titles about being chained, Chained Eagle, a bunch of things like that, Unchained Eagle.

What's another name?

But anyway, with respect to being a geriatric neuropsychologist, within the past five years, everybody of our age group, I'll put myself in that age group, is concerned about dementia and Alzheimer's Disease.

The repatriate poignantly says I've been chained before, I don't want to be chained
again.

   And that's I think something that the
   teams all should be aware of, that there's this
   entity called dementia, called Alzheimer's, that
   kind of blooming out there and none of us look
   forward to that possibility.

   But the repatriate, I think, has a
   very personal view of that.

   That said, let me say a little bit
   about the Mitchell Center. I think that there
   are three or four real key points about the
   Mitchell Center.

   One should be fairly obvious. The
   most important person in the history of the
   Mitchell Center is Dr. Mitchell, for whom this
   Center is named.

   And it's interesting how he became
   involved.

   In 1972, when Operation Homecoming,
   which occurred in the spring of 1973, when the
   planning for that was taking place, experts,
   medical experts, from all three services, the Air
Force, the Army, and the Navy were brought together to start planning the repatriation process.

And Dr. Mitchell represented the Navy from the very beginning.

Reading between the lines, and even though I've been with the program for 28 years, I was not there in 1973, but reading between the lines, there was a plan.

In fact, there was a DoD instruction that said looking at lessons learned from World War II, looking at lessons learned from Korea, kind of extrapolating based on those experiences, to the fact that the Vietnam repatriate was held on average about five years, five and a half years, on average, kept in solitary a little over a year.

Again, these are averages so we've got a wide range within that. On average, loss of about 27 percent body weight.

The guy that was shot down a month before repatriation in the spring of 1973 didn't
lose anywhere near that, so it's a wide range.

The Army repatriated the longest-held POW in Vietnam was not an aviator, not Ed Alvarez, who was the longest-held aviator in the Hanoi Hilton, but rather Coronel Thompson, an Army Special Forces Officer, who was shot down on a scouting mission, let's call it, and held for nine days short of nine years.

So, there's a huge range of experiences there.

So, as the planning was taking place and extrapolating from World War II, Korea, looking at, oh, these guys have been in there longer than any other POWs in American history.

The predictions were, and you guys can verify this, that the Vietnam POWs would come home physical wrecks and psychiatric basket cases.

That's not really much of a euphemism, it's almost a direct quote from one of the documents, that virtually none of them would be fit to remain on active duty, much less continue
duty involved in flight, which has a higher medical standard than general duties, just because of the nature of aviation.

For example, you have to really be able to see fairly well if you’re in the cockpit. and the repatriates were, at least until the death of Ho Chi Minh were pretty much tortured on a daily basis.

And there was some inkling about that because, again, there were a few folks that had accepted early release.

So, in addition to those predictions and against extrapolating from World War II and Korea, DoD said, you know, there’s a good chance that we’re going to have a pretty high mortality rate by five years post-repatriation.

And therefore, let’s follow them for at least five years.

At the end of that five-year period, the two programs in San Antonio, the Air Force and in the Army, obeyed DoD service-specific orders and shut their programs down.
And Dr. Mitchell said, no, we're not finished following these people, we maybe need to keep their program going.

One of the ways that he was be able to convince DoD to keep the Navy program going, you may have guessed this by now, was that the medical experts couldn't have been more wrong.

Yes, there were a few early deaths following repatriation, but the vast majority of these men, and they were all men in Vietnam, there were no US women POWs.

There were a couple of German nurses but no US women POWs in NAM. There were two in Operation Desert Storm in two in Iraqi Freedom, a couple of whom have been a part of this Committee.

But the men who came back from Vietnam were pretty darn healthy, healthy enough to remain on active duty, healthy enough to return to duty involving flight.

One of the very unique aspects, in addition to the duration of captivity that I
already mentioned, with the Vietnam cohort, the Vietnam group of repatriates, was that 80 percent of that group were officers, 80 percent of that group were career-designated.

There were a couple of Army POWs in NAM who were draftees; the draft was still in operation.

At least one of them years ago said he tried to tell his captors that his draft was over and that he was really no longer in the Army, but the enemy did not honor that.

They sort of say you're in the Army now. They didn't allow him to go home. So, the medical experts were very, very wrong.

And so now the medical experts, being experts that they are, they said we must be missing something.

There must be subtle things there, maybe because there are aviators that they don't want to tell us, but again, they're going back to flying, they're doing their job.

But maybe there's some subtle things
that we're missing.

So, Dr. Mitchell convinced DoD to allow the Navy to stand up a comparison group, and this comparison group was comprised of 138 naval aviators matched on 11 different variables with the Navy repatriates, officer aviator repatriates, in order to see what sort of subtle problems existed.

From the beginning, it was designed not as a research project but as a medical follow-up program, because we anticipated that people would be in such dire straits.

Then, this comparison group was added, again, not so much really to turn it into a research program, because it's really not totally a research program, but again, to help tease out those very, very subtle difficulties that perhaps were missed in this group and shouldn't be missed the next time we have repatriates.

Even in '72, '73, there was enough foresight to say we're probably, unfortunately, going to have repatriates in future conflict.
Let's learn as much as we can from these Vietnam repatriates so that those medical lessons learned could be applied when people, the 21 folks from Desert Storm came home, and the 8 folks from Iraqi Freedom came home.

So, that medical lessons learned was built in.

The next important person in the history of the Robert E. Mitchell Center is Tom McNish. He's a TV star now and everything.

So, in '91, Secretary of Defense reportedly said, hey, we've got these 21 POWs coming back from Desert Storm.

What are we going to do? I know the Mitchell Center has been following their people.

Why don't we ask the Mitchell Center to from Day One of repatriation, well, after the intel debrief was completed, to see the repatriates? Yes, we got that.

Have you seen that commercial where the person just drops the mic? That was my attempt.
And that went well, that went well by all accounts. There were 21 of them and we have a small Staff at the Mitchell Center, so we couldn't see all 21 of them at the same time.

So, we saw a small group ahead of time, another group after that, and they had a reunion there in Pensacola over that weekend.

And that sounded great, but they really didn't want to be -- they wanted to do it that way so they didn't have to be around the real POWs, because in their mind, they said, well, we weren't held long enough.

We got that three-day, three-hour, whatever it is, that the Desert Storm folks said we don't want to be around the real POWs. And of course, the real POWs don't want to be around --

CHAIRMAN CERTAIN: Those new guys never want to be around --

MEMBER MOORE: Yes, so there's the new guys and the old guys.

POWs like to compare themselves to each other, and so they came there and had this
reunion and everyone agreed it was the right
ting thing to do to get them to come to the Mitchell
Center.

Well, what does that have to do with
Tom McNish, you may be asking? In '93, before
Dr. McNish had to retire, he was assigned to the
Air Force Surgeon General's Office, and he said -
- I guess he went to the Airforce Surgeon
General, three stars -- and said, you know, it's
not all right that the Air Force POWs from
Vietnam can't be seen at the Mitchell Center.

The Air Force stopped their program
like the Army did in '78 and we've just kind of
been out there.

But the Navy and Marine Corps have
been followed, and the Air Force Surgeon General
said, you know, you're right, let's see if the
Mitchell Center can expand, add a few Staff
Members if necessary, but incorporate the Air
Force repatriates back into the program.

That's exactly what was done, thanks
again to Tom McNish.
A few years after that, then the Army Surgeon General said, well, that's not right, how come the Army POWs from Vietnam can't be followed?

And there were 77 of them, 326 Air Force, 138 Navy, 26 Marines, who were repatriated in Operation Homecoming.

And so at that point, the Army started coming and were eligible to come into Pensacola.

Each year, each repatriate, Vietnam, Desert Storm, Iraqi Freedom, one guy from Black Hawk Down, a couple other here and there, are eligible to come to Pensacola for about a one and a half to two-day evaluation, sort of an executive medicine evaluation, a little bit more extensive than a typical evaluation.

But the evaluation includes physical exams, specialty consults, psychological evaluation, memory testing, other cognitive testing, eye exams, a whole host of examinations.

And then at the end of that, they're given a debrief on our findings, hey, you better
cut back smoking, you better lose some weight.
Everybody drinks moderately.

You would think that --

CHAIRMAN CERTAIN: I told you already
we lie.

MEMBER MOORE: Oh, okay, that's right.
(Laughter.)

Soon as the rule about the definition
of moderate alcohol consumption came out, all of
a sudden, everybody was a moderate consumer.

83 percent of the repatriates smoked
when they came home, partially because the enemy,
for some reason, thought it was a good idea to
give them cigarettes. I think that they just
didn't know any better.

They were lousy cigarettes,
apparently, but some people started smoking in
captivity. But 83 percent smoked and 83 percent
drank.

Now only about five percent smoke;
they stopped a lot sooner than the average man
their age in the general population. Somehow, 83
percent moderately consumed a moderate amount of alcohol.

Now, over the years, the size of the staff in the Mitchell Center has waxed and waned, started off and was kept going by the love of one man, Dr. Bob Mitchell.

It expanded to a couple of physicians, a psychologist, other staff, core men, researchers, and now it has dwindled down a little bit.

Before I retired, the commitment was from the Navy and some levels of DoD was that the Mitchell Center is not going to close, that even though each year, fewer and fewer folks are eligible to come for the evaluation, that we'll always be open to see any of those repatriates as long as there's someone who wants to come.

Now, it may get to a point where there's only one day a week and the rest of the time, people are seeing active duty because it's an active duty facility.

But it'll continue, and the research
that we've done will continue as well.

   Let me say a little bit about the
research because we have published papers,
lessons learned, actual papers and professional
journals, publications, and DoD tech report
websites.

   Our research is unique for one
particular reason I feel. Most research,
epidemiological research, has large numbers of
people.

   They're not known very well by the
people who are writing the papers, but because
they're so large, they can fine-tune and look at
the unique risk factors associated with a
particular illness.

   What sort of conditions led to the
problem? Our unique position, since we know
these people so many times and, again, some
people come more than others.

   A couple of the people I saw every
year consecutively for 28 years. But there's
some variability there.
But nevertheless, because it's a small group, because we have been seeing people since 1973, our strength is, yes, we know a lot about the type of experiences a person had, but we probably know more about the type of person that had the experience.

And that's a unique position, it's kind of the flip-flop of the same coin, but it's a unique position to be in.

Some of our findings were very important, some of them statistically important but sort of irrelevant.

One of the best ways to, and this was especially the enlisted, the young enlisted, POWs really loved this finding.

Because one of the best ways to reduce long term morbidity and mortality, to reduce mortality, is to send only old officers. And so the young enlisted said, oh, that's great, I'm very glad.

So, that's one of the examples of the statistically significant but, militarily, you
can't go very far in preserving the fighting
strength if you only send old officers. And
you're probably not going to win either.

But the Vietnam repatriate brought a
lot of personal characteristics that helped them
get through.

It's a very resilient group, I
mentioned that the vast majority stayed on active
duty. A lot of them were career-designated
before they were shot down.

We had a sidebar in this in one of the
breaks earlier. In Vietnam, there were two Air
Force repatriates who had also been POWs in World
War II, both held by the Germans.

CHAIRMAN CERTAIN: And one of them was
held by us, who was an American citizen.

MEMBER MOORE: Yes, yes, so they
really have a lot of experience. One of them
made a joke that said he left off in Korea and
was a POW in Korea as well.

But it's a unique group and they've
had a unique, unique set of personal background
characteristics that they brought to the
captivity, but they also have unique leadership,
not to say that it was all perfect leadership,
but the leadership instill things like return
with honor.

Just coming back wasn't enough, you
had to come back with honor, and that's the motto
of that group. If you go to their website, the
FPOW website, you'll see the logo there, return
to finder.

Bounce back, there's no better
engineering definition of resilience than
bouncing back. That was instilled by the
leadership.

And finally, I think, at least the one
I'll mention finally, was you at the above self,
and that was a very important leadership doctrine
that helped more than others.

But these people, the leaders in
general, did fairly well. I have permission to
say the thing that I'm about to say.

One of the big heroes, in my opinion,
of the Vietnam group is an Air Force Colonel and
his name is Smitty Harrison.

We were, the United States, they, the
POWs, were fortunate that Smitty was one of the
early Air Force.

He wasn't all that fortunate, but
Smitty is the one that brought the tap code.

And the tap code allowed for command
and control and communication, and that
communication in some way, shape or another,
helped everybody, helped them understand unity of
themselves, bounce back, return with honor.

And it also gave people the marching
orders, and it said, hey, don't talk to these
people, do this, do that, and so it was extremely
important because it allowed group support
despite solitary.

You could still tap on the wall and
say god bless you. Or you could say, hey, how
did it go? What are they looking for these days?

That sort of thing. Let me stop
there, and I think I've gone over my time.
CHAIRMAN CERTAIN: Somebody cancelled so I was not going to call you down.

MEMBER MOORE: Okay, let me stop there and see if there's questions that I might try to answer. Before I take the one question, before I officially retired, we completed two very important research projects, one summarizing the 43-year mortality rate following repatriation.

So, in other words, '73 to 2016, and one summarizing the morbidity findings during that time, including the findings that were present at the time of repatriation that were part of that admission for the medical evaluation.

Yes, ma'am?

MEMBER QUARLES: I have a great appreciation for the Mitchell Center, but my question is, how would you fund it? Federally?

MEMBER MOORE: That becomes in part which era you talk about. Before '78, each of the services got money from their Surgeon General.
In '78, the funding stopped and the NAMI Command took it out.

When Dr. McNish weighed in with the Air Force, their contribution was the travel funds for Air Force repatriates.

Then the Army kicked in in '97 and since that time, the Army has sent the Mitchell Center travel funds.

All their operating costs are taken out of the Commander in Pensacola. The Staff salaries, everything else.

MEMBER QUARLES: So, you have to get your research funded and all that?

MEMBER MOORE: No, but a few years ago, there was actually -- it created some problems because the Mitchell Center actually got a line item in the Federal budget.

And everybody said, how the heck did that happen? Well, it happened because of a few high-placed Senators.

But as a result of those two years of research findings, Center for Naval Analysis, and
Joe is a part of that group, reviewed requests for funding and all of that money, none of it could stay in house.

All of that money had to be given out to VA researchers. We funded several research projects with the VA, university research.

We've collaborated over the years with VA, NIH, various universities, have provided some input on presumptives.

MEMBER MILLIGAN: Joe Milligan, to follow up with that research, I know at the time some of what was being looked at was trying to find predictives of who might do well as a POW, the things that you can apply to the recruitment process and identify early on.

Did anything positive come out of that? Since I've left the Department, I have no idea what the results are.

MEMBER MOORE: The study that I mentioned that said send old officers, that was the irrelevant part of that study.

I was sort of hoping somebody would
ask, but what we found was that regardless, and in that setting, we looked at a variety of different risk factors, length of captivity, length of solitary confinement, subjective torture severity, estimated weight loss, number of captivity-related medical problems.

And then we looked at a whole host of other things, some psychological, some physical. And the best predictor of -- and we did two studies.

The first study was whether or not a person had psychiatric illness in the first five years, prior to repatriation.

And that was a retrospective study, that was a pretty powerful study, because what we found was that even better than all those other factors, as the enemy said, you must show proper attitude.

Because the answer was those POWs enlisted whoever, who had the highest dispositional optimism, did better than anybody else.
Which is kind of interesting because Admiral Stockdale in the Stockdale docs was fond of saying, well, no, naive Pollyannaish optimists didn't do well because we're going to go home by Christmas.

It wasn't Christmas. They're going to go home by St. Patrick's day. Now, I'm not sure what he was referring to and I never did get a chance to ask him about that.

But definitely dispositional optimism helps, and that is something that could be augmented.

And in fact, when General Casey, Chief of Staff of the Army, a few years ago hired former Committee Member, Rhonda Cornum, Brigadier General Cornum, to be on his Staff on the Comprehensive Soldier Fitness Program.

Basically, General Casey said you can only get so far in producing soldier health by seeing how fast they can run a mile and a half or how many pushups you can do.

Let's look at some other factors, and
as a result of his guidance, and General Cornum's leadership, the Army looked at a whole host of different things, including that dispositional optimism under the guidance of the civilian researcher, Martin Seligman.

He's sort of famous for learned optimism and flourishing, so he's worked on flourishing, et cetera. And so we were very pleased when we found that.

We then said that's kind of an inelegant study.

We looked at retrospective things and so we said let's start fresh, and let's create a list of variables that we can collect for the first time ever, ten physical variables, ten psychological variables.

And let's define physical health, which is really hard to do. More often than not, the absence of illness, and that's even less elegant than our first study.

So, we came up with ten different factors, to include neurophysiological factors,

And we looked at data from 1973 to predict 40-year physical, psychological and then total health.

This is one of the studies, these are the two studies, two of the most recent studies published in those periphery journals that I mentioned and found that the best predictor of 40-year physical and psychological, and therefore total, health was dispositional optimism for 1973.

Thank you.

(Applause.)

CHAIRMAN CERTAIN: Thanks, Jeff. We have one thing, I need to get to one little housekeeping thing before we --

MS. WILLIAMS: Don't we have another presenter?

CHAIRMAN CERTAIN: Do we have another presenter coming in?
MS. WILLIAMS: Jelessa Burney.

CHAIRMAN CERTAIN: Before you come up, though, is anybody able to travel to Washington next week? You are? I mean, on the Committee.

We have an ACDC meeting, that's not the rock group, it's an Advisory Committee Meeting that's next week.

So, if we could go there, if somebody could go there, and please see Leslie about getting on board with that?

I'm unable, I've got 16 things on my calendar next week that can't be moved.

MEMBER QUARLES: Is it all week, Leslie?

MS. WILLIAMS: It's two days, the 5th and 6th.

CHAIRMAN CERTAIN: The 5th and 6th. My wife's 69th birthday is the 6th, I'm not going anywhere. Okay, while you're looking at your calendars --

MEMBER MILLIGAN: Don't look at me, I live in San Antonio. I've been invited to a
birthday party there.

CHAIRMAN CERTAIN: Okay, Jelessa
Burney? Boomer said he wasn't coming to this
Committee today.

MS. BURNEY: Well, hello and good
afternoon. Thank you all for having me again. I
am Jelessa Burney from the Advisory Committee
Management Office, Office of the Secretary, and
I'm just here to give you a few updates and/or
reminders or quick tips.

And so with regards to the Secretary's
Office, we're preparing for the Secretary SecVA
Chair DFO Strategic Summit. So just a little
background about it. In 2015 May we held the
first one. We coordinated with Secretary
McDonald and it was basically a face-to-face
event where the Secretary shared his visions for
VA and how the Committee would support that. And
he did that with the chairs. So it was such a
success. We had planned for him to speak to the
chairs for about an hour, but he actually chatted
with them for about two hours and a half.
So we had planned to do one earlier this year, but because Shulkin, Dr. Shulkin was appointed and still trying to get on board with his visions and priorities, we had to push it back. His schedule kind of filled up. So we're on track now.

So the event is going to be held January the 11th of 2018. We've already sent out save the dates to the Committee chair. And so this time around we've invited the DFOs simply because we share so much information, or they get so much information from the Secretary. We understand that the chairs sometimes are busy and they have their hands full with other outside activities that they forget to share all of what is discussed during the meeting. And so we want to make sure the DFO is up with what's going on and able to share that stuff back with their program office as well that's supporting them.

And so basically we're trying to continue to enhance or transform that relationship between the Secretary and the
Committee chair. He's also going to advocate for the cross-committee collaboration. And so the cross-committee collaboration, I believe your committee is already doing that. You did something in May with the Advisory Committee on Disability Compensation. So you've already had your chair to come here. And we actually introduced that theory or initiative at our annual training to the DFOs. And so now we have the Secretary, who too is going to also promote that. And it basically helps you all with getting your recommendations together.

So if everything is synchronized and it's a better chance for VA to move out with that recommendation if we're all pretty much saying the same thing, if your recommendation is similar to perhaps the Rural Health folks or Minority Veterans, you have something similar.

And then another topic he'll discuss during that event is going to be the SMART recommendations template. And I actually have copies to present to you all. And so for those
who don't know what the SMART acronym is, it's basically specific or measurable actionable realistic or time-framed recommendations, and it basically helps you clarify what is expected in doing your recommendations or writing it out and a better chance again for us to have it passed.

Let's see. And the last time I saw you all I mentioned that the Secretary was standing up an additional five advisory committees. And so since the last time we met the first one that he did was the Veterans Family Caregiver Survivor Advisory Committee. They've already held their first inaugural meeting on October 23rd and 24th in D.C., and he addressed that committee. And basically all of their issues are related to veterans families and caregivers.

The second one was the Combat on Fraud, Waste and Abuse, or VA Prevention of Fraud, Waste and Abuse. They actually had their meeting on November 7th. And the DEPSEC was supposed to address that committee, but he had
some other things going on.

And then a third one was the Suicide Prevention, because that's one of the Secretary's top priorities to find a better way to get a handle on the 22 veterans that are actually -- you know, committed suicide. But as of right now that committee establishment is on hold. So we're still trying to figure out what route or direction he's trying to go. So we're waiting. We know we need to do that.

And then two others were the Presidential Commission which was creating options for veterans' expedited recovery or the Cover Commission. And that one is basically doing a study on the opioid crisis. And currently we're still waiting on some of the members to be appointed by the President for that one. And the chair I believe.

And then the last one was the Veteran and Community Oversight and Engagement Board, which is the one that I just call the West L.A.

So Jeff is going to attend their inaugural
meeting next week, and it's going to be in L.A.

and the Secretary is going to address that
Committee via VTC, virtual teleconference.

A few updates. In your binder we have
revised the "VA Committee Member Handbook." And
so we've added in a few sections. One is dealing
with dual memberships. So no Committee member
will serve on more than one VA committee at a
time. At a time we did have some members -- we
had maybe two or three or four that were serving
on three different committees at a time. We need
you to focus on one at a time. And besides, we
have other folks in the public who can also bring
in their expertise to help promote and advocate
for other recommendations or bring their advice
for the committees.

Term of appointment. I believe Jeff
has spoken to you all in the past about serving
your actual one term. And one term you placed at
two years. However, if your committee charter or
statute indicate -- for instance the Disability
Compensation Committee, their committee members
can still -- one term equates to three years. So they're actually serving just a tad bit longer. So if your statute does not indicate specifically what it is, then it defaults to one term being two years. And I think for FPOW there is no specification, so it would default to just the two years unless the Secretary reappoints you.

CHAIRMAN CERTAIN: Okay. I thought it was three. That's what I thought.

MS. WILLIAMS: Is a copy of the charter --

MS. BURNEY: Yes, I didn't see it.

MS. WILLIAMS: -- in the binder as well?

MS. BURNEY: I looked --

MS. WILLIAMS: Can you look at the charter?

MS. BURNEY: -- but I didn't see it in there. And I looked in the statute too before I --

(Simultaneous speaking.)

MS. WILLIAMS: Okay.
CHAIRMAN CERTAIN: Well, when did this get updated?

MS. BURNEY: We revised it and sent it out to everyone August 2017, so this is now in your binder.

And then lastly we’re always of course looking for new members, obtaining candidates and doing the recruitment strategy. So when you all are, just ask that -- at some point in time you'll either roll off, or you have other things going on and perhaps you may have to vacate the position a little early serving as a member, and so we just ask that you start thinking about your replacement.

And just note that even if you submit someone's name, they're -- it's not like an automatic selection. We get résumés from Congress folks. And people automatically assume that they are members once their information is submitted, and then it doesn't go that way. But we just ask that you submit names to us or to Leslie if you know of someone.
CHAIRMAN CERTAIN: So when Mr. Moragne talked to us a couple of years ago it was a three-year appointment, six years total. And we set up a rotation based on that that was approved by his office earlier -- well, a year ago.

MS. BURNEY: So maybe it's in --

CHAIRMAN CERTAIN: And so --

MS. BURNEY: I didn't see it in the statute, but maybe it is in --

(Simultaneous speaking.)

CHAIRMAN CERTAIN: It's not -- may not be in the statute, but it was approved by your office.

MS. BURNEY: Okay. I'll follow that.

CHAIRMAN CERTAIN: And so if that's been changed, the chairman should have been notified --

MS. BURNEY: Right.

CHAIRMAN CERTAIN: -- of the change, because that creates another round of havoc.

MS. BURNEY: Right.

CHAIRMAN CERTAIN: This is a committee
where people don't have that much expertise out
in the general public, or interest.

    MS. BURNEY: Right.

    CHAIRMAN CERTAIN: So we --

    MS. BURNEY: And so for continuity we
would do that, yes.

    MS. BURNEY: For continuity and
stability of the committee we need an answer on
that posthaste, please.

    MS. BURNEY: Okay. I'll follow up and
I'll let you know tomorrow.

    CHAIRMAN CERTAIN: Good. Thank you.

    MS. BURNEY: Any other questions?

   (No audible response.)

    CHAIRMAN CERTAIN: One of my concerns
has been that things change in the headquarters
without consulting the chairs.

    MS. BURNEY: Right.

    CHAIRMAN CERTAIN: That was one of the
things I wanted to the Secretary about when we
meet in January. So we get DFO changes without
any warning, any consultation with the chairs.
It's after-the-fact notification.

    MS. BURNEY: Yes.

CHAIRMAN CERTAIN: That's unsat. And if our terms of office have changed from six years to two years, or four years maximum, then that's another -- it creates another piece of havoc that we have to work through to get both membership's willingness --

    MS. BURNEY: Yes.

CHAIRMAN CERTAIN: -- and stability.

    MS. BURNEY: And so I can address the situation with the DFO and the DFOs changing out. And so the Secretary looks to our office working with the program office that supports the Committee --

CHAIRMAN CERTAIN: Yes.

    MS. BURNEY: -- to ensure that there is a trained DFO and alternate DFO. So he doesn't necessarily know that each is on, who they are. So when a change happens, the Program Office should notify us in writing. And then in turn we can notify the chair or the Program
Offices responsible to do that.

CHAIRMAN CERTAIN: It would be really nice not only to notify the chair, but give the chair some kind of opportunity to interview the new person so we know we're actually on the same sheet of music.

MS. BURNEY: Yes.

CHAIRMAN CERTAIN: Because that caused friction this last time that Leslie and I had to work through over a month or two. And it happened, I mean, because she's easy to work with --

MS. BURNEY: Yes.

CHAIRMAN CERTAIN: -- and I'm not. But so --

(Laughter.)

CHAIRMAN CERTAIN: So that worked through and we have an excellent relationship now. We have a regular conversation to keep up with what's going on. But then to say, okay, now you've got a new DFO --

MS. BURNEY: Right.
CHAIRMAN CERTAIN: -- and have to go through that whole relationship development --

MS. BURNEY: Right.

CHAIRMAN CERTAIN: -- process is difficult.

MS. BURNEY: Because since you've taken on this position as the chair, you've actually worked with Eric as well, right, as --

(Simultaneous speaking.)

CHAIRMAN CERTAIN: I did. I was working with Eric to start with. and that --

MS. BURNEY: I mean, as a DFO.

CHAIRMAN CERTAIN: He was our DFO when I first came on board --

MS. BURNEY: Right.

CHAIRMAN CERTAIN: -- and before -- just as we got settled in the job he was gone.

MS. BURNEY: Yes. I think because they --

CHAIRMAN CERTAIN: They moved him to a different office.

MS. BURNEY: Yes, a different office
that supported it. Yes.

CHAIRMAN CERTAIN: And that was -- and

so I didn't know anything about -- I was

blindsided by that process.

MS. BURNEY: Right.

CHAIRMAN CERTAIN: And I'm not the

only chairman out there. So I'm sure that I'm

not the only one that's been blindsided by an

unforeseen, unwanted and unwarranted shift

without prior consultation.

MS. BURNEY: Yes. Yes, I'll let Jeff

know about that as well tomorrow. And so when

you're scheduling -- you're planning to attend

the event.

CHAIRMAN CERTAIN: Right.

MS. BURNEY: So in the case that

you're not able to attend the Secretary's event

in January, then we would ask for you to submit

-- send your --

CHAIRMAN CERTAIN: Oh, it's on my

calendar.

MS. BURNEY: Oh, it is?
CHAIRMAN CERTAIN: Leslie made sure of that.

(Laughter.)

MS. BURNEY: -- early meeting to sit down and chat with Jeff about some of your concerns. If anything, you have him I'm sure on speed dial.

CHAIRMAN CERTAIN: I do.

MS. BURNEY: Yes. So --

CHAIRMAN CERTAIN: He recognizes my voice.

MS. BURNEY: I know.

(Laughter.)

CHAIRMAN CERTAIN: And I also know -- now I know why he's called Boomer, so I have something over him.

MS. BURNEY: Yes.

(Laughter.)

MS. BURNEY: And I still don't know that.

CHAIRMAN CERTAIN: I know. And I'm not going to tell you because I swore I wouldn't.
MS. BURNEY: So I'm going to pass out this -- these templates to you all.

CHAIRMAN CERTAIN: And that's -- by the way, this is the template we used in developing our 2017 set of recommendations. And when you look at that report, towards the end you'll see all these qualifications on the back and how they're to be implemented.

Yes, McDonald is using it to start with.

Okay. Anymore questions?

(No audible response.)

CHAIRMAN CERTAIN: All right. Again, if you have travel availability, if you could get to Washington next week, please see Leslie and let's get that arranged.

The other piece that goes along with that from our earlier request if you will think about any of those committees that I mentioned and interest groups that I mentioned. If you're willing to serve on this Committee as a subgroup, a working group to go into those other
constituents, we need to know that.

Now the deal is for us to go legally
and be a legal entity our DFO has to be -- or our
alternate has to be present with us. So you just
can't go because you want to. In order to get
paid you also have to be on orders like always.
So that's just -- it's just like we can't have a
legal meeting unless Leslie is sitting here
because she's the one who makes it legal, or
Maquel. He can be her backup. And he's really
excited about knowing us for some reason.

(Laughter.)

MEMBER MOORE: That's why we like her.

(Laughter.)

MEMBER MOORE: Just one of the
reasons.

CHAIRMAN CERTAIN: So do we have
anything else for today?

MR. WILLIAMS: Yes, so we do have a
few things to close out.

So the first thing is I will be
sending out the list of the 29 committees. I
actually am working on it right now, so I'll be sending it out today.

In regards to some of the concerns that the Committee brought up -- so the concern about their disability compensation being reduced, the inconsistency in ratings across VA and also getting FPOWs into the system, tomorrow you will hear from one of the directors from Compensation Service as well as Ms. Anna Crenshaw. So that will be the perfect time to ask those questions because they can definitely give you a response from the national perspective.

Let's see. So one thing I have for Mr. Milligan; and we can talk a little bit more off line, but in regards to the flight records for your wife I think I have a solution for that.

CHAIRMAN CERTAIN: Oh, okay.

MS. WILLIAMS: So I was looking into something, but we can talk a little bit more off line --

CHAIRMAN CERTAIN: Okay.
MS. WILLIAMS: -- for it.

As far as the list of FPOWs, one of the things that I am currently working on is doing a data sharing agreement with DoD. My office currently has one, so we're trying to decide if we want to include the request for FPOWs underneath that request or do it independently. At this point in time we have not decided, but I'm assuming we'll probably go the route that's the most quickest and effective.

And last but not least, we didn't get a chance to do the open remarks, so I want to take this opportunity to give Mr. Marshall a chance to introduce himself to the Committee.

I hope I'm not putting you on the spot.

MR. MARSHALL: So good afternoon, everyone. As Leslie mentioned, I am E. Maquel Marshall. I've met a lot of you in passing or an event or talking about a few personal things. I am excited to assist and be a part of the team.

I've heard a lot of good things about you, about
the Committee, and I know you're doing great
works and wish to continue that. I myself would
love to assist with anything that you need.

I am originally from Louisville,

Kentucky, graduated from a little small school
called the University of Kentucky. You all might
have heard of us, a few national championships.

MEMBER MILLIGAN: Go Big Blue.

MR. MARSHALL: Yes, sir.

MEMBER MILLIGAN: We understand. We
got it, yes.

(Laughter.)

MR. MARSHALL: But coming from the
University of Kentucky I was recruited by USDA to
work as a farm loan officer. Chairman Certain
and I were talking about that and I was
explaining to him --

CHAIRMAN CERTAIN: I wouldn't tell
that story if I were you.

(Laughter.)

MR. MARSHALL: Want me to hold off?

CHAIRMAN CERTAIN: I think you better
hold off until --

MR. MARSHALL: I'll tell you off line.

(Laughter.)

MR. MARSHALL: Went to the Muhammad Ali Center and then came over to the VA.

And if you notice in there, I did not mention being a veteran. I myself am not a veteran, but the love and the compassion that I have for veterans and everything that you all have done or continue to do for me to live freely, it is amazing and it burns a fire in my heart. That's why I am still here with the VA and don't want to go anywhere.

Had a lady ask me why are you so happy every day and I told her because I'm here and I get to assist and I get to serve. This is my way to serve. And she said, well, give it 30 days and you won't be happy.

(Laughter.)

MR. MARSHALL: And that was in 2011.

And I call her once a month to tell her that I'm still happy. And then I just hang up the phone
on her.

(Laughter.)

MR. MARSHALL: But, and I say that because I'm happy with what I do. And my father told me a long time ago if you love what you're doing, you'll never work a day in your life. So me working with veterans and working here at the VA, it's really not work for me. I love doing it.

So I thank you for having me and look forward to meeting everyone a little more personally later on. Thanks.

MS. WILLIAMS: And I have one last thing. So I did do some research on the definition for FPOW, and for some reason online I cannot find anything that's cited by DoD. Obviously they had something from DoD, but it was on Wikipedia, so I did not trust it.

(Laughter.)

MS. WILLIAMS: I did go to 38 U.S.C., and when I looked at that definition, it does not give a time constraint. As well as I reached out
to one of my peers and I had he as well as myself looking at all the VA's guidance. I cannot find anything that give a time constraint. The only thing that I can think of in regards to the case that we heard, I did find some verbiage that says that Do -- I'm sorry, DoD -- VA, we can make a determination of our own.

So according to that guidance, VA has the authority to question anything that DoD provides them or any other agency. In my time as the program manager I have never seen that happen, so I don't know if that would have transpired in that case. I'm assuming not because it would have come through my office. But regardless, I will send out that definition that I found, but I just can't find anything that has a time constraint. But I do know we do go off DoD for our definition. That I'm 100 percent positive of.

CHAIRMAN CERTAIN: Okay. So that's -- that -- we may have been living off of word of mouth that doesn't apply, or may be buried some
place that we haven't uncovered yet. So if anybody knows where it is for sure and can find the documentation, then we need to get it to the VA with a correct citation so we all are comfortable with the definition.

We're all uncomfortable with stolen valor.

MEMBER MOORE: Correct.

CHAIRMAN CERTAIN: And so, that's one of our sensitivities about -- is stolen valor, the posers. One of Dr. Moore's predecessors told me one time they even had a poser for the control group.

MEMBER MOORE: That's correct. Yes, there was no valor there. He was just cheap and wanted a free physical.

(Laughter.)

CHAIRMAN CERTAIN: So I'd say what kind of a bar line is that? So let's do our -- we're on our own for dinner tonight. We'll have our group dinner tomorrow night. And so there are lots of restaurants in -- there are several
right in the hotel and across at the Regency, so you don't have to walk far to get there. Shirley will be happy to drive you --

(Laughter.)

MS. WILLIAMS: So I have one last thing, and I promise this is it.

So she was out of the room, but she's back now, so I do want to give Ms. Anna Crenshaw, who is the director for the Outreach Program, the opportunity to speak. She will be speaking more in depth tomorrow, but --

MS. CRENSHAW: Thank you, Leslie. You're going to hear from me tomorrow, but I'll take a few minutes, and I won't take long because I know it's time to go.

So what am I speaking on? Just telling you a little bit about myself, as Leslie said and most of you guys can see, I am a veteran. I am an Army veteran. I am -- I had an array of jobs in the military when I started out. Kind of interesting story: I was dating a recruiter and I got suckered into the military.
(Laughter.)

CHAIRMAN CERTAIN: Did you marry that guy or did you walk away?

MS. CRENshaw: I did not. I walked away from that guy.

(Laughter.)

MS. CRENshaw: Real soon. But it was life changing for me. I did meet my husband. I thank him because I did meet my husband in the military. My husband, we got married and just -- well, we were two enlisted individuals and just -- but very aggressive and very motivated.

And I worked on the air field. The only female that worked on that air field. And he wanted to fly helicopters. He always talked about it. So I mentioned to one of the majors one day because I -- I worked at the post office, so all the guys hung out at the post office for some reason. Only female there. And the major mentioned that he wanted -- I mentioned to the major that my husband wanted to fly. And he says, well, hey, have him come see me.
That led to a recommendation to flight school. My husband got accepted. We transferred to Fort Rucker. And at that time I had about nine candidates that used to hang out at my house to study, because flight school is very demanding, as you know. Any of you who've ever flown know that it can be very demanding. So they studied at my house a lot. And I complained and I cooked and I kind of took care of them.

And then being the guys and jocks that they are, they were like you would never get into flight school. So I said, okay, well, we'll see. And I on a bet -- all of them bet me $200 that I would not get accepted. I took them up on that bet and --

CHAIRMAN CERTAIN: You chumped them out of $200?

MS. CRENSHAW: Two hundred bucks apiece.

CHAIRMAN CERTAIN: Each person?

MS. CRENSHAW: Each person. And I took the exam and I was -- I got into flight
school. I was a -- me and one other female, and
out of 200 people. And I started my training,
did my flight training right there at Fort
Rucker. Graduated. My husband was an Apache
pilot. I tracked Black Hawks. And guess what
happened? Desert Storm.

(Laughter.)

MS. CRENSHAW: So we were both
deployed to Desert Storm and I -- he wanted to
going out. The military said, hey, we invested too
much in you. You're going to fly this
helicopter.

But we were a family of six at the
time. We had four kids, very young. A set of
twins. And it was just -- I'm great at a lot of
things. I was great at being a military officer,
great at being a pilot, excellent wife. You
couldn't have got any better. And I like to
think of myself as an excellent mother, but I had
to make a choice where I wanted to be excellent
in, because just spread myself thin. So I chose
to be a wife and mother. And I got out of the
military and I have never regretted that.

And then my life took another turn.

I've always -- I became a military -- I was always a military wife, but I really became a military wife and began to serve. And that's when I knew what service was in supporting him and all the -- his career moves.

And my last move that has -- that led me here was we left Germany and I applied for a position with the Department of Veteran Affairs. I accepted a position as a veteran service representative here in the Atlanta Regional Office. And it was humbling and it changed my life. I -- being a veteran I didn't even know what I was entitled to, but it opened my eyes. And I said -- I promised myself that I would do everything I could to educate, inform and empower other veterans so they would not be as naïve; I don't like to say ignorant, as I was about those benefits.

So I was just telling Howard, my ambition and my dream, all I ever wanted to do
was rate claims because it gave me the autonomy
to grant something that changed people's lives.
And I would come in on Saturdays and I would work
and I would -- I -- when I couldn't get people
during the week, I would come in early on
Saturday mornings and call them. And everybody
was home Saturday morning. And then I was able
to actually get the evidence and things that I
needed to make a decision and change people's
lives.

I got the rating job. And somebody
saw something in me here, Mr. Bocchicchio. He
promoted to be a decision review officer, and
that was even better because then I had a little
bit more power. I could overturn what had been
denied, and that empowered me. But it was -- it
just felt so good to be able to do that. I had
my dream job.

And my husband, being the military
person he was, was sent to D.C. And I fought,
kicked and screamed, but being the good wife that
I am; and that's the love of my life and my best
friend, I decided I didn't want another woman to
get him, so I went with him to D.C.

(Laughter.)

MS. CRENSHAW: And I'm still there.

I went to be a training specialist, developed the
curriculum for the Challenge training for the
RVSRs so that I could continue to shape the
outcome of that process. I loved it.

I again got promoted. I traveled for
two years and I was so tired. Got promoted to be
the chief of Veteran -- Military and Veteran
Client Services Division. Boomer actually --
Jeff -- Mr. Moragne hired me into that position.
And it was phenomenal. And that's the programs
-- that gave me all the programs that we have.
We run in BAS probably about 19 to 21 programs if
-- either we're directly responsible for, a
liaison for. And as you know, in -- I was doing
that job.

And this is how God just -- I mean,
and I don't want to offend anybody, but I do
believe in the Lord and I believe that I was just
truly blessed and meant to be doing exactly what
I'm doing. Didn't apply for anything and wasn't
intending to do anything but what I was doing.
And my assistant director left BAS, took another
position. We was already short one chief. I was
doing a chief job, my chief job and then they
asked me, well, will you act as the assistant
director? I said, well, what else can I do? And
I just began acting. And I got promoted into
that position. So I believe that that was a
divine blessing for me.

And it has been very good.

Challenging at times. But the program has grown
over the years. And so that's how I became the
assistant director. And my goal before I leave
into my legacy would be to ensure that every
program underneath my oversight is strong, is
powerful. And I was just telling Dr. -- is that
we get out and we do outreach, that we actually
have a return on investment by knowing what we're
doing. So when we're out there outreaching,
what's our return? How many veterans are we
actually getting to file claims or submit -- or getting something?

So my goal is to reach out to every veteran that I can and say to them, hey, the VA -- we care. We're -- I'm a veteran, you're a veteran. And we're family and family take care of each other. And so being that the veteran population is my family, I -- there's nothing that I will ask my enlisted to do that I will not do myself. There are times that we're there to 8:00, 9:00. When I say I got a phenomenal staff, I have a phenomenal staff, but they're in the trenches with me. And we do want to make a difference.

So we want you to know that we care. I care. And whatever I can do to make this committee better, I will be there behind you. I will root for you. If you need anything, all you got to do is let me know, reach out to Leslie, and we'll try our best to make it happen within the law. I don't believe in breaking the law.

Not yet.
(Laughter.)

MS. CRENSHAW: So I thank you. I'm honored to stand before you. I will do a briefing tomorrow. I'm honored to work for the Department of Veteran Affairs. And through all of the transitions that we have gone through, I stand here still in this position and still serving veterans because I am that veteran that I represent.

So I just thank you for your service. And you are the -- I don't even know how to explain it, but it just -- it makes me almost come to tears to think of what you endured for this country. And for me to stand here, what you went through allows me the opportunity to be in the position that I am, and I am forever grateful for that and I will serve you well. Thank you.

CHAIRMAN CERTAIN: Thank you.

(Appause.)

CHAIRMAN CERTAIN: All right. Can we stand adjourned for the day?

MS. WILLIAMS: Yes.
CHAIRMAN CERTAIN: Until tomorrow.
Can we leave everything on the tables?

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: Okay. Good.

(Whereupon, the above-entitled matter went off the record at 4:28 p.m.)
<table>
<thead>
<tr>
<th>Keep</th>
<th>Iraq</th>
<th>iPad</th>
<th>Instability</th>
<th>Interfacing</th>
<th>Introduce</th>
<th>Journal</th>
<th>Jobs</th>
<th>Joke</th>
<th>Joy</th>
<th>Journey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1520</td>
<td>1872</td>
<td>1878</td>
<td>1963</td>
<td>1956</td>
<td>1921</td>
<td>1898</td>
<td>2006</td>
<td>1865</td>
<td>1852</td>
<td>1876</td>
</tr>
<tr>
<td>462</td>
<td>344</td>
<td>246</td>
<td>191</td>
<td>236</td>
<td>226</td>
<td>192</td>
<td>71</td>
<td>72</td>
<td>214</td>
<td>215</td>
</tr>
<tr>
<td>244</td>
<td>158</td>
<td>145</td>
<td>169</td>
<td>154</td>
<td>159</td>
<td>149</td>
<td>57</td>
<td>47</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>234</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
<tr>
<td>229</td>
<td>228</td>
<td>227</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>228</td>
<td>229</td>
<td>229</td>
<td>229</td>
<td>229</td>
</tr>
</tbody>
</table>
255
103:18 109:7,15
110:1,4,9,11,21 111:1
111:9,10 114:1,22
115:9 119:7 120:12
122:3,6,12,14,18,22
123:21 124:17 126:8
131:13,14 132:2
138:7 147:14 150:20
150:21 151:10 166:10
166:16 173:7 181:22
184:2 185:7 186:14
186:15 187:10 188:2
188:6 199:14 202:6
medication 34:1 74:17
74:18
medications 40:2 123:9
medicine 38:7,8 191:15
meet 10:15 11:14,22
12:21 69:13 76:9
85:11 160:13 175:3
216:21 232:8,9
meeting 1:5 9:8,17 14:2
14:5 15:21 21:20
22:18 28:7 155:6
172:9 206:5,7 208:16
210:13,21 212:1
221:4 223:8 228:11
meetings 8:16 14:5
75:11,19 89:5 160:1
166:2
members 3:15 9:6
10:17 11:10 122:11
159:20 160:2 171:7
173:2,9 190:19
211:17 212:9,22
214:7,19
membership's 217:8
memberships 212:7
memo 173:1
memory 191:19
men 27:8 178:13
185:10,10,17 193:8
mental 2:6 7:15 30:20
32:12 37:15 39:16,18
39:22 40:6 47:12,18
106:1 108:13 111:18
116:4 125:2 156:11
165:2
mental- 113:11 128:17
mental-health 116:6,10
116:16,17,20 117:10
125:3 154:15 160:5
160:11
mention 33:3 197:16
227:7
mentioned 24:17 57:14
117:3 122:2 127:10
130:19 142:7 148:13

(202) 234-4433

186:1 196:8 201:20
205:10 210:8 222:19
222:20 225:18 232:16
232:20,20
mentioning 141:17
163:18
menu 101:21
menus 102:9 142:22
Merryman 53:9
messaging 40:11
met 1:9 27:8 50:22
78:21 210:10 225:19
meters 60:16
method 111:12
methods 126:6
METs 114:8,19
Mexico 16:22
MFBs 120:18
MIAs 52:1
mic 188:21
microphone 20:16
25:16,18,21 28:21
Mike 98:10,11,12,22
100:15
mile 203:20
miles 29:16 61:10
101:22 122:20
militarily 195:22
military 6:18,19 105:2
147:12 231:20,22
232:10 234:10,16
235:1,3,4,5 236:19
237:11
Mill 30:3
Milligan 1:16 5:10,10
14:22,22 23:21,21
54:4,5,8,14,20 55:3
55:12,18 56:9,12,19
57:2,7,13,17,22 58:7
58:20,22 59:3,9,21
60:6 72:4 83:3,4,7,10
83:15,21 95:16 96:8
96:15,18 97:2,16 98:7
132:7,8,8 137:14
138:9 175:20 201:10
201:10 206:21 224:15
226:8,10
million 30:10 31:3,8
38:20
mind 11:3 15:21 91:7
138:5 143:1 152:10
159:4 189:11
minds 138:5 160:12
mine 53:1
Minh 184:7
minimize 45:9 149:20
149:22 176:7
minimum 64:5 172:11

172:18
Minority 209:17
minus 85:19
minute 28:22
minutes 4:7 20:2 31:12
52:5 104:8 145:5
231:14
mirror 127:17,17
missed 86:20 187:18
187:18
missile 61:7
missing 51:10,13 66:14
155:10 167:16 168:10
186:17 187:1
mission 51:22 145:20
183:7
Mitchell 3:13 5:8 13:14
178:8 179:6,7,10
180:9 181:10,12,15
181:15 182:4 185:1
187:2 188:9,15,16
189:3 190:2,11,18
193:4,6,13 199:18
200:7,16
mix 154:10
moderate 192:9,10
193:1
moderately 192:2 193:1
modernization 44:1,2
45:18
modernizing 39:3
money 40:2 48:20
199:22 201:2,4
monies 48:17
month 49:17 60:4 70:4
79:12,13 182:21
218:10 227:21
monthly 75:19 104:9
126:1
months 9:5 26:14,14
45:21 46:6 59:15
75:13 79:7,7 87:11
97:5 121:21
Moore 1:17 3:14 5:5,5
84:3,4,4,14,19 85:15
85:21 86:2,11,15,19
88:14 127:8,9,9,16
129:12,16 131:1
136:16 141:15,16,16
142:11 170:11 175:20
177:19 178:1,2
189:19 192:6 196:17
199:3,20 200:14
201:19 223:13,15
230:8,14
Moore's 230:11
Moragne 8:11 14:10
215:1 237:13

Neal R. Gross and Co., Inc.
Washington DC

morbidity 195:17
199:11
Morehouse 38:7
morning 4:17 5:16 6:13
8:1 9:16 20:8 23:10
24:12,15 25:5 63:4,7
137:15 236:7
mornings 23:11 236:6
mortality 184:15 195:17
195:18 199:8
mother 234:19,22
motion 130:18
motivated 164:8 232:12
motivation 146:10
motto 197:7
mouth 229:22
move 44:6,22 209:14
235:8
moved 22:16 30:8
47:21 99:8 206:12
219:20
moves 235:7
moving 22:6 75:14
Muhammad 227:4
multiple 21:19 23:11
25:7 32:11 109:15
110:20 111:21 113:9
114:22 119:7,9 122:3
123:8 126:8 131:9
mumbled 78:9
mural 65:17
Murphy 97:18 132:9,22
music 218:6
N
N 156:8
naive 203:3
naïve 235:18
NAM 185:13 186:6
Nam-POW 17:18
Nam-POWs 11:4 19:10
83:4,7
name 4:6 6:14 10:6
57:20 63:7 88:9 98:5
145:9 178:2 180:15
198:2 214:16
named 181:16
names 82:4 88:17
214:21
NAMI 200:1
Nang 55:19
narrow 15:15
nasty 13:8
national 2:9 32:18
67:12,16 77:12,17
81:14 166:20 224:12
226:7
nature 176:9 184:3

www.nealrgross.com


24-hour 72:7
24/7 39:20
241 3:16
24th 210:14
25 3:5
2507 108:6
26 191:6
27 182:20
28 4:15 178:10 179:3 182:7 194:21
29 1:7 15:11,13 223:22
3 63:19,20
3-1/2 60:3
3-month 60:3
3:06 177:21
3:18 177:22
30 15:13 16:13 68:16
105:18,22 106:13,15
122:19 125:15 130:5
227:17
30-15:7
30-day 40:21
300 46:5
326 191:5
34 85:18
36 61:11
38 228:20
4 3:3
4:28 241:6
40-year 205:5,11
4000 36:2
43-year 199:8
4300 31:9 50:5
45 31:12 37:21
4th 145:19
5 31:5 56:4 60:16
61:10 72:3,9 95:18
560 134:19
566 178:13
5th 206:15,17
6 6-1/2 65:6
63 3:7
662 178:18
69th 206:18
6th 206:16,17,18
7 81:18
70 38:3 64:18
700 31:8
70s 16:11
72 187:20
73 187:20 199:10
76 156:15
77 191:5
78 190:13 199:21 200:1
79 179:19
7th 210:21
8 188:4
8:00 239:11
80 155:14 186:2,3
80,000 46:13
83 192:11,18,18,22
9 1:0 1:10 239:11
9:05 4:2
9:30 20:3
90 62:16
91 188:11
92 99:21 109:15 121:12
92-year-old 199:6,15
93 190:5
97 200:6
97-37 146:21
CERTIFICATE

This is to certify that the foregoing transcript

In the matter of: Former Prisoners of War
Advisory Committee

Before: US DVA

Date: 11-29-17

Place: Atlanta, GA

was duly recorded and accurately transcribed under
my direction; further, that said transcript is a
true and accurate record of the proceedings.

[Signature]
Court Reporter

Robert G. Certain
Chairman
VA Advisory Committee on Former POWs
DEPARTMENT OF VETERANS AFFAIRS

+ + + + +

ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

+ + + + +

MEETING

+ + + + +

THURSDAY
NOVEMBER 30, 2017
+ + + + +

The Committee met in Training Rooms A-C, Atlanta Regional Benefits Office, 1700 Clairmont Road, Decatur, Georgia, at 9:00 a.m., Robert Certain, Chairman, presiding.

PRESENT

ROBERT CERTAIN, Chairman

HARRY CORRE, Member

TOM HANTON, Member

HAL KUSHNER, Member

JOSEPH MILLIGAN, Member

JEFF MOORE, Member

SHIRLEY QUARLES, Member

ELLIOTT SORTILLO, Member
ALSO PRESENT

LESLIE WILLIAMS, Designated Federal Officer (DFO)
E. MAQUEL MARSHALL, Alternate DFO
PATRICK ZONDERVAN, Asst. Director, Atlanta Regional Benefits Office
ANTHONY CROTSE, FPOW Program Coordinator, Atlanta RO
FRANCISCO GONZALEZ, Assistant Director, Georgia & Marietta National Cemetery
LAURINE CARSON, Acting Director, Policy and Procedures, VA Central Office
STEPHEN M. BRANHAM, Lead Analyst, National Work Queue (by telephone)
ANNA CRENSHAW, Assistant Director, National Outreach & Web
LT. COL. JAMES WILLIAMS, USAF Retired
JELESSA BURNEY, Program Specialist, Advisory Committee Management Office
STACEY POLLACK, Director, Mental Health, VA Central Office
RHONDA STURDIVANT, FPOW Program Advocate, Atlanta VAMC
Marilyn Corre
CONTENTS

Open Session
Rev. Robert Certain, Chairman. .......................... 4

Overview of the Atlanta Regional Benefits Office
Patrick Zondervan. ........................................... 4

Roles & Responsibility of the FPOW Program Coordinator
Anthony Crotser. ............................................. 34

Networking Break ............................................ 63

Compensation Service
Laurine Carson .................................................. 64

FPOW Case Management and Assignment
Stephen M. Branham ........................................ 122

National Outreach and Program Management
Anna Crenshaw. ............................................... 137

FPOW Forum-Speaker Introduction
Leslie Williams. ............................................... 165

FPOW Discussion Forum
Lt. Col. James Williams. ...................................... 177

Tour Atlanta Regional Benefits Office. ................. 189

Adjourn. ....................................................... 214
P-R-O-C-E-E-D-I-N-G-S

9:03 a.m.

CHAIRMAN CERTAIN: It is time to begin. Let's stand and say the Pledge of Allegiance to our flag or our nation.

(Pledge of Allegiance.)

CHAIRMAN CERTAIN: Thank you.

And, we have adapted the agenda for the day, Leslie?

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: Okay. Al Bocchicchio was here yesterday and phoned me this morning. He regrets he will not be able to be here today, so he was on the agenda. He sent Patrick Zondervan, the Assistant Deputy for the Regional Office in his lieu -- not L-O-O, but L-I-E-U.

(Laughter)

CHAIRMAN CERTAIN: In lieu of him.

But, this -- but, please, welcome.

MR. ZONDERVAN: Thank you, thank you.

Good morning everyone.
As stated before, my name is Patrick Zondervan. I'm the Assistant Director here at the Atlanta Regional Office.

I've been with the VA for about 17 years. My last duty station was in San Diego where I had the pleasure to also work with the former POW groups there.

I'm sure you guys have heard of Frank Burger, he's one of my favorite guys. I spent a lot of time with him and, you know, did some really cool stuff, dedication of the POW statue and Miramar Cemetery.

So, a little familiar with the group. It's nice to finally meet you all here.

I will be speaking a little bit about the Atlanta Regional Office this morning. I'm not sure how much you were told by Al yesterday, so if I repeat anything he said, I apologize in advance.

But, we have a huge facility here. We are one of the largest regional offices in the nation. We have close to -- a little bit over
800 employees that work here.

And, there are close to 697,000
Veterans in the State of Georgia that we serve.
So, that is close to three and a half percent of
the Veteran population in the United States of
which 12.7 percent of Georgia Veterans are women
Veterans.

So, here at the Atlanta Regional
Office, we have multiple business lines. We have
the compensation business line. We have the home
loan guarantee business line. We also have the
vocational rehabilitation and employment business
line.

Prior -- a year ago, we had the
educational ARP, but that is no longer here. So,
now we have these three main business lines that
we focus on.

Of our 800 plus employees, 68 percent
of those employees are Veterans. So, we truly
are Veterans serving Veterans.

And, 52 percent of those employees are
disabled Veterans. So, I think they truly can
relate to the claims that we receive and the
service that we provide.

If you can imagine, we have $2.5
billion that we put out from the Georgia Office
into the economy every year in benefits that are
paid, $2.5 billion. So, just imagine the
economic impact of that to the community. That's
a huge impact.

In addition to the Regional Office
here in Decatur, we also have 12 out based
facilities. So, because we have a loan guarantee
division, they are a regional division and,
therefore, they cover the State of South
Carolina, North Carolina, Tennessee and North
Carolina. So, we have four offices in those
states.

And then, we also have satellite
offices where we provide services throughout the
State of Georgia. We have eight different
offices in Augusta, Columbus, Georgina, Fort
Benning, Fort Gordon, Fort Stewart, Robins Air
Force Base, Savannah, Georgia and Tifton.
So, as you can tell, most of those are with military installations where we work directly with servicemembers that are transitioning off of active duty and filing claims for disability benefits.

So, let me talk a little bit about the individual service lines. I mentioned previously that we have a Veterans Service Center to process those compensation claims.

So, the compensation claims are processed as well as the dependents of the Veterans who file claims.

The compensation division is responsible for processing disability claims for disabilities incurred during active duty. So, most of you probably already know that.

In addition to that, there is a National Work Queue. Does anyone not know what the National Work Queue is? I'm sure you've heard of this before.

I'll briefly describe it. We transformed, last year, I believe it was April 6,
2016 where instead of only working the claims from Georgia Veterans that come here, we transformed to working claims nationally.

So, what that means is all claims that come into a big bucket and then they get distributed to all the regional offices in the United States based on the capacity that they have.

There is a rule that allows the majority of our local claims to be processed here, but we also get claims from buckets in different offices.

And so, that basically how the National Work Queue works. Now that we're electronic and no longer in paper, we're able to move work around where we have the resources to process that work.

Vocational rehabilitation employment, so that is the division that deals with rehabilitation of servicemembers that are entitled based on their disability benefits as well as assisting Veterans in finding employment.
So, they work with them through the barriers of employment, prepare them for suitable employment by sending them to school or providing other means for them to become employed and ultimately leading to them finding jobs and being productive members of society.

For Veterans that are service connected so severe that they cannot immediately consider employment, we also have an independent living service which is offered to improve their ability to live as independent as possible. So, that service is also offered through the VR&E division.

And, lastly, we have our loan guarantee division. The VA home loan program helps our Veterans obtain mortgage loans from private lenders by guaranteeing a portion of the loss against the loan.

So, we also provide services to the home loan program to help our Veterans avoid losing their homes in the event of a temporary financial difficulty.
And, lately, with the economy, we've seen quite a few of those.

The Atlanta Regional Office also serves as the regional loan center responsible for processing loans, construction, evaluations, special adaptive housing and other functions for the Veterans in the states that I previously mentioned, Tennessee, North Carolina, South Carolina and Georgia.

In addition, we also have a national call center that is staffed by all of the regional loan centers. So, we have a small number of employees that dial in every day into that call center to answer phone calls from Veterans regarding home loan benefits.

I want to give you an update on some of the new projects that are on the table and are rolling out.

I don't know if you all have heard of Decision Ready Claims or are familiar with that. Prior to Decision Ready Claims, there was a process called Fully Developed Claims where the
Veteran could provide everything for their claim except for the federal records and the exam.

So, the VA was still responsible for getting the exams scheduled and the federal records requested.

Well, under the Decision Ready Claims program, it's a little different. In addition to the Veteran providing everything that is needed to make a decision on their claim, the VSOs now also have the ability to provide us with the exam results and/or federal records so that the only thing we really need to do is make a decision based on all the evidence that is presented rather than to have to go out and request information.

It is a limited program. It started rolling out in May of 2017. And, it is now, as of September, it was put out nationwide. And, the VSOs are big partners in this.

The claims are submitted through the VSOs. It is limited, however, to increased claims for disability evaluations.
So, what that is, if you're already service connected for a disability and you are just simply asking for an increase or a reassessment, you're eligible to submit a Decision Ready Claim.

Obviously, claims that are brand new claims are not eligible at this time because there are other development actions that the VSOs current cannot perform.

Therefore, they have limited it to reopened claims for an increase, but they are still looking at expanding that program and making it available to the other claims.

We started training the Atlanta Regional Office employees for this Decision Ready process in August and we went live on August 14th.

So, it's gone nationwide as of September as I mentioned previously.

And, the objective is to have a claim under the VRC process finished in 30 days or less. So, as opposed to our goal of 125 days for
standard claims.

I want to talk a little bit about

centralized intake. So, the centralized intake,

as we went from paper files to electronic files,

we put in place a process where everything is

scanned digitally at centralized locations.

So, what that did is, it allowed us to

reduce the amount of time that it takes to

actually log a claim in the system and it gone.

So, if you can imagine back in the
days when you sent paper mail for a claim, it

would then arrive at the regional office and then

it would sit in a stack waiting for someone to

process it and put it into the system.

And, because of the inefficiency, I

think our average days was about 55 days at the

worst time from the time that the Veteran submits

it to the time that we're actually able to put it

in the system.

Well, now that we're electronic, we're
down to three and a half days. So, the claim is

submitted. It's sent to scanning and it
immediately shows up in our system and it's processed.

And we have avoided losing documents, as I'm sure a lot of you have heard about in the past where a Veteran would say, I submitted this and it's not in the system.

Well, cutting that time down to three and a half days is phenomenal and going to electronic is one of the best things that we ever did. So, that was very beneficial.

There is also another new initiative out there called Auto Establishment. So, as you may or may not know, there are standardized VA forms to submit claims.

In the past, you were able to write a claim on anything really and just submit and somebody had to decipher what it is you were filing for and put it in the system.

Well, now we have a standardized form that requires you to file specific form for a reopened claim, for a new claim, for an appeal.

And, what this does is, it allows us
to use the -- or it allows us to scan the data.

So, since it's a standardized form, it'll read what the fields have populated with and it'll automatically actually establish the claim in the system without any human interaction.

So, that is another advance that we've done that is helping us, you know, of course, not all claims are established this way, but a good majority of them are eligible for these if they're on the standardized forms.

And, again, what that does is, whenever you eliminate human interaction, it reduces our errors and it reduces our timeliness in getting these established.

So, this was fully launched in May of 2017. And, it does have the potential to decrease our claims processing time by yet another five days through the automation process.

So, paper extraction, we recently -- there's an initiative out there to eliminate all of the paper files that remain at the regional
offices.

We had a file bank here with, I can't remember the exact number, but it was well over a 100,000 claims files that were on paper. And, imagine, these are not all active claims.

You know, a Veteran normally comes in and files a claim. We make a decision and then we keep the paper file in the office for several years before it's eligible to be relocated to St. Louis where they store the records permanently.

So, what they've done, because we are electronic and paperless, if the Veteran came back in and filed a claim, each time that happened, if they had a paper file, we would then have to send that file to the scanning facility, wait for it to be uploaded before we could proceed with the claim.

So, they came in and they had a schedule and they're going office by office and they're extracting all the paper files and sending them to the scanning facility to be uploaded.
So, we had our paper extraction completed in June of 2017. So, we don't have paper files on station here any longer with the exception of maybe one or two that are transferred but then we send them off to scanning, so we're not housing them, at least for the compensation files.

We also had a large number of the VR&E files that were extracted and sent in for scanning.

So, what we're doing with that is looking at the additional savings that are realized by not having to pay for storage, for space and for paper across the nation and saving the Agency additional dollars.

So, as of to date, they've extracted 2.6 million inactive files from 40 regional offices across the nation. That was as of September, which will lead to about $200 million in office space and paper storage costs.

So, you can imagine some regional offices have internal storage space and some have
external storage space where they're renting
facilities to keep these files.

So, eliminating that cost for renting
facilities and repurposing the space inside the
regional offices for additional claims processes
is just a benefit to us and to the taxpayers.

VASRD, so what is VASRD stand for?
It's the VA Ratings Schedule, or Schedule for
Rating Disabilities. I'm sure you all are
familiar with that, 38 CFR talks about what
percentage of disability is assigned for specific
disabilities.

So, they are looking -- the VA is
looking at updating 50 different body systems on
the ratings schedule of disabilities. Some of
those include gynecological and breast
disabilities, eye, mental, musculoskeletal,
infectious diseases, ENT or respiratory diseases,
neurological -- I have trouble with this word --

MEMBER KUSHNER: Genitourinary.

MR. ZONDERVAN: Thank you.

Cardio --
MEMBER KUSHNER: Everybody should know that.

MR. ZONDERVAN: I know what it is, I just can't pronounce it.

MEMBER KUSHNER: Anybody who has to deal with it anyway.

MR. ZONDERVAN: Cardio, digestive systems, dental, oral, hematology, endocrine and skin conditions. So, all those are being looked at and the ratings schedule is being considered for updates.

Now, we don't have any additional information as to whether they're going to increase or decrease the percentages of disability. So, they're just evaluating that to better reflect the current technology and the modern medicine that's available to remedy those conditions.

And, what it'll do is when once the schedule is updated, it'll allow for our processors to make more consistent decisions and evaluate the claims easier.
And, the appeals modernization, so I'm sure you all have heard a lot about that. There has been a lot of talk in the news about the appeals modernization.

Historically, the Veterans Appeals Improvement Modernization Act of 2017 was signed into law on August 23rd of this year. And, it is a very significant statutory change that affects the VA. It's one of the most significant in the last decade.

It resulted from collaboration amongst the VA, VSOs, other stakeholders who, together, designed a new comprehensive process that is more timely, it is simple, transparent and more fair.

So, what it does is, it streamlines the appeals process and establishes three processing lanes.

As part of the bill, the VA is required to submit a report to Congress detailing the implementation plan for the new appeals framework within 90 days of the enactment which was November, or this month of this year.
So, the implementation framework is within 18 months of the enactment. And, the enactment, what that does is it puts it out to February of 2019 for the final implementation.

However, in preparation of that, we have launched a rapid appeals modernization program. So, what that does is, it gives Veterans the option to opt into this new process earlier than versus having to wait for 2019.

So, what the VA is doing is they are sending invitations monthly to a certain number of Veterans based on the date of claim. They're targeting those with the oldest appeals and they will be continuing to do that between November 17th and February 2019, ultimately, leading to everybody having -- or all Veterans that had appeals pending having had an opportunity to make an election by the due date of 2019.

It is voluntary. Veterans are highly encouraged to participate but it is not required.

So, briefly, what that does is, traditionally, when you disagree with a rating
decision, you would fine a notice of disagreement and then a decision here would be reviewed locally and they would either grant it or deny it or issue a statement of the case if they couldn't fully grant it or partially grant it.

Then, you would have to perfect your appeal by filing another form, a Form 9. And then, again, it would be here and we would either issue another statement of the case, if we can't grant it. Or, opt for the Veteran to continue or advance his appeal to the Board of Veterans Appeals.

That is a very long, drawn out process and it's been averaging, I think, three to five years which is not good.

And so, that's part of the reason why the new appeals process was put in place.

So, what the Veterans will get is a process that will take no more than a year versus the three to give years or longer.

And, they have an option when they file -- when they disagree, they can either file
a higher level review or they can ask for -- they can file a supplemental claim with additional evidence or they can follow the traditional appeals process but it would then go to the Board rather than go through the multiple steps of the previous program.

So, those are some of the updates on the new programs that are out there and the new initiatives.

Specific to former POW claims data, I want to share with you all nationwide in 2017, or fiscal year 2017, we have completed 1,255 former POW claims nationwide. Thirty of those were completed here in the State of Georgia.

And, seven claims were completed by the Atlanta RO. The difference being, those 30 were Georgia Veterans but only 7 of those were processed in this office as we had the National Work Queue. So, Georgia Veterans claims could be processed in a different office.

PARTICIPANT: I'm sorry, I couldn't hear the last two sentences you said. You backed
away. Would you --

MR. ZONDERVAN: Sure.

PARTICIPANT: -- say the last two sentences again?

MR. ZONDERVAN: Absolutely.

There are 30 claims that were processed for Georgia Veterans, but only 7 of those were processed in the State of Georgia because of the National Work Queue, some Georgia Veterans claims were processed elsewhere.

In addition to the number of claims pending, we have as of the end of October, there were 162 former POW claims pending and 5 of those are for Georgia Veterans and 2 of those are pending at the Atlanta Regional Office right now.

So, that is the information I wanted to share with you today. We also have Anthony Crotser who is going to be talking to you a little bit more specific about some of the outreach and the events that do here as he is the former POW Coordinator.

But, before I step down, I would ask
if you have any questions, to please share your questions and I'll do my best to answer at this time.

Yes, sir?

MEMBER MILLIGAN: Joe Milligan.

Did I understand you correctly, you said that the standard claims are handled within 120 days now?

MR. ZONDERVAN: Yes, so --

MEMBER MILLIGAN: What is the standard claim?

MR. ZONDERVAN: So, the goal is to process all claims for rating disabilities within 125 days or less.

MEMBER MILLIGAN: Okay.

MR. ZONDERVAN: So, that's any claim that a Veteran files to get service connection for a disability.

MEMBER MILLIGAN: What does process mean? Does that mean they've got a decision by then?

MR. ZONDERVAN: Yes, that's from
beginning to the end. So, as soon as we
acknowledge receipt of your claim, that goes from
the day it's received by the VA to the date that
you get a final decision, that's 125 days or
less. And, right now, we're averaging about, I
want to 96 days on average to complete a claim
nationwide.

MEMBER MILLIGAN: Well, I ask that
question because I have an acquaintance in San
Antonio that far, far exceeds that kind of time
line.

CHAIRMAN CERTAIN: From the initial
claim or an appeal?

MEMBER MILLIGAN: Both.

CHAIRMAN CERTAIN: Because the appeals
takes -- it can take years.

MR. ZONDERVAN: Much, much longer,
yes. Appeals can take three to five years at the
local level and then add on additional time at
VBA.

MEMBER MILLIGAN: Yes.

MR. ZONDERVAN: I just want to clarify
--

MEMBER MILLIGAN: Yes, I didn't come here to intercede on anybody's part and I'm not going to. It's just that this person filed a claim, it took a year and a half to get a decision. And, that decision was, it was denied entirely.

He appealed it, at that point in time, the VA called him for a physical. His question was, why didn't they call me in for a physical in the beginning if I needed one?

Bottom line, he was eventually awarded 60 percent disability. That took two years from the start. And, he got a letter that said there was one more medical issue that was being examined and that was for radiation exposure.

And, he was told it'll take a year for you to get a decision on that.

MR. ZONDERVAN: So, I don't know if the radiation claim is on appeal, but radiation claims can take a lot longer because we have to develop for specific evidence to show that they
were exposed to radiation and sometimes that does
push it out.

The number that I gave you, that's our
target and that's an average. So, when I say 96
days, that's an average. There are some
outliers.

MEMBER MILLIGAN: Okay.

MR. ZONDERVAN: And, traditionally, a
lot of times, we hear from Veterans, well, it's
taking a lot longer than that.

MEMBER MILLIGAN: Yes.

MR. ZONDERVAN: But then, when we look
at the details, it turns out that they filed it,
we made a decision, it was a denial. And so,
they pursued it continually, either reopened it a
couple times or appealed it and they count from
the day they first file it until they get the,
you know, the result that they're looking for.

MEMBER MILLIGAN: Yes.

MR. ZONDERVAN: Which is not the 125
days that I'm referring to.

MEMBER MILLIGAN: Yes.
MR. ZONDERVAN: You know, and traditionally, what I see a lot is when Veterans file claims and they appeal it, in the appeals process, they add additional evidence that wasn't provided when the claim was initially filed.

So, when the claim is filed, our decision is based on the merits of what's in the file at that time.

Often times, if we are not able to get evidence, we have to deny the claim because we can't get it. If the evidence becomes available at a later date, we may be able to grant it, which is what it sounds like in the case that you're referring to.

So, that kind of explains the time difference between those.

MEMBER MILLIGAN: By the way, I do know that he's filed everything online.

MR. ZONDERVAN: Okay, well, good.

MEMBER MILLIGAN: And, that part of the process is going very well.

MR. ZONDERVAN: Fantastic.
MEMBER MILLIGAN: That's been a big improvement for sure.

MR. ZONDERVAN: Thank you.

CHAIRMAN CERTAIN: One of my concerns is that when people file their own claims rather than using a VSO, they frequently make mistakes.

And so, it's important, even though you can file online, I would always recommend that you use a VSO to work through the claim and to check your work before it's file to make sure that you haven't omitted a line or made some other mistake that will throw a monkey wrench into it.

So, while it's cognitively a good thing for everybody to be able to do their own work, it's really not good advice, in my opinion.

MR. ZONDERVAN: I absolutely agree, Robert. As a Veteran, I've gone through that process myself and what I'll tell you is we can't force anyone to use their POA or VSO. We can certainly advocate that they do use them.

The difference being, if you file it
on your own, when the VA receives it, they're just going to correspond back with you to tell you we've received your claim here's what we still need.

The difference is, if you go to a VSO first and say, here's what I have can you help me look at it, let me know if there's anything else I need. They can walk you through, you know, in a face to face meeting, everything that you need, get everything together and then help you submit the claim.

You don't get that same interaction with our claims processors because they just receive it electronically, review it and then correspond with you electronically.

So, there's definitely a benefit to using the VSOs and they are of no cost to you.

CHAIRMAN CERTAIN: And, they can also file an intent to file which starts the clock for when the benefits begin once it's approved.

MR. ZONDERVAN: Yes.

CHAIRMAN CERTAIN: Whereas, if we file
it on our on with missing data, then that doesn't have the same effect.

So, it's better to wait on the front end while somebody helps you put it together in a complete package than it is to try to do it yourself.

MR. ZONDERVAN: Absolutely.

CHAIRMAN CERTAIN: In my opinion.

MR. ZONDERVAN: Yes, sir. I mean you wouldn't go out and, you know, do something unless you are educated on the process. So, I would, you know --

(Simultaneous speaking)

MR. ZONDERVAN: We've got lots of people doing that out there, you know.

Let's say you want to be in real estate, you're not going to go out there and go without getting, you know, certified as a real estate agent.

And, it's kind of, you know, what I'm saying is, it's a cumbersome process to file claims. It's very detailed and so there's
absolute benefit to talking to one of the VSOs or working with them to help you through that process.

CHAIRMAN CERTAIN: All right.

MS. CARSON: My name is Laurine Carson from CO, and I'll be talking a little bit more about the DRC program, some of the enhancements.

Right now, we average in between six and eight days to get sit down on those claims after the VSOs submit that into our systems.

So, yes, some benefits do -- it's a little slow going, but you never fully develop things when we started and also very slow growing early. But, once we got everything in place, it winds up being a very great system and we have to receive almost 65 percent of it.

CHAIRMAN CERTAIN: Okay.

Let's move to Mr. Crotser, please?

MR. ZONDERVAN: Thank y'all very much.

CHAIRMAN CERTAIN: Thank you.

(Appause)

MR. CROTTER: Good morning everyone.
Can you hear me okay?

As it was mentioned, my name is Anthony Crotser. I'm the former Prisoner of War Coordinator here for the Atlanta Regional Office.

I'd like to start by thanking everyone for their service to our country and the sacrifices you made in doing so.

Like I said, I am the former Prisoner of War Coordinator here. My primary role is a Rating Quality Review Specialist. I'm part of the review team, but I do wear multiple hats, including the POW Coordinator.

Just a little about me and my background so everyone's aware of where I came from and how I started here.

I was hired as a Rating Specialist, as they say, off the street, in June 2010.

In July 2012, we moved to segmented lanes here in Atlanta and I was assigned to the Special Operations Team.

As part of the Special Operations Team, at that point in time, I did all the FPOW
claims on there. So, I accepted the role of FPOW Coordinator in December 2013.

And, I attended FPOW training in December 2013 in Oklahoma City in the same month.

And then, I continued on the Special Operations Team until that went away this past July and we transitioned back into having a rating board separate from the segmented lanes where we had VSRs and raters on the same team.

And, I was -- then I received a promotion to Rating Quality Review Specialist on the Quality Review Team in August 2017.

However, I'm continuing to wear the FPOW Coordinator hat in this role as well.

So, my primary role as FPOW Coordinator, I serve as the primary contact at the Regional Office for the FPOW and/or his family.

I do find that probably 60 to 70 percent of the time, I'm actually speaking to the FPOW's spouse instead of the FPOW himself, it tends to work out that way.
And, in this case, I can -- a lot of times I'll receive phone calls that were transferred to me from either downstairs with our VSOs, some other employee across the station received my contact -- or they passed on my contact information, something along those lines or it could be a Veteran I worked with previously who has questions about a pending claim or some disability compensation question.

I also will try to have the flexibility for scheduled appointments as well as walk in meetings with FPOWs. This is kind of rare, you don't see a lot of these, but I am available if a FPOW walks in downstairs has questions, they know I'm available to be -- to meet with them in a meeting room somewhere and discuss specifics to that.

My primary role is to guide the FPOW claim through the claims process and ensure timely processing.

So, once I note that the FPOW claim has come into the system, I'll -- I keep that in
a separate tracker and then I'm constantly
checking on it to make sure that it's being moved
like it's supposed to.

This also includes making initial
phone calls to the FPOW if I haven't talked with
them before, introducing myself, explaining to
them what's going to happen over the case over
the next few days for it to be processed, explain
to them if I feel there's a need for an
examination, I'll tell them that they should be
expecting to hear from the hospital in regards to
an exam.

I, obviously, ask them if they have
any questions. I find out about any dependency
benefits, if there's anything missing from the
claim or potential medical records we could
receive, all of that I try to handle in that
first initial phone call to make sure that we
ease any anxiety or fears that might come from
filing a claim.

And then, another, I guess my second,
I would say, primary role is to review all the
FPOW ratings for correctness.

So, I don't -- when I was on the rating board, I didn't actually do the ratings. We assigned them to another rater for them to do the ratings. Then, I would review it as the FPOW Coordinator to ensure that everything was done correctly.

And then, it would go to the management, Veterans Service Center management for them to do a final third review. All at once, all the rating has received all three of signatures, then it would be finalized.

So, I spend a lot of time, once we get to that point where it's ready for the rating, then guiding the rater that's rating it and then reviewing it for correctness.

And then, finally, I assist development VSRs in verifying FPOW status for unconfirmed FPOW Veterans.

We don't have as many of those now. I know back in 2013 when I first started, we did see quite a few of those where a Veteran would
check the FPOW box on the 526 claims form and, if
they weren't already flashed in our system as an
FPOW, then we would work through the process of
gathering the personnel records, ensuring that we
had everything we need to make a decision on
whether or not we can verify the Veteran's FPOW
status.

And, if not, then it goes to central
office for a member of their staff to determine.

Next slide?

All right, just a little with the
claims cycle. I know y'all are familiar with the
process, but just so -- as a refresher, first,
we'll receive the claim from a variety of
sources.

FPOW claims are logged in a little
unique from the standpoint that they can
traditionally, like you said, file them
electronically. They can submit them in paper
through the old snail mail system. We do get
them from VSOs downstairs.

However, a majority of our claims that
we receive now, I actually receive directly from
the hospital, usually via email from the FPOW
advocate that they created a relationship with
and she recognizes there's a disability that
could be compensated, her and I will work
directly.

So, it never goes through your
traditional claims process, it would come
directly to me. I send it to our development
VSR. We upload it to their electronic claims
folder.

We assessed an EP and we start the
process that way.

Occasionally, in the past, I've also
spoken directly with an FPOW or their family
member. I've received a claim directly from them
to my email or potentially fax.

They usually will feel more
comfortable by doing it that way versus sending
it in themselves and it going to somewhere they
have no clue where. So, they'll send it directly
to me and I'll handle it on my end.
After we receive the claim and it's been assessed, we do an initial development sent to our VSR, our Veteran Service Representative.

We have one development VSR that is set up currently to do all of the FPOW claims in addition to others since there aren't a ton pending. But, she focuses specifically. I know she's very detailed. She's worked here for 15, 20 plus years. So, she knows the system inside and out.

She's a -- I consider her kind of the Sherlock Holmes type VSR. If there's something in the file, she's going to find it that we need, especially when it comes to FPOW verification of status.

She'll continue follow up development. If we do all the initial development, we send out for an exam, she'll verify that the exam when it comes back, that it's uploaded and we have everything we need for it to be sent to a rating specialist for ratings.

And, along the same lines, I have a
rater that I worked with that does the -- all the
ratings. So, again, she can focus specifically
on the FPOWs. She's familiar with presumptive.

And then, once she completes her draft
rating, it's sent to me for review. Again, like
I said earlier, it will be followed by a review
from the service center manager or the assistant
service center manager, depending on who is
available for review.

It goes back to the rater to finalize
the rating. Once we have all three of those
signatures, and then the award is promulgated and
authorized by a post-development VSR and a
notification letter will be sent to the Veteran.

And, usually, once we get the rating
finalized, I'll contact the Veteran again and let
them know that we've got a rating finalized,
you'll receive the notification letter in the
coming days, let me know if you have any
questions once you receive it and then we go from
there.

All right, some of our -- some of my
partners that I work with have proven to be truly beneficial.

I know I -- I believe you met with Ms. Sturdivant yesterday who is that FPOW advocate at VAMC Atlanta. Her counterpart at VAMC Dublin, Georgia, which, for those of you not familiar with Georgia, that's right in the heart central of Georgia, is Helen Donner.

I've worked with both of them. A majority of our FPOW, as do most Veterans, I should say, but live around Atlanta, metro Atlanta, so they work with Ms. Sturdivant.

But, both of them have been tremendously vital in helping me gather evidence and various things that we need.

I've -- they've been a vital resource for me when an FPOW or a member of the family have questions that are outside of the scope of compensation or pension benefits. They'll call me and they'll ask about nursing home benefits and I'm not super familiar with that since I primarily work in the Regional Office side so I
can then either get the question answered by one of these two ladies and they then forward it on to the FPOW themselves.

But, I know that normally, one question leads to another so I'll usually contact them to have them contact the FPOW or the family member to work directly with them.

Also, the FPOW advocates have been very helpful in helping me get clarification regarding medical records or medical examinations.

Where I'm reviewing VAMC records where a Veteran's been receiving treatment and I'm -- it's unclear as to the interpretation of what it is -- the diagnosis may be or symptoms of the disability, a lot of times they have a little bit more of an in to talk with the doctors and nurses over there than I do.

So, they've been helpful with gathering that information as well. I'll send them an email, ask what I need to ask and then they can find out the answer and get it back to
And, also, there's been times where I'll receive a claim, I've not spoken with the FPOW before. I'll contact them and I can tell that they're being very hesitant to share information with me.

So, if I've noted in their file that they have a relationship with one of the FPOW advocates, a lot of time, I will then email the FPOW advocate the information I need and then have them ask those questions.

Just because I realize there's a level of trust that they have with those people and it's often times easier for them to speak with the FPOW to speak directly to the advocate that they've been working with versus me calling them cold and not knowing who I am.

So, they've been very, very helpful in developing these claims and working the claims.

And then, the -- I think you've met -- I do know you met with Dr. Ambardekar yesterday who is our C&P clinician across the street at
VAMC Atlanta who does all the examinations for us.

Again, she's been very helpful. Her and I have developed a good working relationship. Once we send an examination request over to the hospital, I make sure that I email them -- email her -- email Dr. Ambardekar directly so she knows it's coming so she can go ahead and schedule it and block of the allotted time she needs in her schedule before the request actually even lands in their inbox over there. She already knows it's coming.

And then, also, I'll try to provide all the information I can up front as far as what medical records are available and what needs to be reviewed, anything along those lines.

Another thing that's been helpful which she may have talked with you about, so pardon me if this is duplicate information, but she also has the ability to do ACE examinations.

So, as our FPOW population ages, a lot of them are not likely or are not able to attend
an examination due to being two hours away or just difficulty of leaving of leaving the home.

    So, I'll try to gather as much medical records we can via -- it could be private, it could be the hospital -- VA hospital records, any records we have for her to then do an ACE examination and complete the disability benefits questionnaire solely off of the medical records.

    And then, perhaps maybe a phone call to the Veteran or a spouse, how ever she can gather that information.

    So, we've tried to ease the burden there where we can still get the questions answered that we need to adequately rate the case. But, also ease the burden on the Veteran.

    And then, working with FPOW coordinators from other Regional Offices. Mr. Zondervan said before me, now that we're in this National Work Queue environment, I'll talk a little bit more about that in a second, but we're working hard to make these --

    Since these cases -- these claims are
going -- working down and they can drop in
anybody's bucket. A Veteran that lives in
Georgia may not actually have a case worked here
in Georgia.

So, I may receive a phone call from an
FPOW Coordinator from the Waco Regional Office in
Texas and they may say, well, we just received a
case that was for Veteran Joe Smith and he lives
in Atlanta, Georgia and he, you know, could you
reach out to him since you live locally to
discuss his claim. So that way, they can then
handle it there since I'm the local person.

And then, a lot of times when I
contact, I think I talked to someone in the
Michigan Regional Office in Detroit recently for
a claim that we worked that the Veteran lived in
Michigan.

And, I contacted her and said that the
Veteran's name is so and so and she goes, oh yes,
Mr. Smith, I know him. I talk to him all the
time.

So, it was easier for her to get the
information we needed versus me then, again, cold
calling.

So, working with the coordinators from
other Regional Offices has been really vital.

And then, finally, back to our local
FPOW team, as I mentioned, Hope Caldwell Foster
is our Development VSR and then Nicole Grimes is
our rating specialist, she'll rate all the cases
FPOWs.

And then, finally, our Service Center
manager and our assistant service center managers
are useful in the fact that they have to do the
final approval of the ratings.

All right, so local data that I ran,
this data is going to be skewed because of the
fact that we are in a national working
environment. This only goes off of what was
actually cleared here in Atlanta, meaning we got
the last step and did the notification letter.

So, we probably worked more. We did
more ratings or we may have done more or less,
depending it just -- once it got to that final
step where it's cleared or which is what actually
counts for our station, that's what was showing
is five claims completed in 2016, six in 2017.

And, at the time of the creation of
this PowerPoint, there was one pending which we
received a couple weeks ago and, as Mr. Zondervan
said, we have received a second one just within
the last week.

And, finally, I'm going to end my
little presentation here on a couple of
challenges that I have as the coordinator.

And, as I mentioned, the National Work
Queue. The National Work Queue has been a great
implementation from the general Veteran
population standpoint in the fact that we can
work a lot of claims faster and quicker.

We can move things around the country
where there's availability between Regional
Offices.

However, as the FPOW Coordinator, it's
provided a slight challenge the standpoint that
it is a little bit harder when I'm working and
I've developed a relationship with a specific FPOW Veteran and then the next day, that claim gets sent to be worked in California.

And so, it's a little bit frustrating that we don't have control of the few cases we have if they're -- if it's a Georgia case that stays in Georgia, that would obviously be my preference, but it's not the environment we're working in.

Also, the FPOW claims are not easily identified by employees in the system. I don't know if any of y'all have actually worked in or seen VBMS, the electronic claims folder that we have.

There is a section where they talk about flashes. There's a section where they have -- and when a rater or a VSR pulls up their work and they have their cases that are assigned to them for the day, there is an indicator in the far side that says the priority level.

If you aren't really paying attention to that and you cover over it, it'll tell you
it's an FPOW case. But, we've had some cases slip through the cracks and get rated without the -- without any indication from the VSR or the rater that the case was actually an FPOW case.

So, it gets processed and then on the back end, it may get noticed later. But, so I wish in my perfect world, when FPOW cases open, there would be some type of warning, fireworks or something. So that way, the person working the case would know it's an FPOW case, it just needs to be routed to their correct person to work or I need to be paying special attention to this or any presumptives that the Veteran would be eligible for.

I'll give you an example of this. We had a claim a couple months ago that was denied for an FPOW that was denied the aid and attendance benefit.

And, apparently, it kind of worked its way through the VSR, the rater and then it actually got reviewed by the quality review staff because it was a special compensation claim.
And, it never was noticed that it was an FPOW claim. It was -- the claim was denied and then I actually, thankfully, thankful for the relationship, within two days got an email from the FPOW advocate across the street, Ms. Sturdivant and she said why was this claim denied it was an FPOW claim for aid and attendance.

And, I said, I had no clue it was on the books. So, we -- I went back and looked at the claim which turned out we could create the benefits so we were able to go back. I spoke with the people that made the decision. They completely missed that it was an FPOW claim, again, because you have to basically read the fine print to determine it is.

And then, we were able to go back, grant the benefit. I called the Veteran and we worked.

Yes, thankfully, with that one, we were able to handle it within a couple weeks of the decision thanks to the advocate's email.

And then, finally, my last challenge,
and I've mentioned this before on the -- one of
your, I forget what they're called, but the
special monthly compensation criteria that's
outlined by law for the aid and attendance
benefit, my completely personally opinion is that
I wish when an FPOW files for aid and attendance
that we could -- there was some type of leniency
to that as there are with presumptive
disabilities that we could just grant the
benefit.

If rates are hard to determine, if we
have to deny it because the Veteran doesn't meet
the criteria outlined by law which is they have
to have a single 100 percent disability or they
have to have a combined 100 percent disability
when all the disabilities stem from the same
medical etiology, so diabetes and all the
secondary disability can combine to 100 percent.

If they don't meet that criteria, then
unfortunately, they're not eligible. So, that's,
again, my little personal pet peeve, but that's -
MEMBER KUSHNER: Well, should the criteria be revised then?

MR. CROTSER: I would love for it to be from an FPOW perspective.

If they aren't eligible to be considered for extra schedule or consideration, which we have done before, but the strict special monthly compensation, especially since it is an aging population and some of them do require care.

So, we do everything we can in our powers to stretch the medical evidence in a positive way, go back to an examiner and say, are you sure this isn't, you know, that we -- this isn't due to service net disability or that the heart disability isn't -- is just the extreme severity of the case.

MS. CARSON: So, if I may, so the criteria for aid and attendance is in need of the care of another person because you're a service disabilities are so severe that they require the need of another person for the disability.
Now, the housebound benefits, because people are confined to their homes because of their disabilities.

But, there are quite a few criteria that go along with the determination for aid and attendance. And, it includes not just diseases from the same etiology, it also includes loss of use of certain limbs, blindness, all of those criteria are listed there.

They are codified in the statute that is codified by Congress. It does not -- it's not based on your period of service, it is based on your disabling effects of your disability.

And so, and that's the criteria that is used for those special monthly compensation programs.

If a person's disabilities are so severe that they need the constant care of a person and they are confined to their homes, then they would get a higher level of aid and attendance or special monthly compensation and their past compensation benefit based on those
issues to include whether or not they need skilled nursing care.

So, there is spectrum that goes with that disability benefit and it is based on disabling effects of the disability.

So, you cannot ambulate, if you walk with -- if you have to walk with prosthetics or you have to walk with a cane or have some difficulty like that.

If you've lost use of certain limbs, either a single limb or double limbs, whether you're upper or lower limbs, you can qualify for a certain levels of aid and attendance.

If you have a total 100 percent from the disease etiology like you talked about diabetes and you have a loss of use that's at a certain level or more, you could also qualify aid and attendance.

And, it's written out in the law exactly how we apply those disability benefits, but it's not unique to FPOWs or Vietnam Veterans or Gulf War Veterans. It's across the board.
based on disabling effects of the disability.

    Sorry, my name is Laurine Carson, for
the record and I am the Acting Deputy Director
from Central Office and I am the Acting Deputy
for Policy and Procedures. So, I have the staff
that has the legislation.

    MR. CROTSER: That is all correct. I
was just merely saying that I would advocate for
it again, including personal that if FPOWs had
some form of their own statute with regards to
aid and attendance benefits versus separate from
the general population of Veterans.

    Like I said, we try everything we can
to make sure that we squeeze them. The problem
we have is, unfortunately, you'll have a Veteran
that received a rating 30 years ago at 20
percent. By the time they get to us, they
already have advanced dementia, they're to the
point where they can't attend an examination or
we don't -- when we're trying to rate off of the
medical records and if there was some type of
easing in special monthly compensation rules,
then it would help them get benefits quicker,
faster and make sure that their benefits are
available.

That ends my presentation. I am
willing and ready to take any questions.

Yes, sir?

MEMBER MOORE: Jeff Moore.

I have a two part question. Is there
a well-organized interaction between you and
other coordinators across the country?

You get the word somehow that the work
queue has sent this and you get this coordinator
way out someplace else taking over. And, you
know, are you able to reach out very quickly and
understand?

And, the second part of the question
is, before the work queue, we're going back X
number of years, how many claims at that time
would have been processed by your office?

And, if the work queue went away for
FPOWs, would you be able to handle that workflow
now?
MR. CROTSER: Right.

We definitely would be able to handle that workflow now because, as you saw, there are so few claims coming through.

Prior to going into the National Work Queue and electronic claims processing, we would -- we had a system called BOR which we still use a little bit on the side.

But, I could run a report every week and it would tell me exactly how many were pending. And, I never had more than three or four cases pending at a time.

So, I have just kept a separate track as they came in and ran a report at least once a week, sometimes twice. Once one pops up and since we're on the Special Operations Team, the desk next to mine was the rater that rated F POW cases and then three down was the VSR that did the development.

So, we all were there together and so we could constantly communicate on those teams.

In regards to your first part of the
question, once I recognize that a claim is pending and it's a Georgia Veteran, I make sure I keep that file separate on my -- file number, I should say, in a spreadsheet.

And then, I can constantly look at it. So, when I -- if I, you know, I look at it tomorrow and I see that it was sent to the Waco Regional Office, then we can -- I can contact the Waco Coordinator and say, hey, this was dropped in your bucket. This is what's going on with this case.

We have on the C&P website or on the internet, there's a listing of all the coordinators that they try to keep as up to date as possible. So, I can contact them.

But, I don't get any type of automatic notification or anything like that when it's been dropped somewhere. I have to track it myself. So, if I don't know it exists, then I don't. I wouldn't know it exists after that point.

Any other questions?

MEMBER MOORE: Thank you.
MR. CROTSER: You're welcome.

Again, thank you all for your service and hope you enjoy Atlanta and your stay here.

CHAIRMAN CERTAIN: Thank you.

(Appause)

CHAIRMAN CERTAIN: We have Gonzalez.

What?

MS. WILLIAMS: Take a break?

CHAIRMAN CERTAIN: Take a break?

MS. WILLIAMS: He's not here.

CHAIRMAN CERTAIN: He's not here?

Okay.

We'll take a 10 or 15 minute break.

Fifteen minute break. Be back in your seats at a quarter after.

(Whereupon, the above-entitled matter went off the record at 9:58 a.m. and resumed at 10:19 a.m.)

CHAIRMAN CERTAIN: Okay, if we could take our seats and get back in order.

Laurine Carson, the Acting Deputy Director of Policy and Procedures that we've
heard from briefly already.

    Do you have anything to add?

MS. CARSON: Oh yes.

(Laughter)

MS. CARSON: Absolutely.

(Laughter)

MS. CARSON: Good morning.

As stated, my name is Laurine Carson and I just want to tell you a little bit about me. I started with the Department of Veteran Affairs in 1987 as a GS-3 clerk typist back when they still took the Civil Service Exam and I could take good tests.

    I won't say I could type, but I could take good tests at the time.

    And, I actually worked in four different offices, four states. I started in Newark, New Jersey Regional Office and I moved then to the Atlanta Regional Office. I was here for about two and a half years as the Assistant Veteran Service Center manager.

    And then, I also was the Service
Center manager at the Detroit Regional Office for about five years.

And then, I've been in Central Office and I've been there since 2011. I have been a Chief of the Policy, Procedures, Quality, Site Visits and training staff in my Central Office tenure.

And, Pension and Fiduciary Service, I was there when you had the infamous hearings on pension poachers and how people were taking advantage of our vulnerable population of Veterans because they were older and they were in need of pension benefits, aid and attendance, as you heard of as well.

And, I helped to work through some of those policies that were going on at that time.

And compensation service in 2015, I was the Assistant Director for Policy, so all of the legislation and regulations that come out to include 38 CFR Part 3 which deals with the administrative regulations.

And then, you have Part 4 which is the
VA ratings schedule for disabilities.

A year ago, I took on two teams because someone retired and I actually started supervising the procedure staff as well in addition to the policy staff. So, I had nine Central Office staff that were reporting to me dealing with all of the benefits, procedural guidance and regulatory guidance that pertains to disability compensation.

So, there are lots of initiatives going on in Central Office. And, right now, we're in the process of trying to create efficiency within Comp Service, Compensation Service by one of the things that I worked with my Director to do was to merge policy and procedure together so there's more realigned at the hand off of work activity more seamless internally. And, we've been doing a lot of that.

I know you heard about the National Work Queue, and I just wanted to take a minute just to say that, part of that was about trying
to create the right efficiency to get claims done in the 21st century.

We have moved our paper-based claims folders, the C file, we moved away from those and we've made it all electronic. So, there's electronic Veterans records.

It allows us to house our records in once centralized location. And, as we do -- we still receive some paper and, of course, the appeals process is still in the paper format.

We try to scan that stuff in and upload it to those records so that we keep those records together.

I will say that they talked about Decision Ready Claims earlier today and they talked about claims will increase only. And, many of the claims that were done were not specific to the specialized, prioritized workload such as POW workload.

But, I want to tell you that, this December, we will be adding that workload in.

The benefits of adding that workload


in to Decision Ready and should a person go
through their Veterans Service organization and
want to have their claim filed through this
program, is, number one, a person can file --
make an intent to file and today and still
preserve their date to gather all of the
information, their records, to include any
federal records that would help them with their
claim.

And then, number two, when the VSO
looks at that -- those records and they determine
that those records are sufficient for an
examination to be ordered, the VSO can directly
request their VA order and exam.

And, we don't have to go through a
second full review of all of that evidence and
returning that something is missing, we general
will order that exam.

Number three, those claims, once they
come into VA with a completed exam, and it takes
about 21 days to do the exam, they're getting
done in 8.3 days average.
Now, I will tell you this program, as they stated, was launched in May as a concept. But, it wasn't rolled out fully to the nation until September. So, as of today, we have 369 claims that have been done in 8.3 days.

So, if we do this like we did the fully developed claims process from pilot to national rollout, then we anticipate that workload will certainly be handled more quickly.

The other thing that we're not trying to sacrifice is quality. So, we are working in VBA to ensure that we are building systems to look at quality differently and to ensure that we are accurately processing claims.

We have a new quality management system that is a nationwide system that allows us to have employees who are looking at claims while they're in process. And, in process reviews means that, those claims get established and controlled.

Then they go through initial development and then they go through some times a
second follow up would become a supplemental development period. That's when we have to go out different at multiple times to get records.

And then, they go through the Ready for Decision and decision making stage.

At any time in those processes, we can do what's called an in process review. Why that's important is because sometimes we are finding that the quality is not necessarily in a decision, how it's made, but is there somebody at the beginning of the stages or in the middle somewhere in developing it didn't get everything that was needed to make a favorable decision or to make the proper decision.

So, we're trying to do something called in process reviews as well as continue with our national star program which looks at the overall quality of the claim once it's completed.

So, we are looking at quality on both fronts.

I think Patrick mentioned the VA Schedule for Rating Disability, and that's 38 CFR
Part 4.

We've been working on modernizing the rating schedule. It is in 1945 rating schedule and, as a holistic enterprise wide approach to trying to modernize the disability claims process.

VA has not done that since 1945 in any meaningful way. We have updated certain portions of the rating schedule based on changes in TBI and changes in peripheral neuropathy or PTSD, we've done issue based changes.

But, we've not done a -- the whole full swath of the rating schedule to look at making those changes.

On average, when we make a regulatory change, it takes between 18 and 24 months to get it through a process of regulation. Regulation takes a long time.

However, we have a time line and we are tentatively scheduled to finish all of the 14 body systems. And, I will say, yes, there are 15 if you're a medical personnel, 15 body systems.
But, respiratory and ENT are combined in the rating schedule.

So, but we are in the process of getting those done and our date right now is March 2019.

Inherent with an electronic system and trying to process things more electronically is the fact that we also will need to look at some of the other ways that we do work.

Such as we have our Veterans Benefits Management System, VBMS, where we actually process claims now.

We also have the Disability Benefits Questionnaires that we use to try to provide the forensic examination that mimics the C&P clinical examination that you can take to your private physicians and have them fill out as well.

So, with that, when we start looking at how to change the rating schedule, the regulation, we also have to look at the enterprise wide change so that when we put it before the rater today that they can use the
current systems that have been modernized in
order to process it to include getting the
Disability Benefit Questionnaire information in
an electronic format that it kind of pre-
populates the rating decision.

And, that's going to help with the
efficiency and the accuracy of exams.

So, there's still a lot of places in
the law where it requires us to use judgment and
the rating special has to use their judgment to
weigh the evidence.

But, there are quite a few things in
the regulations that are truly putting in what
the medical specialist has told us about the
disability, the degree of range of motion, et
cetera, that could probably be plugged into a
formula and spit out a suggested evaluation
amount.

And, that's the kind of stuff that
we're working on now. It's going to take a
couple of iterations and a couple of years to
move from our former system which is pretty
antiquated. We're still -- we call those like legacy systems to move towards the systems that we currently use today.

CHAIRMAN CERTAIN: MS-DOS, right?

MS. CARSON: Yes.

Okay, so, if you were here, MS-DOS, that's funny because I used to be also, in my VA career, one time, one of those stepping stone to get to where I am today, I actually was a computer specialist. So, I learned how to build computers at one time.

I didn't stay in that field a lot -- a long time, but it was interesting.

So, back when VA had the system, they had a system called Target, that was really a DOS based system. They went to a few other systems in there.

But, believe it or not, like the Benefits Delivery Network, I don't know if you ever heard of BDN before, but BDN, believe it or not, there's some things that we still do today, and that system is from the '90s, we still do
today that still uses that system.

So, while we built out BDN and we are using more efficient technology today, we still have a lot of things in our BDN system that have not retired from that system and a lot of our education benefits still use that platform to do work.

But, they are also supposed to be migrating to the newer systems.

And, I'll say that, you know, right now, we're not in Windows 10 in our offices yet. So, we have a long way to go. It takes a couple years for us to get built updates across the Agency.

So, another thing that we are doing, and I thought it was important to let you know about is, we have a lot of our separating servicemembers now who are going through what we call our pre-discharge program.

And, we also have those that are seriously injured who also go through a disability examination at separation program.
We are working on trying to improve upon how we transition Veterans. So, we're trying to do a continuity of operations from the time that a person is ready for discharge between their 180 or 90 days before discharge until the time that they exit the military to ensure that VA is meeting them at that place, educating them better, telling them about benefits, hopefully getting them examinations.

We are starting this thing called separation health examinations which is supposed to be an examination that can be used both by DoD and by VBA to process claims.

We try to do these assessments up front, learn about disabilities and potentially do what's called a day after discharge decision.

So, if you come through and you're 180 days out and you have disabilities, you potentially could get a decision and have a rating when you walk out the door.

And then, you would come back for your routine scheduled examinations and also should
you have new disabilities or things get worse.

So, we're sort of like working in quadrants right now with how we process claims. So, yes, we have the National Work Queue, but we are finding that when we were at 600,000 claims with 300,000 backlog, when we went to the National Work Queue, there were swabs of claims that we could just put a swing -- swing a bat at and we could actually process those because it was called low hanging fruit in our system.

Meaning that there were things that we couldn't see in the paper world and now we can see in the National Work Queue world that we are able to get done faster and work them out of the system.

CHAIRMAN CERTAIN: So --

MS. CARSON: Yes?

CHAIRMAN CERTAIN: So the scanned documents are all word searchable, right?

MS. CARSON: They are working on what's called optical -- it's an optical reader that is supposed to be able to be searchable and
word searchable.

So, all of your -- all of the pre-
medical records are word searchable. Anything
that we put in electronically in our system is
now word searchable.

The challenge that we have right now
is that, if you take and write in your
handwriting on this and you put it in, it's not
necessarily word searchable because not
everybody's handwriting is going to be in a block
format that's necessary.

CHAIRMAN CERTAIN: You're kidding?

MS. CARSON: You're funny.

CHAIRMAN CERTAIN: I'm sorry.

MS. CARSON: But, I will say that
they're working on that. They're working on
better ways to interact. Right now, benefits in
the set portal, everything is word searchable
that comes through there, of course, because it's
going to be entered directly into the system.

But, we're working on other ways to do
that. Right now, we have scanning vendors who,
anything that's not word searchable, they're
still uploading it and getting it into a folder
and getting it tagged so that it gets into the
right filing process.

So, that if it is not word searchable,
then it's -- but it becomes desktop viewable.
And, until we get to the place where we have
everything that's able to be converted into word
searchable documents, we, you know, we'll still
be doing some of that.

The appeals world is still a paper
driven world. Part of the primary reason is
because, when those cases go before the courts,
it has -- the records right now have to be in the
format in which it was filed, makes sense for
that process, but that's under the current
appeals process.

Under the new appeals process, they
told you about the ramp which is our -- we're
trying to sort of pilot and do a proof of concept
of how these three lanes for appeals will work.

And, I don't know how many of you know
about the three lanes. Did you get a briefing from appeals prior to today?

    Okay, so let me just tell you, basically, our current appeals process, you get a decision from us within one year of that decision, you file what's called a Notice of Disagreement.

    Then, we send you back a statement of the case. The statement of the case basically repeats everything that we said in the original decision, unless there was an error and it gives you all the laws, rules and regulations that we used to make that decision. That's what a statement of the case does.

    Then you might have additional evidence that you send and say, hey, but I didn't get to give you this.

    And then, from there, we look at that evidence again. And then, we might give you what's called a supplement to statement of the case. That process can go on infinitum and never really get you to a perfected appeal.
But, once we get everything from you and we give you 60 days and you add nothing or you don't have a hearing, then we go into perfecting your appeal and you would have to fill out a form and say, hey, yes, I want to go forward with my appeal.

Then, that's processed, goes and you get a person certifies the appeals record and then that appeal goes to a docket number with the Board of Veterans Appeals if we have not changed our decision and you still want to pursue it.

And, that's that long holding pattern that you generally will stay in until such time that you either had a travel board hearing or some other type of board hearing, if you requested it so that then they could actually process your appeal.

So, right now, yes, there is a long wait time in processing appeals.

Last year, as Patrick said, Congress enacted -- we introduced legislation, worked on it really hard but then Congress enacted
legislation to include an appeals management
office that is looking at trying to streamline
the appeals process and the benefits into what we
are saying are three lanes.

So, the first lane for appeals is a
re-review of the decision that was made. So, if
you get a decision from VBA about your
disabilities, in that first lane, we call that a
higher level review lane.

It's something like the DRO de novo
review, but it takes the place of de novo review
sort of. But, in the higher level review lane,
somebody with a higher level with that expertise
will re-review that appeals -- that decision that
was made and determine -- make a determination as
to whether or not a new decision is warranted.

In that process, you don't submit new
evidence, it's just based on what's in the record
at the time the decision was made.

If you have additional evidence, you
can go to what's called the supplemental lane.

That means, you submitted some supplemental
evidence that you want considered in addition to what was of record.

And, you may also -- I can't remember when the informal hearings happen, but I think you can have an informal hearing to present evidence.

And, in that lane, we might determine that you need a new exam. We might determine some other things, but then we render a decision and you get a different -- a new decision based on any supplemental evidence that you submit.

The third lane is really a legal lane that basically says, I've got a decision from VA. I don't agree with that decision. I want it to go to the Board of Veterans Appeals directly.

It goes to the Board. The Board still will have a hearing process. Okay? But, in that lane, I don't think the Board is going to receive any additional evidence. They're going to do the hearing and then it goes -- if you disagree, it goes to the Court of Veterans Appeals.

MEMBER KUSHNER: It goes where?
MS. CARSON: Court of Veterans Appeals. Court of Appeals for Veterans, because I know their name changed along the way, too.

So, what I would say is that it might be a good topic to get on your next meeting so that you can get those folks who are doing that work to come and share that information with you. I think it's very interesting.

And so, when you talk about how fast we're doing claims today, which Patrick told you we're approximately 96 days to work the compensation claims, and you talk about appeals, you're really talking about the distinction in those two workloads.

And, we're trying our best to continue to improve on the regular claims that in a traditional workload while also trying to modernize the appeals process which is even older than the rating schedule.

Yes?

MEMBER KUSHNER: During these appeals process and does the Veteran have an advocate
from within the VA who helps him or her negotiate these bureaucratic interstices?

    MS. CARSON: So, I would say that there's a lot of outreach going on right now with the new process. But, in regular appeals process, VA -- there are VA employees who also can -- always have been able to help in our public contact team with these claims.

    A lot of Veterans who have a VSO, they usually use their VSO advocates. And, in appeals, attorneys are able to give the in the process as well.

    MEMBER KUSHNER: Right, civilian attorneys who are not associated with the VA?

    MS. CARSON: Huh?

    MEMBER KUSHNER: Civilian attorneys who are not associated with the VA who can --

    MS. CARSON: Yes.

    MEMBER KUSHNER: Can the Veteran have an advocate that -- so, the attorney can present his case to the proper authority?

    MS. CARSON: Yes.
And, what we have at every single Regional Office is an attorney coordinator that works with them to ensure that these are within the prescribe law requirements.

We do have our, as I said, our public contact teams, decision review officers are sort of quasi advocates as they process the claims because they are the ones who get to hear the claims as de novo or as new claims for Veterans. And, they generally have hearings with them.

We do have people who, if you made a decision on a claim and person wants a hearing on that particular appeal issue, you have the hearing with the person who made that decision.

So, you get to hear from the Veteran, you get to have face to face. But, most -- in our processes even now, we still -- our VSOs are really strong advocates and we partner with them frequently.

We actually -- we provide them with training on all our claims and benefits that's similar -- it's called TRIP training, and it's
training that's similar to the training that we
give other employees and challenge in other
things too.

    So, yes, so I think that that might be
a good topic to -- for you guys to learn more
about and to see how that's working.

    And then, I heard somebody say
earlier, the young man who was speaking, he said
he if he had his druthers, he would want to have
legislation that addressed aid and attendance.

    And, I used to be a former POW
Coordinator as well. I would tell you, that was
one of my best jobs. It was one where I received
thank you cards from a Veteran's surviving spouse
who I still have those cards in my desk, they
kind of keep me remembering that I'm doing
worthwhile work today.

    I understand his passion. I
understand his desire. So, what I told him to do
is to write me up what he's thinking about
because that's my staff, too, legislation is my
staff as well.
What I would say is that, if there's anything -- we are in the season, and I want you to start thinking about it now so that when I get to the end, you can tell me anything that you have hot.

We are in the season of what we call legislative proposal season. We are -- my staff is making proposals to Congress about changes to legislation.

If you guys can think of anything that you think we need to start considering to propose to Congress, my folks will research it. They will get the words around it and they will make a legislative proposal on behalf of any POW legislation that you think we need to get enacted by -- to help you guys and to get Congress support for our benefits and stuff.

So, I asked him to send his up. Give me some -- just some words, it doesn't have to give me all the words, I have folks who do that and they will look up the legal -- the laws that are pertinent to it and they will look up ways
that it might be feasible for Congress to do it.

Right now, whenever there's -- so our legislative season runs from now, generally around March, April, we submit a full package from VBA up to Congress as to -- up to our headquarters as to what we want to propose and then, from there, it goes to the Office of Management and Budget and they look at how much it's going to cost and all that great stuff.

MEMBER KUSHNER: Whatever we're voting in Congress.

MS. CARSON: It's just that, you know, for me, I think that seeing an NCO and in this position is really a combination of all of the jobs I've held as a claims clerk in the claims process, a VSR in the claims process and rater, a supervisor of the triage development and rating teams, they have been working on the appeals team as well and then running the Regional Office, this is really a combination of all of that in my career.

And, I'm just really delighted to be
able to present some of things to Congress and to sort of help with the legislation. But, we need help, too, because we don't have all the ideas.

There's something you might be burning and you might could think of something burning that you might be thinking of that you think should be a law for POWs. Please let me know, please let me know.

Yes?

MEMBER MILLIGAN: Joe Milligan.

Repeat when your legislative window is.

MS. CARSON: So, my legislative window starts now because we start -- we actually start the six month saying, hey, anybody have ideas which we want ideas.

So, it starts now and they're going to have a call up of legislation at the of January and then we go through that whole process of vetting those things out.

If you have something that you're thinking about that you want me to consider, you
just want to write me a paragraph or two or if
you know where the law is, just tell me where it
is.

Send it to Leslie as the DFO and
Leslie can get it to me.

If you could send me something between
now and January, mid-January, that would be great
because I can get some people to look at it and
see if we can draft it.

If we can't do it this year, it still
is something -- we get two chances at it each
year. So, we start legislation at the initial
onset and then around the summer, you'll hear --
they'll ask one more legislation.

If there's anything that is an off
cycle legislation, so that's the cycle, we can do
off cycle legislation as well.

So, we'll try to flesh it out, maybe
call you and try to talk a little bit through it
and see how it goes.

But, I have folks who can do that.
Okay? It's just a thought because I know it was
raised earlier.

And then, they already gave you the numbers of the 1,255 that POW claims that were done in 2017 and that we have 162 currently pending.

One of the things that Patrick said is that he talked about the 125 day goal. And, we still have some cases that we're trying to get under 125 days.

Our average days to complete claims last year was 96 days. Right now, our claims inventory -- our claims, I don't want to call it our backlog, our claims that are over that are about 77,000 and we're trying to drive that down to get under 60,000 of those and we're going to keep working down those claims as we continue to work new claims.

I will tell you that your claims -- FPOW claims are in the highest priority category of claims and no matter where they are done, they're being done in a timely manner. None of them are pending for more than 30 days.
And, even if you have one that might be pending, it might be pending because it needs additional federal records from some source. But, we've been working really hard and diligently on those priority categories.

And, those get pushed out on a daily basis through the National Work Queue. They all do not go to the state in which the Veteran may reside, but they do get processed. And every state still retains a POW Coordinator who can be called by any of the other persons within the VBA to help them with the nuances -- the local nuances of that particular state.

So, that's what I wanted to share with you today. I really want to take some time to answer any questions that you may have or anything you want to know about the -- I call them the legs, the legs and the procedural guidance. So, there's the legislation, regulations and the procedural guidance.

Yes?

CHAIRMAN CERTAIN: All the so-called
backlog, the ones over your maximum goal, what's the hang up? What's the biggest headache included in those?

MS. CARSON: It's the biggest challenging area of the work -- so, I talked about the cycle times.

You have the control time, the average time to develop and you have this thing called the supplemental time. That means, if we made an initial attempt to develop the claim and we didn't get a response, or we got a response that requires us to go out again.

That section, that's called supplemental development, that section of going back out two or three times for federal records and federal records, in particular, is the hang up.

That includes the service treatment records, the personnel files, the verifying the information that is needed to support the event, time and place of a disability.

And, it just is a longer process. We
are working with DoD on trying to speed those
records without -- let's just have a routine
feeding of those records in to our system so that
when I get a claim before me, the Veteran -- it
being me having to request that information, that
that information -- I'm able to go into a DoD
type system that allows me to pull that
information down on that claim.

I don't know, but I've been to the
Pentagon a couple times in the past two years.
And, I will tell you that, there a whole lot of
people to talk to whenever you're trying to do
something with federal records.

Because you've got to call all the
branches saying -- you can't forget the Coast
Guard that's not always when you have a Pentagon
meeting, it's not always at the table.

And, you've got to think about the
National Guard and the Reserves because we have
active members of those as well.

So, as we're trying to coordinate this
effort, I think that DoD is improving upon its
coordination of effort as well. But, we still have a long way to go.

So, we stay at the table. A lot of it is saying, here's what we need in order for us to deal with the Veterans and make that seamless transition.

And then, I don't -- I learned about this thing called the DoDi which is very interesting. It's normally at the Department of Defense instrument that use to determine what guidance, policy and procedure goes in and if you don't have your stuff in 24 months before you want one of those things issued, you really could be waiting a long time to get a tweak to it.

So, but that's no different than our process as well. The rule making process is a 24-month long process. And, I'm on -- I'm not a -- so I get a lot of people saying, hey, let's build an app -- an application on an iPhone to take care of this. And, I'm like, but the law says this.

And so, we're trying to like pull this
stuff together. It takes a long time. We're still in a regulatory process that mandates that we go through certain types of concurrences that we have budget appropriations agreed and we recert and then stakeholders and member of Congress in order to get it done.

It's a long process, but me having been through the entire claims process, it's actually a very enlightening process in trying to create efficiency within that process is my challenge to constantly try to do.

I am also going to have a new team this year which is going to be -- once I do a regulation -- one legislation is enacted, then we go through the regulatory process. Then we write the procedural guidance, the training guidance and all of the things that's going to be applicable to the field.

I'm setting up a team that's going to be a rules implementation team which is going to take a -- and we're trying to take an enterprise wide approach to change in policy and procedures.
And, I think it's a team that's very necessary because we've got to continue to innovate and continue to think of ways to not just do it faster, but to do it with the right quality according to the law and to do it with the right compassion.

And, to also do it efficiently enough to take -- to be cognizant of taxpayer dollars and how we deliver services.

So, it's a lot, it's a huge job, but we're really trying to make a better effort at trying to meet the needs of Veterans.

Yes?

MEMBER MOORE: Jeff Moore.

We just heard that the FPOW claims have highest priority. But, we also heard earlier that there's really no efficient routine flagging of the claim when it comes through.

Is there a way to flag them so that they can get highest priority?

MS. CARSON: Yes, you know, I want to take that one back. I heard that said --
MEMBER MOORE: Yes.

MS. CARSON: -- I want to take that because I want to talk to the National Work Queue folks. I do know it has a flash. Is that -- so, my question is, I know it has a flash, I know the flash is on there and I know the flash works. But are people using the flash?

MEMBER MOORE: Yes.

MS. CARSON: So, I have to -- I have more to follow. I did talk to him about that. I think that the issue of whether the flash is efficient versus whether people are complying with the policy to do that one first, that's two different issues.

MEMBER MOORE: Sure.

MS. CARSON: So, I can handle all the policy and make the policy beautiful, but if people do not follow the policy, then we have a lack of efficiency.

So, I want to take that back. I want to research and I want to get some information back to Leslie.
CHAIRMAN CERTAIN: Okay, thank you. Leslie?

MS. WILLIAMS: So, Leslie Williams. We do have NWQ who's going to briefing today.

CHAIRMAN CERTAIN: Right.

MS. CARSON: That's a question for NWQ.

MS. WILLIAMS: Yes, as well as it is a committee recommendation.

CHAIRMAN CERTAIN: Is that this NWQ?

MS. WILLIAMS: No, Stephen Branham, but also it's one of our committee recommendations that's waiting to be signed off on.

So, just to jog everyone's memory, the question that was asked was, one, having the FPOW claims anchored to the station and then also, two, mandating the flash.

So, if that recommendation is signed off on, then it will be implemented review on it.

MS. CARSON: Yes, I think that those
questions are really time to reask.

        CHAIRMAN CERTAIN: Okay, anything else, yes?

        MEMBER SORTILLO: Just a comment.

Today is my 67th anniversary being a POW.

        MS. CARSON: Thank you for your service.

        MEMBER SORTILLO: And it's still not on my records.

        MS. CARSON: It's not on your records?

        MEMBER SORTILLO: It's not on my records.

        MS. CARSON: Okay, I want to give you my card. I want to be able to get you some information.

        CHAIRMAN CERTAIN: That's significantly a problem, I think, with Korean War veterans, POWs. Yeah, they were treated in a shameful manner, I mean, in a manner different from certainly Vietnam era and later, but the Korean War was a difficult time and we didn't do our best job with them.
MS. CARSON: It was. I want to just
tell you before I leave my last story. So I
worked for the VA as I told you, and I come from
-- I have 11. There's 11 of us in my family.
All of our names begin with an L. We're all one
year apart. I don't know why my parents did
that. But I will tell you working
for the VA, I worked for the VA at least 10 years
before something told me to sit down and talk to
my father about his service. I knew he had
served. My father came back from the service.
My father went and got some correspondence
courses, became an electronic engineer and worked
for GE.

And I knew we could never stand at the
foot of the bed by his feet if he was sleeping
because you would get in trouble, like you
couldn't just walk in his room and stand at the
bed. We had to keep the lights dimmed.

You had all of these things you had to
do, but I never associated it with VA benefits
and I'm in the system educated about the benefits
giving outreach to everybody else about the
benefits. Something told me to talk to him.

He kept talking about these headaches
and he said, "You know, I'm missing a piece,"
because he had a dent in his skull. He said,
"I'm missing a piece of my skull," and I was
like, "You are?" He's like, "Yeah, when I was in
Africa," and he started telling me about the
Korean War, and he started telling about he was
shot and grazed, and they had to do emergency
surgery and they pulled a piece, removed a piece
of skull.

He did not get out for disability, but
he stayed in the hospital for a while, and then
he went back and he continued on, and they took a
piece of his skull out. Well, he had headaches
my whole life, debilitating headaches where you
couldn't turn a light on. You couldn't whisper
in a room with him.

And almost 10 years into a job that I
know very, very well, and I did not make the
association or the connection. I think that we
still have a lot of work to do in the area of outreach, in the area of making people comfortable enough to speak about what happened in the service so that we can give them the benefits that they deserve.

    I said from a personal level, I'm very passionate about it, but I also said from a level acknowledging that I hope I can help with your situation and be able to help you today with getting that recognition because it's important.

    You earned it, and we need to validate it, okay? So I tell you that because I think that even us employees, we are so close to home when it comes to serving veterans and what we have to do. Right now, our workforce is almost half, more than half veterans.

    So we have a lot of work to do and we know that, and we're still thinking of ways to try to improve that, but certainly it hits home when you say that something isn't recognized because even I didn't recognize my own dad's situation in my home and stuff.
And he told me the whole story and
then I felt so proud that that was my father. I
was already proud of him, but it was like wow.
I'm serving all of these people and I'm always
talking about I'm so passionate for veterans, and
then it's in my own backyard, so I think that we
have a lot to learn from that.

CHAIRMAN CERTAIN: Thank you so much
for your time and -

MEMBER QUARLES: I have a question, Bob.

CHAIRMAN CERTAIN: What? Okay, make
it quick.

MEMBER QUARLES: I have a question, Shirley Quarles. Yesterday, there was a question
raised about what qualifies a service member to
be an FPOW related to captivity duration, so
someone said three years. Someone said three
hours. Someone said three days, and so can you
share some insight on that?

MS. CARSON: Yes, let me look up the
criteria, and at some break time, I will get that
information for you. I don't want to misspeak on it, but it is not three years.

MEMBER QUARLES: Three hours or three days.

MS. CARSON: But I want to make sure that I get you the right information and stuff, and I used to know it, but I do not today. I know it's changed. Like I know that when I was doing claims before, you had to have -- even the DIC portion of that has changed where you don't have to wait the whole time period of being united to a veteran for X number of years before you get the DIC status, so let me take a look at it.

I've got my computer right back there and I can touch every last one of my employees through that computer because we have that new technology that says I can send them a message saying, "Hey, go get this for me right now. You've got 15 minutes," and they'll have it for me, so I'll get it for you, okay?

MEMBER QUARLES: Thank you.
MS. CARSON: Thank you.

CHAIRMAN CERTAIN: Thank you, and appreciate your time today. Francisco Gonzalez with the Georgia & Marietta National Cemetery has finally made it through traffic, so you're up. We're ready. Okay, quiet down.

MR. GONZALEZ: Good morning, gentlemen. My name is Francisco, and I'm a Marine veteran, and I just said this. Joey Meals is an Airmen retiree. He's retired not too long ago, so first, I want to say thank you for your service and your sacrifice for our country.

I'm the assistant director at Georgia National Cemetery and I want to speak on behalf of Georgia National Cemetery. I'm going to update on some of the things that's been happening within the NCA as well. I'm not an expert, you know, but if any questions come up, I'll try to find out and answer everybody as best I can, okay?

What I'm going to do is I'm going to show a quick video. We call it, "A Sacred
Trust." We usually at any presentation, we usually show it. It kind of highlights what we do, okay.

MEMBER KUSHNER: Sir, is that available on YouTube?

MR. GONZALEZ: Yes, it is. It is right directly from YouTube right now.

MEMBER KUSHNER: Okay.

MR. GONZALEZ: Anything that I'm going to go over today, go to that website. You can find all that information in there today as well, okay? I'm going to go a little bit over.

Currently, we have 136 national cemeteries in the United States, all right. Once you're eligible, you're eligible for any cemetery in the United States. When you're eligible, if you're married, your spouse is eligible, okay.

If you have any dependent children that are under 24, or 26 if they went to college, they will be eligible too. If you have any physically or mentally handicapped child, adult dependent, as something will probably happen in
the future, they will be eligible to be interred
in a national cemetery too, okay.

Currently, the NCA is working on rural
and urban initiatives, so they're creating more
cemeteries, you know, for the veterans, and to
assist veterans, and get those benefits out
there.

So they have a few cemeteries opening
up which are dedicated in cities that are just
going to be cremation only, and that's what we
call our urban, and they're building more
cemeteries as we speak as well.

I think they have probably two more
cemeteries they are trying to open before 2020.
One of them is Colorado, Pikes Peak National
Cemetery, and I think they're also working on
opening Buffalo National Cemetery in New York.

We grant -- most of our grants, we
have grants that go to states and tribal
cemeteries. The NCA gives them money to build
the cemetery and maintain it to national cemetery
standards and specs.
All of the benefits that you will get at a national cemetery, you will get at those cemeteries as well with the only exception depending on the state and how much money the state gives to that state, they might charge for any dependents. Veterans are free, but depending on the state and the amount of money they receive, they might charge for dependents of the veteran.

They're also working on weekend burials. Currently, it's already been in test at our largest cemeteries which will be Riverside, Fort Snelling, Jefferson Barracks, Calverton, New York, and Florida National. They've been testing Saturday burials because currently we only do burials Monday to Friday. And eventually since they are expanding it slowly, but right now it's only certain Saturdays of the month for that in those cemeteries.

Like the video said, we don't require a lot. We make the process as simple as we can. You need that discharge paperwork, and from
there, we'll take it, and if everything is good
with the discharge paperwork, it can be a matter
of hours before when we find you eligible.

And we have a scheduling office that
takes care of that. You submit your paperwork
and give them a call. The family or the funeral
home could do that, and we'll give them their
information.

Once they create that case, they'll
send that case over to the national cemetery of
your choosing, and once the cemetery has that
case, we can proceed with burial. As long as the
cemetery has a time available on the date that
you want, we can make it happen.

The requirements right now, what it's
saying for eligibility at this time is 24 months
of active duty, okay, honorable or other than
honorable, and that's it, and it can't be for
training only.

So when a reservist comes in or
something like that, and they don't have the
time, we usually -- the scheduling has to tell
them no, but there's always an appeal process that can be put in, but we also recommend to try a state or a tribal cemetery as well.

If a veteran wants to be interred, it doesn't have to be in a national cemetery. If they choose to be in a private cemetery, the National Administration will still provide some benefits to them, that being the headstone, Presidential Memorial Certificate, and the flag they deserve. They just need to put the request in with us. It's on the website as well. They can call any national cemeteries. They'll help you out as well.

But you get a headstone if you want our upright headstone. They have all the other ones. They have the flat ones as well. They have the fronts. It's up to the family to choose, okay.

If you choose your own private marker, we can still put an emblem there that we have for free. We'll send it through the mail as long as you request it with the branch of service, and
you can put that on the headstone that you have, okay.

Like I said, the scheduling office up in St. Louis is the department that handles all of the cases that come in. They also have an eligibility team. So if for some reason that veteran's family can't find those records, they have a team that specializes just to do that.

So if for some reason you're worried that you don't have your records, you can still give them a call and they will look up with their contacts, DoD.

They'll try anything, FBI, anybody that has records, DMV, even DMV. If they can find the proof in the VA itself, or the VBA, or VHA, they'll use that as well and make an eligibility determination, and most likely, they will approve it, okay.

We also have a team in St. Louis which is responsible for, which they call first notice of events type of thing, and what they do is when the veteran passes, they contact the VA or VHA
and let them know that this veteran has passed
and, you know, those benefits either need to stop
or anything like that, that way the family later
on doesn't have to get a bill from the VA, you
know, trying to recover that money as well.

Here at Georgia National Cemetery what
we do is we inter folks from -- we're open at
8:00 to 4:30 where our services are from 9:00 to
3:00, and that's every half an hour. Most
cemeteries are half an hour or 15 minute
services.

The idea is for a quick service, what
we call a committal shelter. Most likely the
family has already had a service at a church or
another place, and what they do here usually is
final farewells and military honors if the family
wants to have military honors at the national
cemetery.

Now I'm going to go over that
paperwork that you have right here, and I'm just
going to go over all the pages real quick. The
first page basically just explains what we do,
and that says everything that we provide, the
burial flag, the memorial, the open and the
close, the headstone. Everything is at no cost
to the family.

The only thing the family will have to
pay for is whatever they do with the funeral
home. So if you determine you want it to be a
full body casket, you will probably most likely
pay for the casket, the embalming, and the
transportation. If you are cremated, you will
just pay for the cremation and the urn. For
transportation, the family can bring the urn if
they want to.

The next page, we have a map of
Georgia National Cemetery. We currently have 110
acres open right now. We actually have 775 acres
for future remodeling and building, okay. So
we'll be open for a while, and most likely we'll
have one of the largest cemeteries in the United
States as well.

The next page right behind that we
have a pre-need form. This came out last year at
the end of last year. It's pretty new. And what it is is that eligibility portion you can get ahead of time. So all you got to do is fill this out.

Send a copy of your DD-214 and your discharge paperwork with it, and send it to the mail address right here on the top right, email or fax it, and they'll send you a response back in 90 days stating whether you're eligible or not, and why not, and you can appeal it as well. And this will just cut down that question, and especially for those folks that did reserve time and stuff like that, if they were eligible or not.

The next page, we go on the scheduling office, what you need to and how to schedule a service at a national cemetery. It's basically what I said earlier. Fax it. Give them a call and let them know the person has passed and what cemetery you want.

The next page is military honors. Here, these are the numbers for Georgia National
Cemetery for military honors. Military honors are performed by DoD. It is also requested by the family or the funeral home. Once they have a date and time with us, the family will contact or the funeral will contact, and they'll be at the place and time that the family requested them to be and provide honors.

Committal shelter just explains what we do, the shelter, and exactly what I said. You know, it's 30 minutes or 15 minutes depending on the cemetery that you chose, and it's a quick service.

The options, like I said, we have options of -- in Georgia, we have options of the casket in ground. Most cemeteries and newer cemeteries have pre-placed crypts in ground already, so concrete crypts with a lid and everything. So the first person goes first, the second person goes on top, and then it gets covered and closed up with a headstone ready for viewing and all of that.

But we also have the option if the
family requests it to be interred in a
traditional section with no crypts, or if the
family purchased their own vault, we'll put them
there too, okay.

With cremations, you usually have more
options. You have in ground. The urn will go
directly in ground, or above ground. What we
have here on this page right here on the back is
a columbarium, and it's kind of niches where you
put the urn, and there's enough space there for
about four regular-sized urns, okay.

You can also have your body scattered,
your remains scattered. We have a garden, a
scatter garden, and what we do in that situation
is we'll put a "memory of" in for the veteran, a
headstone "in memory of" okay.

The next one, we'll go over what I
went over about dependent child and spouses, and
that just goes a little bit into it. The things
that we usually require is a doctor's letter
saying that, "Yes, this child was in care of this
veteran," or spouse, and a letter from the
veteran themselves or the next of kin stating the same, that he's always been under your care.

The next page is how to obtain a discharge document if for some reason you don't have it at this point. This is right here just at the National Personnel Records in St. Louis as well. This process takes a little longer. It can take three months or even more depending.

The next one will be all of the state national cemeteries, Department of Interior national cemeteries here. One of the things that we require though that the national cemetery has been talking about is trying to integrate some of those other cemeteries that are handled by other departments and trying to take over some of them as long as they agree, so eventually in the future, that will probably become a possibility.

Right now, a lot of folks, you know, they want to be interred at Arlington National Cemetery. You know, that I will not be able to talk about. That's Department of Defense. What I can say about that is that usually there is a
waiting period for veterans to be interred there. I believe it's about 90 days as well, three months depending, four months.

At a national cemetery with the VA, if everything is good to go and everything is ready, and you want that service to happen the next day, we can do that.

The next pages we'll go over is we have the religious emblems. This is some of the markings that can go on the headstone. Currently those are the only ones authorized. And I'll leave it there. And if you guys have any questions for me, I'll try to answer them.

MEMBER MOORE: Jeff Moore. Does the website list availabilities at the different VA cemeteries or does it say, "This one is closed"?

MR. GONZALEZ: Yes, they will. Usually because if a cemetery says "closed," it's closed for first interments, for the first person going in, like we handle Marietta National Cemetery.

Marietta is a closed cemetery. It
doesn't mean we still don't do burials there.
The second person, the spouse or the second
person that passes away, we'll still go there and
perform that burial for that family there.

MEMBER MOORE: Thank you.

MR. GONZALEZ: Well, thank you for
having me. It's a pleasure, and thank you for
what you guys did.

CHAIRMAN CERTAIN: Thank you.

MR. GONZALEZ: I'm honored. Thank
you.

CHAIRMAN CERTAIN: Stephen Branham, is
he here? Yeah, you can't get pre-approved at
Arlington, by the way, but --

MEMBER SORTILLO: Well, I think as
long as you're in the system when they check you
out, you're in the system.

MEMBER HANTON: I think if you already
have someone buried, like my spouse is buried
there, you're kind of pre-approved in a sense.

MEMBER MOORE: This form applies only
to the VA though, not to DoD, yeah.
MS. WILLIAMS: Good morning, Stephen.
Are you on the line?

MR. BRANHAM: Hey, Leslie, this is Stephen. Can you hear me all right?

MS. WILLIAMS: Yes.

MR. BRANHAM: I'm ready to get started whenever you guys are ready.

MS. WILLIAMS: Okay, we're ready.

MR. BRANHAM: Okay, great, and I don't know, do you guys have my slides up over there or do you need me to show my screen?

MS. WILLIAMS: No, we do, so if you can just say, "next," we'll advance them forward.

MR. BRANHAM: Okay, and I'm actually going to start just a little bit before the slides. I won't talk on the first slide just yet, but I just want to get started with an introduction of myself.

My name is Stephen Branham. I've been with the National Work Queue as a lead analyst. I've been with NWQ for three years now. Okay, thanks, I see that you've got the slides up.
Prior to that, I spent some time as a veteran's service representative and a rating veteran's service representative at the Waco VA Regional Office and the Lincoln VA Regional Office. Additionally, I was a service center management analyst prior to coming to D.C.

Just personally a little bit about myself, I was born and raised in Texas. I spent some time in the Army, both enlisted and commissioned, and then I also traveled quite a bit doing that, and then wound up here in D.C.

So I'm really honored that you guys asked NWQ to speak on the FPOW, to you guys and to this committee regarding the claims process. So I just thought prior to going into how POW claims, FPOW claims are out in the National Work Queue environment, just to give you a little bit of a higher level NWQ mechanics of what things look like operationally on a daily basis within the National Work Queue.

So for those of you that aren't aware, prior to NWQ, before the electronic claims
process when we had paper claim folders, all
claims were housed at specific regional offices
and they were worked within those ROs, and there
were instances where claims were brokered from
one RO to another.

So if a RO had too much inventory than
they had capacity to work that inventory, then
there was a laborious process where they could
move those claims to another regional office in
order to efficiently process those claims, but
what National Work Queue has done is it's matched
inventory with capacity nationwide so that way we
can move claims as efficiently as possible.

So what this looks like on a daily
basis in the National Work Queue environment is
every claim that's established is recalled in the
National Work Queue the next day, and then
distributed nationwide to match inventory with
resources.

So for example, this morning -- I'm
just going to pull up my daily report just to get
some numbers and give you an example of what this
morning's distribution looked like. So yesterday, they established over 5,000 claims, and that's what we traditionally see on a daily basis. Between 4,500 to 5,500 claims are established nationwide.

So we recalled those claims and then we distribute them out nationwide to regional offices that have the ability to work those claims. And we want to do those on the next day as soon as possible so that way we can get that first touch on that claim as soon as possible, so that way veterans can have contact by VA right out of the gate, so as soon as they establish those claims.

Additionally, so for those of you that are aware of the life cycles of the claims, so we have claims that are in initial development. They are pending the first touch, and then claims that are in supplemental development, so they're waiting on additional evidence to come in of some sort, and then claims will move into --

Once all of that evidence has come
back, they will be ready for a decision, and once a decision is done, they'll move into the award cycle and then the authorization cycle.

In our current environment, claims that are ready for a decision forward, so either they're waiting for an RVS to rate that claim or for a promulgator to promulgate that rating decision, our current inventory, we're on demand rating and promulgation. What this means is we've got our inventory down to a point where we have sufficient resources to work that inventory on a day-to-day basis.

So our first slide here, this is just a higher level view of the mechanics, but there are specifics as far as the way that National Work Queue ranks claims within that distribution, and at the very top of that ranking are VA priority claims.

So in National Work Queue, we have a rule set that ranks claims based off a series of attributes. For example, if you have a backlogged claim, most often than not, more often
than not rather, it would go out ahead of a non-
backlogged claim, so we place more weight on
those older claims. This is true in most cases
except for your VA priority claims.

So if you had a claim that's an FPOW
that's been pending for one day and its action
will go out, and you have a non-VA priority claim
that's backlogged or older than that claim, the
FPOW claim would distribute ahead of that because
we want to ensure that those priority claims go
out as soon as they can and get in the hands of
claims processors as quickly as possible, so
that's why our VA priority claims are listed at
the top of our ranking rules.

Let's go ahead and hit the next slide.
And before we get onto this dashboard, I just
want to talk about the routing too. So we talked
about how claims are routing based off of
capacity.

So for example, if you have the
capacity to take on some claims and you take on
some claims that have a regional office of
another station, so maybe a Nebraska veteran
might be worked in Waco if Nebraska doesn't have
the capacity to work that claim.

That holds true for most instances for
commissions or claims such as homeless and then
former prisoners of war claims. So FPOW routing,
those claims are routed specifically to the
veteran's station where the veteran's residence
is, so those claims will stay within those
closest to the veteran's geographic location.

Additionally from there, once NWQ
distributes those actionable claims, those former
prisoner of war claims to those ROs, the RO can
have local routing rules established that can
route those to a particular employee.

So if they want those FPOW claims to
go to one of their faster claims processors, or
to their FPOW coordinator, they can identify that
FPOW as special issue and then route that claim
specifically to that employee to ensure that only
that one employee works that claim.

And with that too, so stations have
optics on these claims as well as NWQ has optics. For example, this is a look at some of the things that we look at here at the national level. This is our FPOW inventory. This was as of September 4 when I was previously going to present.

But we look at things such as if you look at the upper left table, we'll look at average cases pending of the claims that are out of the regional offices versus the ones that are with us at National Work Queue.

And then one of the big driving factors that we look at too is time in queue. How long has the claim been sitting at the regional office on average? You see there it's been sitting there. That cohort of FPOW claims have been sitting on average for 3.3 days, and in the National Work Queue, it will sit for 10.2 days.

So one of the reasons you'll see claims sit longer in National Work Queue is because we want it -- when it's pending something, so if it's waiting on evidence to come
back, we want those claims to sit with us rather than count against the regional office's time in queue, that way we can measure how fast the regional office is moving those claims.

And then you can look. We'll have some outliers of claims that are sitting for longer than 15 days, and then we also look at the inventory, and then in the scatter plot, we'll look at the time on station, so the time in queue versus the age of the claim, days pending.

So we also monitor claims in 499. That's our regional office. We take a look at those claims and ensure that they're moving from our queue as efficiently as possible, and we look at our daily distribution and recall of this cohort as well too.

We'll go to the next slide and we'll see some of the views that the regional office has to look at. So it's important to note that employees can see their former POW claims whether they're with their station or if they're in National Work Queue as well too.
So there's a report, a tableau server report called an MHAR report, and within that report, they can drill down into their FPOW claims either at their station or at multiple stations, but they can look at things for time in queue by cycle for example.

So you can see on the 5th, we had 141 FPOW claims pending nationwide, and then on average for initial development, they've been for 3.9 days time in queue by that cycle, so they've been at that RO for just under four days.

And then the bottom left, they can actually take a look at where those claims are by team and drill into those claims, and so they can see if a claim has been sitting with this particular team for too long. They can drill into that claim and then contact that team and see if there's an issue, or what's kind of prolonging that claim if you will.

So at the RO, they can also take a look at time in queue by user and by RO, so they can actually look at how long the claim has been
sitting with an individual user and then drill
into that claim and see where it's at, who
currently has that claim, and how long they've
had it as well too.

So that's really kind of the nuts and
bolts of National Work Queue and the distribution
process, and then how it works with FPOWs, and I
just want to open it up and see what kind of
questions you have, and we can take the
discussion in the route regarding the questions
that you guys have regarding this process.

CHAIRMAN CERTAIN: Questions, folks?
Dr. Moore?

MEMBER MOORE: Yes, Jeff Moore.
Earlier we heard about the identification of FPOW
claims, and their priority, and the flash that
you have just shown us as well. Do you have a
sense of how often a FPOW claim is not identified
initially because the flash was not turned on,
and all of a sudden you realize, "Oh, we have an
FPOW claim that wasn't properly identified
initially"?
MR. BRANHAM: So I know we struggle with that at times with our homeless inventory, and there's an actual homeless flash report that Comp Service looks at and I think BAS looks at, but as far as the FPOW flash and whether or not it's delayed as far as being put on the claim, I don't have visibility on that.

I could reach out to Comp Service or BAS and see if they have visibility on that, but at this time, I'm not aware of a report that shows that.

MEMBER MOORE: Thank you.

CHAIRMAN CERTAIN: Any other questions? It looks like you covered the territory for us, so thank you for your time today. I'm sorry that Irma got in our way in September.

MR. BRANHAM: No, and I'm sorry that I couldn't go out there and see you guys. And if you guys have any questions kind of late flowing, just feel free to reach out to me. I'm available via IM, or email, or phone, so I'm open to
dialogue and anything you guys would like to
discuss.

CHAIRMAN CERTAIN: Okay, thank you,

Mr. Branham.

MR. BRANHAM: Thank you.

CHAIRMAN CERTAIN: All right, our next

item is lunch.

MS. WILLIAMS: It's Panera Bread.

CHAIRMAN CERTAIN: Panera Bread?

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: Don't look so sad

about that.

MS. WILLIAMS: I am not a big fan of

Panera Bread.

CHAIRMAN CERTAIN: I picked that up

right off.

MEMBER MILLIGAN: Do they have pea

soup?

MS. WILLIAMS: Pea soup?

CHAIRMAN CERTAIN: I don't know what

kind of soup they'll have today. We'll find out

when we get there, but you can get an apple.
MS. WILLIAMS: They have broccoli and cheese.

MEMBER MILLIGAN: Apple or chips, yeah.

CHAIRMAN CERTAIN: I love Panera Bread. All right, is that walking or is that –

MS. WILLIAMS: No, we're going to drive. We're going to take the 15 passenger.

CHAIRMAN CERTAIN: Okay, very good, and in case you're wondering, in the back of the room is Jim Williams, so a prisoner of war a little bit longer than me, a lot less longer than these two guys over here, three guys, and was released a day before I was, but he's a local guy and he brought some things with us.

He'll be on the docket later this afternoon for our information, all right? So let's make it down to lunch and we'll be back when we get back. I don't think it will take us two hours to eat at Panera Bread.

(Whereupon, the above-entitled matter went off the record at 11:43 a.m. and resumed at...
2:00 p.m.)

CHAIRMAN CERTAIN: Good afternoon.

It's 2:00 here wherever we are, Atlanta, and Anna Crenshaw, you're up.

MS. CRENSHAW: I'm being paged.

CHAIRMAN CERTAIN: You're being paged, front and center. While we're waiting for the battery, we have two things to bring up. One is that we checked with Jeff Moragne this morning and we are on a three-year cycle, okay, not two.

The other is you have menus from The Capital Grille. That will be dinner tonight. There's a nice appetizer on here that's only $109. You might not want to consider that one, but everything else seems to be about Atlanta average.

PARTICIPANT: Excuse me?

CHAIRMAN CERTAIN: Yes, sir?

PARTICIPANT: My batteries went out.

CHAIRMAN CERTAIN: They did? Yeah, you're right. We'll get you a AAA and stick it in your ear, how's that?
PARTICIPANT: Could you repeat that, please?

MS. CRENSHAW: All right, are you guys ready?

CHAIRMAN CERTAIN: We are.

MS. CRENSHAW: All right, so yesterday I introduced myself and I gave you a little bit about myself, so today I'm just going to talk about the Benefits Assistance Service and what we do. As you know, I'm the assistant director over at the VBA National Outreach and Web Office, and the FPOW Committee is one of the committees that I have oversight for.

So the Benefits Assistance Service, so one of our key messages at BAS, and we say Benefits Assistance Service, BAS, we drive the touch points of how a service member, a veteran, family members, or other stakeholders interface with VBA. We do that through our division which is made up --

We have a contracts division. That's a whole team where we have the Tap contracts, and
as you know, other contracts, but Tap is one of
the biggest contracts we have. We have a
marketing outreach contract where the DRC
campaign is part of that contract.

We have -- our division is made up of
the military to civilian transition. They have a
chief of interagency coordination and a chief of
Tap operations. So the military to civilian
transition has an AD over it, and then we also
have two chiefs underneath.

And let me back up. Our director,
Margarita Devlin, is over all of BAS, and so
everything that you see here will fall underneath
her. I'm actually here on her behalf to give
this presentation.

And so the contracts division is made
up of a GS-15 as well, and then several cores
underneath there. Then the enterprise contact
operation, we have a GS-15 over that, Ms. Pamela
Liverman, the contact center chief, and we have a
chief of access.

The contact center is our public
contact teams and our call centers. They have oversight for public contact operations in the regional office and call centers. And then the access team is our business access team, which they have e-benefits and our outreach reporting to grant access for tools such as that.

The quality and compliance team is exactly what it says. It's made up of our site visit team and our quality team. Our site visit team often goes out to conduct site visits at all of the regional offices, and the compliance team does compliance, quality and compliance on the national call center.

Then last, but definitely not least, and one of the most important teams within the Benefits Assistance Service would be the VBA National Outreach and Web Office, which I am the assistant director of that team, which makes it so fabulous, and underneath that team is the outreach team and the web communication.

So just a little history about the Benefits Assistance Service, in May of 2010, BAS
was established as VBA's outreach office. Prior to BAS being stood up, we were all part of Compensation Service and BAS fell underneath the Compensation Service.

But the parts that needed to be done such as outreach and things of that nature were kind of sorely neglected because as you know, Compensation Service is a dinosaur of VBA. If you take a look back there at Ms. Laurine Carson, you will see that that's a dinosaur.

(Laughter)

MS. CRENSHAW: And so that was all underneath one umbrella, but some things that needed to get done, some outreach and the public contact things were being absorbed and not really being taken care of, so BAS was stood up to take care of that, and VBA Letter 20-16-12 established BAS as the lead office for outreach program oversight and coordination for all of the outreach activities reported in material.

And you will say, "Why if you were stood up to be the VBA outreach office, why would
you need a VBA letter to give you the opportunity
to be the lead?" Well, we were stood up in 2010
to be that outreach office, but we didn't have
the real policies and the procedures or the
backing to say, "Hey, we need this."

It was a feel good, "We want to do
this. Please do this for us," and guess what the
regional office would say back to us? "We can't
afford to do that. We don't have the resources
to do that," or, "How are you going to help us to
do that?" So we've grown, and this letter did
set clear guidelines to say that BAS was that
office to lead that coordination effort.

Now, we have a long way to go. We
still have a lot of bite, but not a whole lot of
-- a lot of bark, but still not a whole lot of
bite, so as we grow, we will continue to develop
procedures that will allow us to be able to
mandate a little bit more, and we're not at that
particular stage right now, but we do have some
mandated reporting that's helping us get there.

And in December 2016, BAS assumed the
FPOW program from Compensation Service, which we like to think that we've shown some improvement in how this committee operates now because of it being properly aligned. It wasn't so much that Comp was doing a bad job. It just wasn't properly aligned.

As the outreach office, we believe that we have the outreach effort. We have the oversight for it, and if we actually have more oversight for the committee, then we could actually better, you know, the things that are going on.

I have my Leslie as my DFO, and Mr. Marshall, and Mr. Philip Christian as our alternate, and so we have a little bit more control, and that helps us be able to interact with you and meet your demands, and I think Leslie does a very good job of taking care of this committee, and issues and concerns that arise, so that move, I think, was a good move.

So our FPOW coordinators, as you heard from the regional office coordinator today, each
regional office has in place a designated primary and alternate FPOW coordinator. Those coordinators provide benefit information and claims assistance to FPOWs and their family members.

The coordinators conduct outreach to FPOWs, their spouses, and family members of missing in action service members. They record all of the outreach activities in the outreach reporting tool, and they have to do that within five business days.

The tool locks down after five business days, so if they haven't reported it after five business days, they then have to contact us at CO and ask us to actually record the items for them.

They're pretty good at recording their items because they don't want to contact us and say that they have not done what they needed to do and can we please do it for them.

They have access to a resource directory or local organizations that provide
specific services to FPOWs, and we really encourage them to go out in the community and connect with their community leaders. I have Mr. Marshall here who is also my faith-based program manager for faith-based neighborhood partnerships.

And so working with the FPOW committee and being the program manager for the faith-based in the local organization is a real nice mix because he not only can engage from a local and community perspective, he's at the national level, and then he can identify those unknown entities within the local community that can align themselves with the FPOWs, so that's been a good partnership, he and Leslie working together there.

Okay, coordinators also act as the point of contact for VA and other service providers for FPOWs and their families. They establish a network among community service providers, and they share information on claims processing for FPOW advocates at the VA medical
centers, the vet centers, and other local
community organizations, so there should always
be a warm hand out.

No FPOW claim should just be lingering
out there. If you have a VBA POC, the FPOW
coordinator, and you have the VAMC, they should
be communicating with each other. They should be
picking up the phone, talking, and making sure
that the needs of that FPOW is taken care of and
they're doing it in a very professional, succinct
manner. They meet regularly with FPOW groups at
their local regional office, so different
regional offices should be meeting with their
local FPOW groups within their community.

And I know you heard a little bit
about the National Work Queue this morning, and
that's working with the claims, but the community
organization should be meeting with their local
regional office, so that face to face point of
resolution should never go away.

They advertise VA benefits information
on the regional office local website. Every
regional office has a local website where they can advertise their information at, and so we do do a compliance check.

Web communication does fall underneath me now, so the web office does a compliance check to make sure that events that are being held in the local community, if the FPOW is aware of them, they should be posted on the regional office website.

So if you're working within your community and you know your organizations, encourage them to submit that information to us. We have a national outreach mailbox. I'll make sure you get that information because if you can have them send that to the national mailbox, our outreach mailbox, we in turn will ensure that it gets to the regional office.

And then they also advertise in various locations where FPOWs, their spouses, and family members live or frequently visit. That would be at your churches, at your community centers, the VFWs and places like that.
So FPOW claims, the VSRs and RVSRS are considered part of the FPOW care and benefits team with VHA, and they receive mandatory education and certification, and Stacey spoke to that yesterday, so I don't even really have to address that, so you guys know that they are getting the training that they need.

FPOW claims are prioritized in VBMS, in our Veterans Benefits Management System. You heard a little bit from the National Work Queue and you also heard it from the FPOW coordinators. Those claims are still prioritized regardless of the work queue.

The coordinators ensure that the claims are flagged and hand carried, and when we identify that that's not happening, then we deal with that on a case by case basis, but each case should be flagged and they should be hand carried to someone to actually make sure that the work is getting done.

And I know that not all regional offices, you know, adhere to that sometimes, but
they definitely try, and when we find out that they're not, then we reinforce that that should be happening.

Our message for outreach is in using proactive outreach, we ensure that all service members, veterans, and families of every demographic receive current and accurate information about benefits and services.

Our objective is to ensure that the important benefit information is provided to the right person at the right time and in the right way, and that is for the purpose of improving ease of access and to put the veterans in control of how, when, and where they wish to be served.

That's saying a lot, right? But basically I really genuinely feel like that. I feel like not everyone -- we're not cookie cutters. All of us are unique and all are different.

We're veterans that have a similarity, but unique needs, and so my needs may be very, very different from your needs, and so my goal in
outreach is to reach out in a manner where I am reaching every demographic.

   I'm reaching those veterans and they are resoundingly saying to me, "Anna, this is what I need. I know you're doing this over here, but here is what I need, and how are you going to help me be able to better access the VA?"

   For example, our rural veterans, access to the VA may be very different for a rural veteran than for a veteran living in downtown Manhattan, New York. And so my goal is to continue to work on ways where we make it very easy for them to meet their needs, and will provide it to them when they need it at all stages of life, from cradle to grave we like to say.

MS. CRENSHAW: Okay. So our outreach.

We manage DVA's outreach by ensuring a strong presence with a unified message across the nation. That's my job, to ensure that the outreach is consistent as much as possible and that there is a strong message.
And when I say across the nation, I really mean across the nation, not just here in America. We have overseas military service coordinators in Japan, we have them in Europe. And in Europe we have overseas military service coordinators that are in Frankfurt, Deinstadt. We have them in Italy. We have them in England. And, on, and -- oh, I did say Germany, Italy, and England.

And in Japan we have them in three places, Okinawa, Iwakuni, and I'm trying to think of the other one, Yokosuka. Yokosuka.

We coordinator the DVA's outreach activities where they will provide the greatest return on investment, mostly closely aligned with merging outreach demographics, and most importantly, increased access to support of NATO, an update on that whole message there. The goal is to make sure that we meet the veterans' needs at the time that they need them and the way that they would like to receive them.

We, my team developed policies and
procedures for the special emphasis outreach
programs. We facilitate and conduct target
outreach campaigns. And my team participates in
local and national boots on the ground outreach.
And we have several special emphasis outreach
programs per year.

Before I go over this slide I'll just
briefly cover on some of the outreach programs in
addition to the FPOW staff that the service has
oversight for, as you know, one of our huge
programs is the transition assistance program.
That's a whole separate division I talked to you
about at the beginning of this briefing that
falls upon Meredith Thomas. That, that's one of
the biggest ones. And we work closely with that
team to meet their needs as well.

In addition to that we have the
homeless; we have the minority; we have the
women; we have rules; we have casualty; we have
foreign; we have -- am I missing -- Yellow
Ribbon; we have the TAA transition assistance; we
have the Wounded Warriors, Army Air Force, Navy,
and Marines. What am I missing? Whose program
am I missing? Did I get them all? Pretty much.

We also have oversight for our -- the
burials and the flags. We do a lot of
interaction with them. And one of our main teams
that we work with is our outreach reporting team
where all the regional offices are mandated to
report in activities. So we write the business
requirements for that team. We maintain the
performance of it. And we capture the data in
the outreach reporting too. We analyze that
data. We report that data to Congress on a
biannu -- on an annual basis. We do the biannual
outreach report, and we do the annual, the
biannual outreach plan.

The benefits book that you have, that
everyone has, that little benefits book that we
pass out, my staff coordinates that benefits book
to make sure that everything we write actually we
write it up pretty much.

Mr. Marshall had the honor this year
of being responsible for the benefits book. It
was his first year. And he got it, he did a good job on it. But it is a lot of coordination when you're coordinating with every entity that has an input into that book.

So we gather all of that input. We edit it. We make the content publishable and then we publish.

We also have BAS POC that's responsible for all the publications and the forms within the Benefits Assistance Office. So I think my team has a tremendous amount of work. And I think they do a really good job.

And these are some of the highlights from FPOW that we did. Rolling Thunder Run, we do it every year. There's always over one million in attendance at that run on Memorial Day weekend. The attendance continues to increase annually. It is the world's largest single-day motorcycle event.

And let me just speak a little bit about what we do when we have Rolling Thunder, my team specifically. We get up and start planning
for it. We coordinate ahead of time. We have a space that's reserved. But that morning of, and I've done Rolling Thunder every year except for this past year. I did not do Rolling Thunder. It's the first year I have not done Rolling Thunder. We load up everything about the night before, Leslie and I, and Mr. Marshall and I, and another teammate. We load up all the water, all the snacks, all the stuff. We'll do that the night before.

The morning of we'll get a lot of ice. And we usually get up about 4:30 in the morning and we have to get to the parking lot at -- definitely have to be there before 6:00 because after that they lock the parking lot out because all the bikes are going to be coming in.

And once you are in the parking lot you cannot leave the parking lot until all the bikes have left. The bikes start rolling out about 12:00 o'clock. And we are there usually from 4:30 that morning to 5:00 o'clock that afternoon. And we always have a really, really
good time. It's probably one of the best events that we have.

We had a couple years ago people would just come. And some people are angry with the VA and they throw water at us. And we were, like, how do we get these people to just stop and listen to us? We need, we need them to just listen to us and know that we're friendly people, that we're nice.

And so what we did, we took paper, little lunch bags. We stuffed them with goodies. And we have water because it's hot, so everybody wants to get cold water because it's really hot that day. We knew we had cold water. And we had signs that say "cold water free." We put the benefit information on the bag, we stapled it. And when people came to grab it, because they grab the stuff off the table we were like, oh, we're going to give that out but you've got to listen to this presentation.

So we gave a 5- or 10-minute little presentation. And people were just piled up
because one or two people standing there it drew a crowd. And then the crowd was eager to hear what we had to say. And so once they listened to us we then passed out the bag and the cold water. And so it was very successful.

We do the Mega Flyover honoring all the World War II veterans, FPOWs Missing in Action. We hold the FPOW annual training conference. And we do the national outreach quarterly training calls. We continue those calls.

And just to give you an idea, this is Rolling Thunder. We took a picture. And the parking lot had not quite filled up. This was probably about 6:00 o'clock in the morning during Rolling Thunder, my team and I a couple years ago. Rob Reynolds was the director at that time. He is now the deputy undersecretary for disability. And he is still attending Rolling Thunder because he rides every year.

But in FY 2017 we conducted over 136K hours of outreach. We coordinated across all of
DVA's business line. And we reached over 3.1 million service members. And for FPOW we did more than 1900 hours of outreach targeting FPOW survivors and family members.

To give you an idea of what that looked like when I started at the Benefits Assistance Service, and 2011 the outreach hours were at 36K hours. And so we've increased from 2011 to now from a hundred -- 36K to over 136K. And we were seeing not even 500,000. So now we're at 3.1 reaching people. And that's through innovation, creativity, and doing what we said we're doing, reaching out in ways that they want to be reached.

There are multiple ways in outreach that you can reach an individual. You don't always have to do that through technology. It's through conference. It's through the boots on the ground. It's through sharing information.

I tell my team all the time, outreach is always within you. You don't necessarily have to be in front of an audience to conduct
outreach. If you're sitting on the Metro and you strike up a conversation with someone and they say "I'm a veteran," you can talk to them a little bit and say, "Hey, are you getting your benefits? Thank you for your service. Are you receiving the benefits?"

If they tell you no, "Well, how about that, I can help you. Here's a business card. Please contact me."

And I demand that they follow up with individuals. And it's simply a one-on-one touch point. Outreach begins with you, it begins with me, and it's just, like I said, one-to-one. And when we get the big audience it's great, but the best type of outreach is when I'm dealing with you on a personal level and you're telling me your story. And I'm listening to your story. I appreciate that. And then I turn around and say, "How can I help you?"

That's what I have for you today. Are there any questions?

MEMBER HANTON: Tom Hanton here. We
have an excellent opportunity for some outreach
next year, our 45th Nam-POW meeting in Dallas,
Texas, in April if you want to reach several
hundred of us.

    CHAIRMAN CERTAIN: I'll send you a note
with the dates.

    MS. CRENSHAW: Okay, yeah. And this
was our first time doing Nam-POW this year.
Leslie had asked to attend. We got that kind of
at a last minute, so I wanted to know what it
was. We were doing research.

    So she actually went to Nam-POW and
helped with membership solicitations. I think it
was very -- like I said, it was our very first
time. And after weeks of take -- we took over
the program. It's been a year now. And we are
anxious to grow the program, to learn more about
how we, having ownership of this program, can
reach the people that we need to reach.

    And we're still struggling with that.
I'll be the first to admit that it is not
something that's easy to do. I was talking with
Dr. Certain on this just a little bit: how do we reach the ones that are not in our system?

We can -- I can do a data call and do a data pool and find the FPOWs that out there. We know the ones that are in VHA that are receiving services. And we know the ones that are on the VBA roll. What we don't know is the ones that DoD has at, you know, they know the FPOWs.

And that's something that Leslie and I are still working so that once we identify them one of the recommendations was out of the committee last year was to outreach to these individuals.

CHAIRMAN CERTAIN: Robert Certain.

There are a couple of sources that you can pull from in addition to DoD. One is the Nam-POW membership list, and the other is the American Ex-POWs membership list. And there's overlap there. But that's, that's -- if those two organizations will give you their membership lists then you can run against those who are in
the system and those who are rated so that you
can do better outreach, pointed, direct.

Another possibility would be to submit
periodic articles to both those organizations.
Tom Hanton over there runs the email newsletter
for Nam-POWs. And the one for American Ex-POWs,
and it's a --

MS. CRENSHAW: Okay.

CHAIRMAN CERTAIN: -- quarterly
newsletter. And so the editor for that is always
looking for good information to pass on to the
members.

So, so those are two ways rather than
just using government sources, to use the
organizational sources that are out there in the
field.

And in so far as possible, to solicit
those organizations or recruit their members into
the --

MS. CRENSHAW: That would be excellent.

CHAIRMAN CERTAIN: Because we can do it
eyeball to eyeball a lot easier than you can.
And can be fairly successful because, first of all they know us and trust us, and if we trust the VA then they're more likely to trust the VA than otherwise. As we know, we have a PR problem that's existed since the '70s with the Vietnam generation anyway, and it's hard to overcome that.

So, yeah, I recommend just informally here that you think about ways in which you can get the POW organizations to help bring in their members in order to, first of all, so you help them understand what their benefits are and to help them secure whatever those benefits are and treatment facilities are for them and their potential surviving spouse.

MS. CRENSHAW: That would be excellent. And I would love to work with you on that, and particularly with Nam-POWs. Leslie said that it went very well. And so based on just that one outreach event that she attended.

And then if I -- and you've already given me one result. We could definitely connect
after this conference and talk about ways that we
can reach the POW, Nam-POW membership and the
POWs that are not in the system using the local
organizations, using the people that you know.

CHAIRMAN CERTAIN: Next year's will be
larger than this year's. This year's was a
small, a small reunion that was combined with the
Son Tay Raiders. Next year because it's a 45th
anniversary of our repatriation and then it's
more likely to have at least double the number
present. And a lot of spouses and grandkids and
kids come with us to these things.

MS. CRENSHAW: Oh, awesome.

CHAIRMAN CERTAIN: So then you can
reach out to them as well.

MS. CRENSHAW: We'll start working on
that as soon as we get back. And you can count
the VA in that.

CHAIRMAN CERTAIN: Joe is the head of
the organization. And Tom runs the
communications for it.

MS. CRENSHAW: So we have an invite;
right?

MEMBER HANTON: Yes, ma'am.

CHAIRMAN CERTAIN: You can give him your business card.

MEMBER HANTON: Not just be there but we have a whole business meeting. And that's when the membership will --

MS. CRENSHAW: We will definitely be -- you give the invitation, we'll be there.

MEMBER HANTON: Do you want me to send the invitation to you or to Leslie?

MS. CRENSHAW: You can send it to me.

MEMBER MOORE: Jeff Moore. I have one question and then a comment as well.

Earlier we heard that there was on a VA website, it wasn't specified, a nationwide coordinator list. Is that specifically under your office or is that just if a person just goes to the VA website can they see a list of the update --

MS. CRENSHAW: No. It's actually internal.
MEMBER MOORE: Oh, it's an internal.

MS. CRENSHAW: Right. It's an internal list, it's not an external list. And Leslie actually maintains that list. Right?

MS. WILLIAMS: Yes. And but it may be externally.

MS. CRENSHAW: Yeah. That was one of the recommendations that came out I think last year from one, was it the 2017 recommendation or?

MS. WILLIAMS: Correct. It was the recommendation for a list of VBA coordinators and VHA advocates to be placed externally. So Dr. Powell provided me a list of all the VHA advocates. So now the only thing we have to do is do a data call for VBA and then we can publish it externally.

MEMBER MOORE: And the other question I have, is there a brochure that says, hey, if you haven't, if you haven't applied for benefits, here's where you should call and that sort of thing?

The reason why I ask that is even
though I'm not with the Mitchell Center anymore,
if we had some of those brochures we could easily
put those in the waiting room. And as the Nam-
POW comes through the Mitchell Center they could
say, "Oh yeah, here's -- oh, I need to do that."

We could also make it available at the
VFW, the American Legion, Military Order of the
Purple Heart.

CHAIRMAN CERTAIN: Exactly. All of
those.

MEMBER MOORE: And all the other
veteran organizations to put out to their
members.

MS. CRENSHAW: So we do have outreach
material. We have multiple brochures. We have
our benefits handbook.

We are working right now on another
outreach magazine. But all of our outreach
materials telling you how to apply for benefits,
if you -- Leslie and I can take that back as a
you guys want outreach materials that you could
be able to distribute to your membership. We
think that's an easy ask.

And the little benefit book that we had. And I don't know if anyone, you all have seen the latest benefit book? Have you seen the latest one out that's about 60 pages?

Let me get that for you. I have one.

I brought one with me.

CHAIRMAN CERTAIN: For initial outreach I think this is about as big as you want to be.

MEMBER MOORE: Exactly, yeah. Yeah.

CHAIRMAN CERTAIN: Because with initial outreach if you hand then that they're not going to look at it.

MS. CRENSHAW: Oh, okay.

CHAIRMAN CERTAIN: But something about this big.

MS. CRENSHAW: We have trifolds. We do have trifolds.

CHAIRMAN CERTAIN: Trifolds would be good.

MS. CRENSHAW: And we have some materials that we've been working with for our
Decision Ready Plan. We have our e-benefits material.

This is actually the benefits book.

Now, most of you remember it when it was this big and it had everything in it. This is our new benefits book. And it doesn't have -- it just tells you, gives you a little blurb and then tells you where to go and how to apply for benefits for any benefit that's in this book.

We do a lot of business with different private organizations. We just entered into a partnership with the Library Association and with the USO Transition Group. So we sent them all of our outreach materials so that they can put it in their libraries because we know a lot of veterans visit libraries in their local communities, and particularly in rural areas where they have like little town libraries. And not everyone in the town is rich and has a computer for access to them, but they can actually go to their library. So we've been putting materials in our local libraries.
We also did a partnership this year with the Railroad Association which we found out wasn't really an association the way we thought it was because the railroad is broken up into three different entities. So we actually reached out to them and we put it in their, at the H.R. Department, put these in their veterans' packages.

And we've been working with a lot of private organizations giving briefings to their veteran employees so that we can outreach to them and say if you know someone, if you're a veteran yourself or if you know a veteran then here's information that we want to share with you. And we want to invite you into the VA.

We would like for you to get to know your VA today. We're not the VA of yesterday. We are trying to reach forward of that image. We are here to assist you, to help you, and here's how we can do that.

And we really want people to know we care, that we're there for them. And we know
that that's a trust-building, you know, we need you to trust us. Like Doctor Certain said, it's a trust issue. But if you can see that we're going out of our way to be there for you, we'll meet you where you need us to meet you at. You don't always have to come to us, we'll come to you. And that is meeting them where they're at, giving them the services that they need in the community environment that they trust, that they feel safe at.

And so that's what we're doing. And we'd love to expand our already great partnership that we have with the community and we'd, say our family, we'd like our family to grow. So, yes, we're very, very interested in doing that. And we will get your material.

And if there are things that you want us to maybe create another type of fact sheet or something that just tells just for this community, then we can definitely do that.

That's it.

CHAIRMAN CERTAIN: Joe.
MEMBER MILLIGAN: Yes. Joe Milligan.

If you can provide me with names of the Nam-POWs who are receiving benefits, I can tell you who are not.

MS. CRENSHAW: How would I --

MEMBER MILLIGAN: Take about an hour to do that search.

MS. CRENSHAW: Oh, so you want me to give you -- I don't know that I can give you their names.

MEMBER MILLIGAN: Probably have to go the other way around.

MS. CRENSHAW: Because that's PII. I can tell you how many. I can't simply give you the names.

So that, that was one of the recommendations that we talked about. We can't give out personal identifying information unless that person gives us the ability to.

MS. CARSON: I was going to ask have they checked the PANI to determine if they can do any type of FOIA request --
MS. CRENshaw: Any --

MS. CARson: -- for the information.

Individual and others with disability, but you
would have to have people sign something to let
you have the information. But is there anything
related with a formal data request or something.

MS. CRENshaw: So we have a formal data
request so we know how many veterans are in
receipt of -- how many POWs are in receipt of
benefits. What we don't, what he's asking is we
have the FPOWs that are on our rolls, but he
wants to know if the ones that he has in his
membership if they match up.

So even if he gives me his membership
list I would have to do the matching and go back
to him and tell him these, here's who's on your
list that's not in receipt of benefits. Right.
I can't give him any information but I can do a
data match.

MEMBER MOORE: And Leslie has the --
you have the list; right?

MS. WILLIAMS: Yes.
MEMBER MOORE: The Vietnam list.

MS. WILLIAMS: Yes.

MEMBER MOORE: She has the Vietnam list, so.

MEMBER MILLIGAN: List of what?

MEMBER MOORE: Of Nam-POWs.

MEMBER MILLIGAN: Oh. Oh, all right. And you know who's -- and so you have the list, the list of Nam-POWs. And you also have the list of who's receiving benefits.

MS. WILLIAMS: Correct.

MEMBER MILLIGAN: Yes.

MS. WILLIAMS: And then at the conference I made a copy of the list that you had posted as well.

MEMBER MILLIGAN: Oh, you did get a copy?

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: Okay. Okay, good. So you've got that.

MEMBER MOORE: So you made a copy, you mean a hard copy?
MS. WILLIAMS: No. Took a picture and then typed it out.

MEMBER MOORE: Okay. You have electronic --

MS. WILLIAMS: Yes.

MEMBER MOORE: -- searchable copy?

MS. WILLIAMS: Yes.

MEMBER MOORE: Okay.

MS. CRENSHAW: I'm sure Leslie's going to share that with me as soon as we get back.

CHAIRMAN CERTAIN: So that's --

MS. WILLIAMS: It's on the Q drive.

CHAIRMAN CERTAIN: That's, that's done.

So the other one, if that's productive -- run that one first -- if that's productive then we can approach the American Ex-POWs to see if they will release their list. Because they will include Korea and World War II and as well as Vietnam is potentially, the post-9/11 group, --

MEMBER MOORE: Right.

CHAIRMAN CERTAIN: -- and that's the
separate group. They --

MEMBER MOORE: Twenty-nine.

CHAIRMAN CERTAIN: -- there's not very many of them.

MS. CRENSHAW: It would really be awesome, and we will work on this, we'll definitely take the opportunity to try to get as many veterans, FPOWs that we know of that we can outreach to. My job is to outreach. And I want to connect with as many.

So this year, say, we had 1900 hours of outreach. My goal is not so much the hours of outreach. That's insignificant to me in terms of how many people we touch when we outreach. I'd much rather have a high number of this is how many individuals I reached as opposed to how many man-hours I put into doing this.

And if we can, with all the technology that we have and the lists that you have, there's no -- there seems to be really an easy way that we can merge that list. And then we can avail ourselves, like when we say it's PII information,
but they have a way of getting information. And
I'll definitely -- I know for a fact I can't do
the names but we'll see how far we can push that
needle to get what we need.

Anything else?

Well, once again, it's always great to
stand before us for a chance to meet, and Dr.
Quarles, you know I'm not leaving you out, but
it's always nice to stand before a group of fine,
distinguished, young gentlemen at your table.

CHAIRMAN CERTAIN: Oh brother. Don't
let your pants catch fire.

(Laughter and applause.)

CHAIRMAN CERTAIN: All right. We'll
have to take a break after that. Let's take 15.
We'll get the room rearranged for Jim Williams.

Before we take the break, oh, we've
got the photographer here. Okay, let's take our
tags off and we're going to get shot.

(Whereupon, at 2:41 p.m., the meeting
recessed, and reconvened at 3:11 p.m.)

MR. MARSHALL: Good afternoon,
everyone, as we start back.

The oldest of five children, Lt. Col. James Williams was born in Memphis, Tennessee; is United States Air Force (retired). Served April 30th, 1967, to June 30th, 1995. And was a former prisoner -- is a former prisoner of war of the Vietnam War from May 20th, 1972, to March 28th, 1973. With 48 years of service, 28 being Air Force, and 20 in the Education Department, I present to you Mr. Williams to present his service.

MR. WILLIAMS: Thank you, Mr. Marshall. I know everybody had that great lunch. And I noticed during the last presentation a lot of gentlemen over here and I were falling asleep. So hopefully we'll make this as quick but productive as possible.

First I want to thank the committee for allowing me to come and see exactly what everybody's doing. I learned a lot from the VA. In fact, I've been coming here since 1995 right after I retired. But the knowledge that I
received today I'm looking forward to taking
advantage of some of it.

As Mr. Marshall said, I went to
Vietnam 29 June, 1971, after being checked out by
the Air Corps. And as pointed out, I was on my
229th combat mission when I got shot down. In
fact, the day that I got shot down we really
shouldn't have been flying. I was flying with
John Marko, who was a fairly new front-seater.
And as the process worked you put over here with
a new guy, front and back.

And May '72 was not a good month for
the Triple Nipple. Our squadron commander, as
everybody knows Joe Kittinger -- I take that
back. Bob Large and Robbie Locke got shot down
on 10th of May. Joe Kittinger and Tiny -- we
called him Tiny. He was about 6'7", Kevin
McGrath. Wondered how he would fit in the
backseat. He got shot down on the 11th.

At that time Steve Richard had moved
up from number three after Bob Large got shot
down to lead. We got back on the 20th -- I'll
talk about that in a little bit more. Kind of
give you an overview.

And then on the 28th of May, Greg
Hansen and his back-seater got shot down.

So out of Triple Nipple we lost four,
four crew members.

On 20 May of '72 -- in fact I was
sharing, had 40 days left on my tour, and one of
the guys got sick and they said, Hey, Jim, will
you fly? And I know you're sick and all. And
everybody knows what that means. And I was
headed to Germany. And I said, Oh sure, no
problem; I've got my bags packed.

In fact, this ring here that I'm
wearing -- and I'll pass it around starting over
here -- I got it made up in Laos in the latter
part of '71. And I decided for some reason -- I
flew with it all the time, but that particular
day I took it off. And not knowing, you know,
that would be my last mission.

What happened, we'd gone out to the
aircraft. We were boarding two aircraft. We was
carrying four AIM-7's and four AIM-9's. And the first one we went to we had a dry failure. So we called up Steve and told him to go ahead and launch the spare. As we'll get airborne we'll join on the tanker.

And when we went to the second aircraft two of the AIM-7 missiles weren't tuned. So we went to the third aircraft which we should have just said, hey, this was not our day. We took one and, again, we had two of the AIM-9's that wasn't tuned. But we still said, hey, we're going.

And that particular mission that day we was a mid-cap for during Linebacker I. And they had about I guess 100-plus aircraft hitting targets in North Vietnam. So our job was to circle around the guerilla head.

If you look up here, our job was to sit up here and then the MIG aircrafts were coming in.

Who all saw the movie "Top Gun" with Tom Cruise, and "Red Tails," the Tuskegee Airmen?
That was our job, to keep the Soviet aircraft off
the bombers.

So we picked up four that was coming
toward them. Steve made the decision that we
would engage. We jettisoned all the tanks to
have a clean aircraft. If you've ever flown a
big airplane you know that with those tanks it's
kind of hard to handle. So we jettisoned the
tank.

And we popped up and we got in the air
to air engagement. MIG-21 had rolled in. Steve
had rolled in on MIG-21 getting ready to shoot
him down. One rolled in on Steve. John and I
rolled in on him. And one rolled in on us.
Hauled off a air-to-air missile and got us.

So as we was coming down, I'd always
agreed with John, I said, you know, if anything
ever happened to us, you know, we would separate,
separate ourselves. You know, we didn't want to
-- if you've ever done any hunting like I used to
do back in Tennessee -- it's easier to track two
rabbits as compared to them separating, so.
So we separated. And we was on the ground about five-and-a-half hours before they made an attempt. Because we was only like 25 miles from downtown Hanoi.

Let me just -- I talk loud enough.

We was only like 25 miles from downtown Hanoi. And after we got hit we were trying to get feet wet so to get out so the Red Crown could pick us up, but we never made it. And so we had to step out of it.

And that's when my ordeal started.

John and I stayed in contact with each other on the radio but we stayed separated. And then when they finally decided to try to come pick us up they asked us to pop a smoke. And when I popped my smoke there was about 12 Vietnamese, three of them was female with AK-47s. And so I'm standing there with a third egg in my hand, my survivor radio, saying, Hey, if you have anything, drop it. Primarily asking them to drop some gas so they could come down and pick us up.

But, unfortunately, I got captured and
John got rescued. And so my ordeal started off, the first thing they did they stripped me completely nude because they know Americans are not used to walking around the jungle. So they stripped us completely nude. I had leeches all over my body. And we were giving the international signal for water.

And so I went to the first camp and I'm sure they had never seen a black man before — I take that back, back then it was colored -- they had never seen a colored pilot before. And so the little kids would run up and I had a little hair then, had a little Afro. So they'll be feeling my hair. And I was moving around, they would start screaming. They would come in and start feeling all over me.

And that went on for about two days before they finally turned me over to the Army. So they gave me some pants, some flip-flops, and then off to the Hanoi Hilton.

And the Hanoi Hilton when we got released they allowed us to bring a uniform also.
This is the uniform I actually wore in captivity for 313 days. They had this color, then they had a red one, red striper ones. So I decided to take this color.

This is a cup that we had to eat out of. And following them all we, we started off about -- I spent about 40 days in solitary confinement before they finally put me in the room with other guys. So we had a bunch of cups in there, so we had to distinguish cups. So I finally got mine. Ordered that when I got home. But I guess some of you guys see what I had up on the bottom of mine.

In fact, I'll pass it around, let you see that, too. No, I'm all right, I'll pass it. But anyway, this is what we used to eat out of. For breakfast we got maybe one morning we'll get some milk and maybe sugar. And then the next day we may get sugar and bread.

So, my smart self, I said, well, I like corn flakes. So I would keep my bread and put my sugar on there and, hopefully, I got milk
eventually. And so when we did get milk then I
would break my bread up, sugar bread, so I had
corn flakes.

And then for lunch we got what we
called weed soup. That was something looked like
green. And I'll tell you how we had to prepare
our food, I mean prepare our provided food.

And then at dinner we would get what
we called pumpkin soup. It was a yellowish melon
that they used to boil and so on.

Now, while we was in the Hanoi Hilton
they kept us, what we called the fairly new guys
-- and I won't say it because we have young
ladies in the room -- but we would call each
other. And then they kept the other guys who
were shot down. Everett Alvarez at that time was
on record being the first guy shot down. He was
shot down 1964. And so they kept us separated
from those guys.

Then, okay, back to preparing our
meal. We finally got orders, you know, through
communications that the only job that we could
do, we had to make coal balls. And I'm sure Tom
would remember that. That's when we would get
out and go to a stack of coal. Then we had to
wet them up. And that's what they used to
prepare our food, the cooks.

And so that was the only type of job
that we had to do, do during that time.

Now this was during Linebacker I. I
think you got shot down Linebacker II; right?
Okay.

Now, I got word of 690 -- 661 of us
only 15 of us was black. There was six Air Force
officers and one Navy officer, and nine enlisted
from the different branches of the service. And,
unfortunately, Fred Cherry, who was shot down the
year that I placed captain in '65, he had been
there for eight-and-a-half years. He just passed
away last year.

And then I read in the news really
last year when Tom Madison passed away. And then
we had Norm McDaniel, Hermoso Alexander, Norris
Charles, Louis Mays, Tony Marshall, and myself.
Those were the seven officers.

CHAIRMAN CERTAIN: There was also a

Fernando Alexander.

MEMBER MILLIGAN: Yes, Hermoso Alexander.

CHAIRMAN CERTAIN: Yes.

MEMBER MILLIGAN: Fernando Alexander,
yeah. And he was a --

CHAIRMAN CERTAIN: B-52 bombardier.

MEMBER MILLIGAN: -- B-52 bombardier.

So that was the seven of us. And

right now we're down to, counting Hermoso, Norris Charles, Tony Marshall, and myself, I think

that's the only, there's only four of us left Air Force guys that's still alive.

PARTICIPANT: Norm McDaniel.

MEMBER MILLIGAN: Norm McDaniel, he --

I'm talking about just for Air Force.

MR. WILLIAMS: Now, Norm, I will say he

was a little different. I think all the POWs

know what I'm talking about. Okay. So I will

just say that the thing that he did it wasn't
acceptable. That's my opinion.

MEMBER QUARLES: Acceptable?

MEMBER MILLIGAN: Right. It was unacceptable.

MEMBER QUARLES: Oh, okay.

MEMBER MILLIGAN: Because --

CHAIRMAN CERTAIN: Just don't go there.

MEMBER MILLIGAN: Yeah.

But anyway, and hopefully I get a chance to see him. He's scheduled to -- his flight instructor, you know, college rank, Fred Espy who taught Navy ROTC at Southwest DeKalb. He was his instructor pilot.

So we're trying to get -- for some reason he still won't come out and socialize with us.

CHAIRMAN CERTAIN: You're talking about the wrong person.

PARTICIPANT: That's a different person.

MEMBER MILLIGAN: Norm was at our reunion. Norm's out all the time.
Norm is Air Force and he was at our reunion.

MR. WILLIAMS: Well, the last few I've been to, you know, prior to this year he wouldn't show up.

CHAIRMAN CERTAIN: You said Norm McDaniels.

MR. WILLIAMS: Oh, not Norm McDaniels. Norris Charles.

CHAIRMAN CERTAIN: Yeah.


But anyway, people around this table know what I'm talking about. And I won't share that with the young ladies.

But it was a different experience for me. Growing up my dad used to take me out to the Memphis airport. And we would -- that was a big thing on the weekend, and watch the planes take off. And I said one day that's what I want to do.

And I was very fortunate there, I
forgot that. Got checked out. Front seat. Flew
for three years at Holloman Air Force Base,
7/16/78. And then when they got ready to
transition to the F-14 I got assigned to Seymour
Johnson. They said they needed to have some
experience there. So I was at Seymour Johnson
'78 through '81.

I did my helo tour down at Fort Polk.
And then from Fort Polk I got in an F-14 up at
Langley Air Force Base. So I flew there from '83
through '89.

I did a tour at Alabama State as a PAS
and also and I taught, started the Junior ROTC
Unit at the high school there.

But this is kind of old to you, I mean
most. So we have former POWs here and they know
what we all went through. But for the people who
would like to ask questions, please feel free to
ask me. Okay?

And things that I can't answer I'm
sure somebody around here. Because, you know,
and I was really surprised, but maybe I shouldn't
have been surprised, but it's like I was talking
to a gentleman yesterday when I was at Verizon
Wireless checking on my phone. And I had my POW
hat on. And he didn't know we had a any black
POWs from the Vietnam War. Yeah.

And I'm sure, a lot of people in this
room other than the POWs and so on, and Dr. Moore
because I always go down to Pensacola and I'm
active in the POW study group down there. In
fact, when I saw him I thought he was still
working. He told me he had retired.

MEMBER MOORE: He was hitting me up for
money. That's what he was doing.

(Laughter.)

MR. WILLIAMS: So I said I don't know
who I'm going to have fun with now.

But, ladies, and gentleman over here
with the headset, if anybody wanted to ask me
some questions, please. And also my former POWs.

MEMBER KUSHNER: Well, I want to just
make a comment. Hal Kushner.

I was captured in South Vietnam.
Today it's 30 November, it's been 50 years since I went down and was captured three days later. And we had five black POWs in the camp. There were 27 Americans in the camp; five of them were black. And one has subsequently died.

But I saw three of them three weeks ago.

MR. WILLIAMS: And they were probably enlisted me; right?

MEMBER KUSHNER: Yeah, they were all.

MR. WILLIAMS: There was only seven black officers.

MEMBER KUSHNER: Yeah.

MR. WILLIAMS: There was nine -- seven officers and nine enlisted blacks from different branches of the service.

Yes, sir.

CHAIRMAN CERTAIN: Go ahead.

MEMBER MOORE: Jeff Moore.

MR. WILLIAMS: Yes, sir.

MEMBER MOORE: Sometimes the enemy tried to use ranks to separate American POWs.
Did the enemy ever try to use that on you?

MR. WILLIAMS: Oh yeah. When I was in solitary confinement I thought that was a great ordeal for myself those 40 days. But later when I got in the room with the other POWs, found out they spent two and three years in that same room, or longer. And the little torture I went through was nothing like what they went through.

For example, they used to pull the hair or the leg where they were literally kissing your hands. You know, Johnson was coming, coming on, and so on. But Max, and everybody know Max, Max got word I guess Fred had found out that I was there, and he had got word from his room to my room, you know, what to expect when I go to an interrogation session.

In fact, the first interrogation session there was was with a white Russian. And he could speak English fairly well. He asked me, he said, How could you as a colored man want to fight the white man's war when back in the states you can't live or stay where you want to?
And, you know, he was right on point.

But the way I was brought up the only thing I had to do was give name, rank, date of birth, and serial number. And we had some people died that just give them that information.

And like I said, I grew up in Memphis, Tennessee. And I think I shared with somebody today that when I went to grammar school and high school I could not go to a white school. I couldn't go to Memphis State. I had to go to either LeMoyne or go to Nashville, Tennessee State.

And back then in the '60s we had to take two years of ROTC. And if you, if you didn't take it your name went into the Draft Board and they sent you a notice. You got a notice from Uncle Sam: Greetings, you've just been drafted.

So it wasn't nothing like, you know, 20 years teaching at Tucker High School, skipping classes, doing drugs and so on. We stayed in school because we knew that if you miss so many
days they would turn your name into the Draft Board.

So, yes, I went through that. Again, like I said, the only thing I'd give was name, rank, date of birth, serial number.

CHAIRMAN CERTAIN: But they, they were using this race thing when I was shot down. The day after I was shot down that's when Alex Alexander was put in the cell with me. And I think they were trying to see if a 6'2" black guy and a 5'9" redheaded white guy would get at it.

But we still keep in touch after all these years. It was when the door fell off of our cell due to concussion from the bomb that went off outside the wall they came in threatening us with their rifles because we were saying we're not trying to escape. Because neither one of us would pass.

MR. WILLIAMS: People remind me of the Hanoi Hilton, was right downtown Hanoi, North Vietnam. And just kind of picture the prison camp downtown in the middle of Atlanta. And you
can imagine us trying to escape, you know. And especially, you know, with all of the little people milling around.

I'll leave it at that and keep going.

CHAIRMAN CERTAIN: Yes, sir.

MR. MARSHALL: E. Maquel Marshall with VA.

If you could, what memories, if you care to share, what memories kept you going, the top memories from home that kept you going? And, you know, the first thing that you wanted to do once you got your feet back on U.S. soil?

MR. WILLIAMS: What kept me going while I was locked up, I'm an old Methodist guy that was brought up on prayers, you know, that kept me going.

And then another one of my best friends was a little old rat that used to come in the room. And I saw him one day, an old habit I had when I was locked up in solitary confinement, I brought that to the room with everybody else. And it started off maybe about six and ended up
about 36 of us. Those new guys. But at night
when we got out the little musty mat, the little
bamboo mat that we put on the concrete floor, I
used it to hide my bread. And one night a big
rectangle about the size of a cat tried to get my
bread. And it was just a rat and he was tangled
up in the bedding.

Ever since then I started messing with
it, keeping my bread.

But you can imagine, you know, again,
a big barn like with no windows. And that's,
that's where we stayed. And burned up during the
summertime and freezing in the wintertime.

And everybody kind of thought we
received rice every day. But we only got rice on
special days, you know: 4th of July, Valentin's
Day, Christmas.

In fact, that's where I learned to
play poker. We used to take the inside of the
bread that had some of the yeast in that piece
about the size of my fist. And you would wet it
and let it sit and it would blow up about the
size of a basketball. So we made our poker chips out of that. They allowed us to have checkers and cards. And so that's where I learned how to play poker.

Till I got good I reckon I was about $300 in the hole. By the time I got out I think I had, I was up about 125-plus. But that's all we had to do.

And then, and then on Sundays we all used to sing church songs and so on. But then they stopped that. They said there could only be four peoples in the choir. So by the time they left everybody started -- So we'd come in and we'd go, We're going to beat you. We're going to beat you. We're going to beat you. You can't beat us.

And they hated for us to sing God Bless America. And so we did that all the time.

I know we had one night they tried to take us through a museum and they wanted to take pictures saying that we were war criminals and all that stuff. So we got a rule to say, you
know, you can't do that, so.

MEMBER KUSHNER: So they let you celebrate July the 4th?

MR. WILLIAMS: Say again?

MEMBER KUSHNER: They let you celebrate July the 4th?

MR. WILLIAMS: Oh yeah. They would go out and kill a pig.

MEMBER KUSHNER: On July the 4th?

MR. WILLIAMS: Yeah, July the 4th, Thanksgiving.

MEMBER SORTILLO: Ho Chi Minh's birthday.

MR. WILLIAMS: Yeah. You see them little pot-bellied pigs running around the camp. The next day, you know, you saw it and said all right.

That was about, basically the only time.

Now, when the B-52, first B-52 got shot down that was 18 December, 1972. I'll never forget that.
CHAIRMAN CERTAIN: I won't either.

(Laughter.)

MR. WILLIAMS: We were celebrating Ken Johnson, one of the guys out of our squadron, that was his one year. And all of a sudden all hell went on, bombing and so on and so on. And so the next day they came around the guard said we shoot down a B-52. And we said, sheesh. And those were not the same words we used.

At that time B-52's weren't allowed to go up north. But they had President Nixon kick off Linebacker II and there were bombs dropping. That's what brought them back to the negotiation table.

October of '72 when Henry Kissinger came over and said peace is at hand. And that's when they allowed us to meet with the older guys. Because prior to that, you know, they kept us separated. When they was outside the campsite outside, you know, we was locked up. Then they would come back in and we would get out.

Somebody asked me earlier what did you
use as far as personal articles. They gave us one small toothbrush which had to last about four months; a small tube of toothpaste like you see the ones you buy at Walmart, the little combinations.

CHAIRMAN CERTAIN: Except it had a lead tube.

MR. WILLIAMS: Yeah.

CHAIRMAN CERTAIN: With a lead liner.

MR. WILLIAMS: And then they gave us like a -- this was while we were in solitary confinement -- like a three gallon bucket and a sheet of brown paper about 12 square. And that had to last you two days. So if you had to go to the restroom, that was it, buddy.

We were allowed out about twice a week, you know, where we would go out. And they had community showers. It was this big concrete filled with water. And that's where you would bathe yourself, try to wash your clothes and so on.

I was the PT guy because the Army grad
degree was physical education played more sports back in the day. So I was the exercise guy for the whole room.

And movie night was a Friday night. And what movie night was, somebody would get up and tell about a movie they had seen. And had one guy tell about "The Godfather." And I had never seen "The Godfather." The way he said, I said, man, I got to go see that when I got out.

And I, after I went, he was right on point.

(Laughter.)

MR. WILLIAMS: And then Sunday, like I said, on Sunday that was church day. When we went to an interrogation session, you know, we would steal their pens, paper. And, again, that's where we made our notes, like I say, inside the bread and made our poker chips. So Christmas we made our little Christmas gifts outside inside the original bread. You know, we would let it set.

And the only thing we basically did
the rest of the time, got up in the morning, had to go out and make coal balls for them to cook our food. And the rest of the time we were just playing cards.

And was organizing like a fighter squad. Col. Kittinger was our SRO. And it was broken up into different squadrons. And we all had different duties we were supposed to take care of.

Okay, I know it's getting, getting late, but a couple more questions. I know one young lady that has a question.

MS. CARSON: I'm Laurine Carson. I just want to say thank you so much for sharing your story.

Some of us for the times that we've grown up in and have not really had that exposure, we weren't even aware of the fact that I would say when you first began I did not know that during that period of time that there was some integration of the races in the services and the prisoners of war. Because you don't, you
know, you don't hear that in the history.

   It's really a very serious story. But also to get a better feel for how much legacy between all of you guys that's just waiting to be shared. So I was sitting here and I was trying to think if I take this back is that, you know, it's an opportunity here, or missed opportunity, if we could have gotten some of the folks who are maybe some of your employees, some of the employees who work on the point to come down and hear your stories, you know.

   I think it adds a lot of value to see a, you know, to be able to speak with you directly and to remember why we do this job.

   So thank you very much. Thank you all for your service.

MR. WILLIAMS: That's right. I was trying to think of the, the lady who was the director of the hospital our first year. Anybody remember? Black female, she was older.

MS. CARSON: Ms. Wiggins?

MR. WILLIAMS: Yeah, Ms. Wiggins.
And in fact our first year here I brought my credentials from Tucker High School. And I was the guest speaker for the people in the hospital there. So, I've been here several times.

And Rhonda always gave me an invitation to come out for POW-MIA Day. And sometimes like I've given this presentation a couple times there.

But I enjoy it. I spent 20 years at Tucker High School. I went around to the -- in fact, I was a member of the Tucker Optimists Club. And I joined that back when I was in Montgomery. And I go to the Kiwanis Club, Elks. And around a lot of the high schools, charities in the area, so in order to share my experience because, like I said, we was -- I didn't know till, like, I started adding up people.

And some of you may have seen my picture over there on the wall over in the hospital. They have a wall over there that we call the Georgia POWs. Who all, who all has seen that?
MS. CARSON: I have.

MR. WILLIAMS: Okay. But I'm the only one up there. In fact I'm the only black Air Force Nam fighter pilot POW in the state of Georgia and Tennessee, where I'm from. Like I say, there's only four other Air Force guys left.

MEMBER MILLIGAN: James, I want to -- you mentioned Fred Cherry.

MR. WILLIAMS: Uh-huh.

MEMBER MILLIGAN: And I want you to say a few words about Fred.

MR. WILLIAMS: Yeah, because you know, you see his picture right here.

MEMBER MOORE: Yes. He was in, what, seven-and-a-half years.

MR. WILLIAMS: Yeah.

MEMBER MOORE: A long time.

MR. WILLIAMS: 22 November, 1965 until --

MEMBER MOORE: Yeah.

MR. WILLIAMS: What we had to do, before you get into this, what we had to do, we
had to learn, we was told we had to learn at least five guys' names and when they was shot down and when they was there. And I got to ask among all the flight officers.

They said I could remember things.

Go ahead.

MEMBER MILLIGAN: Okay. I had been a POW I guess about two years by the time I ran into Fred. You know, not face to face. I never actually lived in a cell with him but I was in the cell right next to him for a long time. He was in solitary confinement. So, and had been, been that way for a long time.

And Fred, Fred really, really went through some bad treatment phases, part of it because he was colored. And, you know, they, they tried to use race against him, as you were saying. You know, asked questions, Why do you want to fight for America? You know, that's a white man's world, not a black man's world.

And Fred's answer to them was always, I'm not black, I'm an American.
And it's one thing for a white man to hear another white man say, Well, we're all one country. But, but to be in the middle of Hanoi in a middle of a war, hearing a man that had been a POW for as long as he was say to the enemy that he's not a black man, he's an American, that's a whole different, you know, different thing.

And every time he said it they kicked the living crap out of him.

MR. WILLIAMS: Oh yeah.

MEMBER MILLIGAN: And the next time he went before them he'd say the same thing.

MR. WILLIAMS: Same thing.

MEMBER MILLIGAN: He would not differ, would not.

And I have always considered Fred Cherry my own personal hero. He made that big an impression on me.

MEMBER MOORE: To follow on, if anybody wants to learn more about what they've been talking about, I would recommend to you the book "Two Souls Indivisible." And it's about the
enemy's attempt to use race to separate Fred Cherry and Porter Halyburton.

And they basically threw them in the cell because they knew that this northern black senior Air Force officer and this junior white Naval officer would just explode. And they would use, be able to use that to divide the POWs. It's "Two Souls Indivisible."

MEMBER KUSHNER: I'd like to make a comment about that.

I told you there were five black enlisted men at the POW camp, which was very small. There were 27 people went through there, and 12 survived out of 27. And early on the five black POWs, the Vietnamese segregated us and put us in different hooches, which we built, and used different indoctrination techniques.

And we would have none of it, the black guys or the white guys. And it just didn't work for them. They did that for about three months and then they gave up and moved us all in together.
MR. WILLIAMS: Fred went through the same thing as John McCain went through. And I had the opportunity to meet him while he was locked up, and a couple other times after we got out. And but, you know, Fred got injured when he ejected from the 105. Same thing with John McCain. And they just did surgery on them without anesthetics. And Fred, that's why he couldn't go back to flying because one of his arm was a little shorter than the other.

And he was a hell of a 105 pilot. But you had to have both arms to operate it. Same way with John McCain. And they both made it. Both went through the same type operation.

CHAIRMAN CERTAIN: Okay, thank you.

(Applause.)

MR. WILLIAMS: Well, in closing, again I want to thank everyone for giving me this opportunity to share my story as a former POW. I usually get into more detail about different things. Of course, I have a different audience type.
And I wanted to keep it kind of clean
for the ladies.

(Laughter.)

MR. WILLIAMS: And I, and Tom, Tom and
I we was in the same cell together in Hanoi.
I've always took care of him when I went down to
Pensacola, Florida. And I look forward to seeing
all you guys real soon.

God bless you and God bless America.

MS. WILLIAMS: Oh, thank you. Thank
you so much.

(Applause.)

MR. WILLIAMS: Does anybody else have
any particular questions about anything here?
Hopefully everybody got an opportunity to ask.

I'll make it real quick. This is a
picture of me being released from North Vietnam.
You see I had a little hair there.

And we was at H. Ross Perot house when
I took the picture with President Nixon. And then
we was at a POW convention in Washington, D.C.,
you know, took a picture with the Reagans, Nancy.
And this here is my little collage.

Me when I first came into the military. You can see how I kind of looked buff back in the day.

(Laughter.)

MR. WILLIAMS: This here, this picture here, if you all get up to Dobbins Air Force Base they have a living memorial up there. They go from World War I all the way up to the Vietnam War. And I was a guest speaker for the World War II guys when they was unveiling their plaque.

And not knowing that they was unveiling the plaque for me representing the POWs.

So if you ever get a chance to go to Dobbins Air Force Base you'll see that living memorial up there.

And this here is a letter, a picture of North Vietnam with President Obama. That's signed. I got that framed.

And this here is a certificate I got from the governor and the commissioner who is the chairman of the state level partner.

I guess that's about it.
And, oh yeah, and I know everybody who got released they'd remember this. But this, this is my uniform that we all wore when we got released. Part of the Paris Peace Agreement was that we were all being -- the sick and the wounded would go home first and then all the guys. So here's 15, 15 days a 141 would come in and pick up the guys.

So Tom and I then at that time were part of the last group. And we all got released 28th of March of '73.

And after I got I got checked out back in a fighter. And just my health. And I flew flying for Air Force in F-15 up at Langley. Everybody probably remembers the heavy ones. You know, you put that on that's like putting a brick on your head.

And these were the Cadillac shoes. Stacy Adams that went with the, went with the uniform. And there was a little bag that we had they gave us. And this is my name in Vietnamese.

And this is my helmet bag for
different squadrons after I got back that I flew.
I had 18 different assignments, you know, flight
assignments, you know, once I got back.

So my enjoyable flight was going from
the airport to fly the F-15. That's like going
from a Volkswagen to a Mercedes.

Again, thank you very much.

MS. WILLIAMS: Thank you.

(Applause.)

CHAIRMAN CERTAIN: We're not going to
do a tour of the building because there's not
much to see. We'll leave early and meet about a
quarter to 7:00 for the trip to the Capital
Grille.

MS. WILLIAMS: Dinner reservations are
at 7:15.

CHAIRMAN CERTAIN: Oh, okay. The
schedule says 6:30.

So meet at 6:30. We'll head out to
make you safe.

(Whereupon, at 3:58 p.m., the meeting
was adjourned.)
<table>
<thead>
<tr>
<th>3</th>
<th>63 3:7 64 3:9 65 34:16 186:16 661 186:16 67th 101:5 68 6:18 690 186:16 697,000 6:2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.00 114:9</td>
<td>3:00 11:17:10 192:1</td>
</tr>
<tr>
<td>3.11 176:21</td>
<td>300 198:6</td>
</tr>
<tr>
<td>3.58 214:21</td>
<td>300,000 77:6</td>
</tr>
<tr>
<td>30 1:7 13:21</td>
<td>30th 177:5,5</td>
</tr>
<tr>
<td>24:16 25:6</td>
<td>313 184:2</td>
</tr>
<tr>
<td>59:16 92:22</td>
<td>34 3:6</td>
</tr>
<tr>
<td>117:10 192:1</td>
<td>36 197:1</td>
</tr>
<tr>
<td>192:1</td>
<td>369 69:4</td>
</tr>
<tr>
<td>38 19:10</td>
<td>36K 157:8,9</td>
</tr>
<tr>
<td>65:20 70:22</td>
<td>38</td>
</tr>
<tr>
<td>71:10 192:1</td>
<td>4</td>
</tr>
<tr>
<td>4,500 125:4</td>
<td>4:30 114:8 154:12,21</td>
</tr>
<tr>
<td>40 18:17 179:8 184:7</td>
<td>193:4</td>
</tr>
<tr>
<td>45th 159:2 163:8</td>
<td>40 177:8</td>
</tr>
<tr>
<td>499 130:11</td>
<td>4th 197:16 199:3,6,9,10</td>
</tr>
<tr>
<td>4th 197:16</td>
<td>5</td>
</tr>
<tr>
<td>5 25:13</td>
<td>5'9 195:11</td>
</tr>
<tr>
<td>5 155:21</td>
<td>5,000 125:2</td>
</tr>
<tr>
<td>5,000 125:2</td>
<td>5,500 125:4</td>
</tr>
<tr>
<td>5 154:21</td>
<td>5,000 125:2</td>
</tr>
<tr>
<td>5 19:14</td>
<td>192:1</td>
</tr>
<tr>
<td>500,000 157:10</td>
<td>50 526 40:1</td>
</tr>
<tr>
<td>6 21 55 14:16</td>
<td>5th 131:7</td>
</tr>
<tr>
<td>52 6:21</td>
<td>6</td>
</tr>
<tr>
<td>6'2 195:10</td>
<td>6'7 178:17</td>
</tr>
<tr>
<td>6 8:22</td>
<td>6:00 154:14 156:15</td>
</tr>
<tr>
<td>6'2 195:10</td>
<td>6:30 214:18,19</td>
</tr>
<tr>
<td>6'7 178:17</td>
<td>60 28:13 36:19 81:2</td>
</tr>
<tr>
<td>6:00 154:14 156:15</td>
<td>167:5</td>
</tr>
<tr>
<td>6:30 214:18,19</td>
<td>60,000 92:15</td>
</tr>
<tr>
<td>60 28:13 36:19 81:2</td>
<td>600,000 77:5</td>
</tr>
<tr>
<td>167:5</td>
<td>60,000 92:15</td>
</tr>
<tr>
<td>600,000 77:5</td>
<td>60s 194:13</td>
</tr>
</tbody>
</table>
CERTIFICATE

This is to certify that the foregoing transcript

In the matter of: Former Prisoners of War
Advisory Committee

Before: US DVA

Date: 11-30-17

Place: Atlanta, GA

was duly recorded and accurately transcribed under my direction; further, that said transcript is a true and accurate record of the proceedings.

__________________________
Court Reporter

__________________________
Robert G. Certain
Chairman
VA Advisory Committee on Former POWs
DEPARTMENT OF VETERANS AFFAIRS

ADVISORY COMMITTEE ON FORMER PRISONERS OF WAR

MEETING

FRIDAY
DECEMBER 1, 2017

The Committee met in Room L405, Atlanta Marriott Marquis Hotel, 265 Peachtree Center Avenue, Atlanta, Georgia, at 9:00 a.m., Robert Certain, Chairman, presiding.

PRESENT
ROBERT CERTAIN, Chairman
HARRY CORRE, Member
TOM HANTON, Member
HAL KUSHNER, Member
JOSEPH MILLIGAN, Member
JEFF MOORE, Member
SHIRLEY QUARLES, Member
ELLIOTT SORTILLO, Member

ALSO PRESENT
LESLIE WILLIAMS, Designated Federal Officer (DFO)
E. MAQUEL MARSHALL, Alternate DFO
JELESSA BURNEY, Program Specialist, Advisory Committee Management Office
LAURINE CARSON, Acting Director, Policy and Procedures, VA Central Office
ANNA CRENSHAW, Assistant Director, National Outreach & Web
MARILYN CORRE
C-O-N-T-E-N-T-S

Discussion of the New Membership Packages . . . . 3

Discussion of First Draft Final Committee

Report and Recommendations . . . . . . . . . . . . . . 74

Discussion and Vote: Spring FY2018

Meeting Date and Location. . . . . . . . . . . . . . . . 111

Adjourn. . . . . . . . . . . . . . . . . . . . . . . . . . . . 136
MS. WILLIAMS: So before we jump into today's meeting -- actually, I'm going to wait for Mr. Marshall to come back, but we do have a surprise for the Committee. So when he comes in, we can jump to it.

But as far as the membership packages, Jelessa is actually going to give us a layout of what it needs to be composed of. So for those of you who are going to be making nominations, that way, you will know exactly what you need to put in your nomination.

So Ms. Burney, you have the floor.

MS. BURNEY: Okay. Good morning, everyone.

PARTICIPANTS: Good morning.

MS. BURNEY: And so generally, when we get inquiries from potential candidates, we ask them to send us either their resume and/or curriculum vitae. And we also ask them to do a nomination letter from whomever the person is
that's recommending them for the Committee.

And at the back of the revised membership handbook that Leslie provided in your binders, there is a list of the VA 29 advisory committees with a small objective or a blurb as to what their purpose is. And so generally, we also provide that to anyone that is seeking membership so that they can let us know which three they're actually interested in. So if you want, I can send that to Leslie, just the list itself. And you can email it around for not just this Committee, for people that you maybe recommended but if they're interested in others as well.

But once we get the package, we're going to include the resume, your nomination or recommendation letter from that person along with the appointment letters and those things. That goes up to the Secretary.

MS. WILLIAMS: And so right now, we will be soliciting for six new members because two of them initially were scheduled to roll off
in October of 2017. However, they have been extended until we can backfill behind them.

CHAIRMAN CERTAIN: It was three, wasn't it?

MS. WILLIAMS: No, so William Richardson, he wasn't scheduled to roll off. He was just recommended because of inactivity because he hasn't attended any of the meetings since he was appointed to the Committee.

CHAIRMAN CERTAIN: But we had three in a normal rotation to go off.

MS. WILLIAMS: No, so for this one, in October, it was Dr. Kushner and Shoshana Johnson. And then for fiscal year '18, it is yourself, Dr. Quarles, and I want to say William Richardson. But like I said, he wasn't scheduled to roll off. He's just being recommended because of inactivity.

MEMBER QUARLES: What about Tom Hanton?

CHAIRMAN CERTAIN: Tom Hanton.

MS. WILLIAMS: You're leaving too?
CHAIRMAN CERTAIN: Where is -- here it is. Here it is. This is the document I sent around -- all right -- of last year. October '17 was Kushner, Johnson, and Hanton. Richardson wasn't due till '18, but he needs to be replaced sooner. And then in '18 -- you're three years, so you're not till '19.

MS. WILLIAMS: No, she's not three years. Dr. Quarles is not three years.

CHAIRMAN CERTAIN: Everybody was appointed for three years to start with.

MS. WILLIAMS: But --

MS. BURNEY: She's not because she served on another committee. And so there's a total time frame for that for members, even if they serve on another committee.

CHAIRMAN CERTAIN: All right. Well, I'd sent this around to Boomer a year ago, and he approved it, and it shows in '19. So somebody needs to get their act together and pay attention to what they're approving because this just creates a habit when I have to go through and
redo this again and again and again. So I'll redo it again, but that's the last time.

Right now, then in '19, it's Sortillo, Carson, and Moore, and Milligan. So we have all these -- because it was such a disaster when term limits were imposed on this Committee in a very heavy-handed manner where people were just told to get out, there was nobody in line to fill the gaps. We had no committee for 18 months. It took that long to get this process done. I thought we had people in the pipeline already, and we'd solicited for nominations from the Congress and advertised these positions.

MS. WILLIAMS: So I want to -- let me just say this. So when Mr. Robinson did do the solicitations, from the solicitations that he did, selections were made. However, now, because we have to backfill again, we have to go through the solicitation process all over again. Because, one, we have to ensure that the people who are recommended, that they're still interested. But also, two, afford any other new
person an opportunity for membership.

CHAIRMAN CERTAIN: Okay. Well, let's get that done, and let's try to do this offline without a meeting. Can we get this stuff circulated immediately so we can get this maybe accomplished this year instead of 2020 or 2022?

MS. WILLIAMS: Yes, so the Federal Register is complete. It just has to be posted. And as far as anyone on the Committee who's wishing to recommend anyone, as soon as I get that information, then we can start working on those packages.

CHAIRMAN CERTAIN: Okay. And so in order to get this Committee so that it has a regular, predictable rotation, that that's why we spent months getting this put together and agreed to. And that means that after, when we get Kushner's replacement, that person should go for until 2021 just to get it into a cycle. But I'll send this around again since it's been apparently not paid attention to or lost or whatever.

MS. WILLIAMS: So let me just say
this. So because the term limits are three
years, there will be no way to have that person
to go to 2021 without them having served their
three years and then requesting an extension.

So the other option that we have is --
so in 2016, a charter was updated, so that would
have been the time to request for new term
limits. However, it was not done. So upon a
charter renewal, then we can request to have the
term limits negotiated or changed. But as of
now, we have to abide by the three years that's
in place.

MS. CRENSHAW: Is there a way to --
and I'm just asking because I'm always trying to
get to a yes-person. Even though it's a charter,
charters can be updated. Is there a time limit
that you can update charters, or is there an
imposition on updating the charter prior to the
time limit?

So let's just say right now we see
that we have kind of a crisis, we have an issue,
and we're going to have a bigger crisis if it
doesn't get resolved, if the membership --
without enough members, we won't have a
Committee. So the goal is to ensure that we have
a Committee and we have a synchronized rotation.

Is there a way to update the charter
outside of the deadlines of when the charter was
-- say, we're going to update the charter every
three years. Can we update it within those
three-year periods? Because this is an issue
that needs to be resolved, and maybe the charter
needs to be changed to extend the time lines. Is
that possible?

MS. BURNEY: So the charter is a
governing document that is stemmed from the
statutory law. And so it's done every two years.
And when it comes to membership, it's based on
what the actual statutory says.

MS. CRENSHAW: Says.

MS. BURNEY: So that information
drives from there. So it's not like we can go in
and make a change to that.

MS. CRENSHAW: To the charter? Okay.
MS. BURNEY: Because that comes from the law.

MEMBER KUSHNER: You can't change that. Is there a minimum number of the Committee required? Is the number of the Committee absolute and set in stone, or is it --

MS. BURNEY: It's set, right?

MEMBER KUSHNER: -- a range?

MS. WILLIAMS: Yes, so ten is the minimum for this Committee. But in order to host a meeting, you have to have half plus one present. So because we have -- right now, because we have 12 members on the row, in order for us to meet, then we would have to have seven members present and the DFO which is why the Committee was unable to meet those 18 months because there were not enough members to hold a quorum.

MEMBER KUSHNER: Right, right. I understand.

MS. WILLIAMS: Yes.

MEMBER QUARLES: So Leslie, for those
members that are rolling off, if, in fact, the
Chair doesn't have enough for those members who
can be retained for another additional two years
or what have you, can they do that?

MS. WILLIAMS: Yes, so I will have to
do an extension. So, like, for Dr. Kushner and
Shoshana Johnson, I have to reach out to ACMO to
request an extension to have them to remain on
the Committee. But it also worked out in our
favor because we had to reschedule this meeting.
And so because of us having to reschedule this
meeting, it kind of pushed the clock back for us
on certain things. Now, beyond that, truthfully,
I don't know.

MS. CRENshaw: Okay. Jelessa, can you
help?

MS. BURNEY: Well, for the other two
members, yes, they can probably put something in
writing to justify and not just to say, hey, we
want to have them on for this purpose. But it
would have to be a solid justification for it.
With regards to Dr. Quarles, the VA policy says -
MS. CRENSHAW: Right.

MS. BURNEY: -- members can't serve no more than eight years.

MS. CRENSHAW: Have any of this Committee served eight years? No one on this Committee now has served eight years --

MS. WILLIAMS: No.

MS. CRENSHAW: -- with the exception of Dr. Quarles?

MS. WILLIAMS: And see, and that's initially what caused the crisis. Because when Secretary McDonald came down and said, we will abide by the law, practically almost every member on the Committee had been on ten-plus years which caused a mass exit. And it just caused us to always be having gaps to fill for the membership.

MS. CRENSHAW: And this is just for me to clear. So for this Committee to continue, which is important for us, we don't have anyone that has maxed out at eight years. So we could put a plan in place, like Dr. Certain was saying,
so that there will be a rotation process where
there's never a gap.

    CHAIRMAN CERTAIN: Yes, and I would --

    MS. CRENSHAW: I think that's the
    goal.

    CHAIRMAN CERTAIN: -- suggest we not
try to -- that everybody that's on the Committee
right now, that we establish our first rotation
schedule in '17 and not in '16. We only have --
if we're going to what I had -- that Boomer and I
agreed to and that is to set all rotations on 1
October and not scatter it all over the year like
it was before, which he had agreed to, then --
and if nobody is maxed out, then we'd just extend
those who served six years until October of 2017
and then institute a rotation that makes sense at
that point.

    MEMBER HANTON: Do you mean '18, next
year?

    CHAIRMAN CERTAIN: '18 instead of '17,
the ones who are scheduled to rotate off in '17.
Right now, we only have one meeting scheduled in
between now and next October anyway. And
everybody has been extended through that meeting,
and then begin the rotations in '18.

And since the default is a two-year,
and we can have people appointed for two years
and others appointed for three years which is our
standard for this Committee. And then that
should work in a way that we can then have four
per year coming up on either reappointment or
replacement and get it smoothed out that way.

It'll give us a little more leeway on
getting nominations in and hearing from those who
are being nominated or who are either
volunteering because they know about the
Committee and want to serve or have been
nominated through the Congress or whatever other
sources as well as nominating from this Committee
or in other constituent organizations.

But I would like to see -- to make
this work so it's not quite the headache that it
has been for the last four years to have at least
three people in the pipeline at all times so that
they get approved for an October nomination no
later than the 1st of June. So they know they're
coming on. Everybody knows who their replacement
is.

We can line them up, get the
preliminary information too so they don't come in
as neophytes. One of the deals is, since we only
meet twice a year, it takes three meetings before
people feel comfortable with what we're doing.

MS. WILLIAMS: So let me just ask
this. I think to achieve the goal that you want,
what we will ultimately need to do is change the
time line in which we solicit for membership.
Because as I said, there's no way to just keep a
stack of pre-approved nominations. But if we
were to curtail --

CHAIRMAN CERTAIN: No, I didn't say,
"pre-approved". Pre-approved --

MS. WILLIAMS: -- or have them in the
pipeline.

CHAIRMAN CERTAIN: Have the nomination
packages in hand.
MS. WILLIAMS: Understandably. So every time we have to place a new person on Committee, we have to go through the solicitation process. So if we were to change the time line in which we solicit for membership, then that way we could always have someone ready to roll on.

CHAIRMAN CERTAIN: If we solicit in January with a 1 April deadline for submission, surely we could get them approved for an October appointment by June.

MS. WILLIAMS: I'm going to defer that one to you because the nomination packages, I mean, they do have to concur through VA. And that's a process in itself. So if you want to --

MS. BURNEY: So generally, when you do --

MS. WILLIAMS: -- speak a little bit about that one.

MS. BURNEY: -- a solicitation through a Federal Register, the Committee, if they're planning to appoint new members by a certain meeting time frame -- so let's say if your
meeting is going to be May or June, then you
could start soliciting in January and you could
have that solicitation open from two weeks up to
30 days or 45 days.

And then once that time frame closes,
then the Program Office, they do whatever their
candidate selection process is to determine who
is qualified to be on the Committee. They put
the nomination package together and they send it
up to the Secretary's office. And that should
all take place before a May or a June meeting.

MS. WILLIAMS: And so just keep in
mind when we did the last solicitation, a part of
the timing is really a pain because those
packages, they couldn't concur. There were
several issues with the packages, and so some of
them were rejected and he had to go back and
solicit for new memberships. So there's a lot of
values that goes into the solicitation process
that are somewhat out of our control.

MEMBER HANTON: So there's no set
solicitation process? That's when you decide it
is?

MS. WILLIAMS: Not necessarily.

MEMBER HANTON: Do you remember?

There's no set date where you can only solicit
between a certain time frame, or is it anytime?

MS. WILLIAMS: Anytime. It's anytime.

CHAIRMAN CERTAIN: How many offices
have to concur? How many human beings in this
draconian organization have to concur?

MS. BURNEY: So for a membership
process, it's only VBA's Program Office, ACMO,
and the Secretary's office.

MEMBER KUSHNER: Three offices?

MS. BURNEY: Yes.

MEMBER HANTON: So it goes from VBA --

MS. BURNEY: Now.

MEMBER HANTON: -- to ACMO to the
Secretary?

MS. BURNEY: Yes. Before, we had OGC
involved. And so OGC is not in the concurrence
process anymore.

MEMBER QUARLES: And the packages can
be delayed at any one of those offices?

    MS. BURNEY: Yes.

    MEMBER QUARLES: They shouldn't be, though. Yes, they shouldn't be, but --

    MS. WILLIAMS: So, like, an example, last year, I know when Eric was doing the solicitations. The packages were delayed because the comment that came back, there was not enough diversity. So I mean, there are several different issues that goes into the decision-making process because --

    MS. CRENSHAW: How much diversity --

    MS. WILLIAMS: -- once we --

    MS. CRENSHAW: -- are you going to get on an FPOW Committee? You can only get --

    CHAIRMAN CERTAIN: That's our argument. That's what we argued last time.

    MS. WILLIAMS: So when she said, no --

    CHAIRMAN CERTAIN: It did not help.

    MS. WILLIAMS: -- diversity, so --

    MEMBER KUSHNER: We only have one left-hander.
MS. WILLIAMS: -- part of the charter

MEMBER KUSHNER: We only have one left-handed person.

(Laughter.)

MS. WILLIAMS: No.

MS. CRENSHAW: Well, like, in terms of diversity, when we submit this up and that comes back, it's a little different than if we were doing this for the Women Committee or the minority committee. If the committees are established by a special emphasis as a targeted population. So this is a special, targeted population. It's the FPOW. So the biggest criteria would be they would have to be former prisoners of --

MS. WILLIAMS: No, that's --

MS. CRENSHAW: -- war, right?

MS. WILLIAMS: -- incorrect.

MS. CRENSHAW: Oh, okay.

MS. WILLIAMS: And there's a lot of packages. And that's what she meant by
diversity. She wanted to have non-FPOWs on the Committee as well.

MEMBER KUSHNER: She wanted to have what?

MS. WILLIAMS: So that was --

CHAIRMAN CERTAIN: Non.

MS. WILLIAMS: -- one of the -- non-FPOWs.

MEMBER KUSHNER: Oh, yes, non.

MS. WILLIAMS: So she wanted to --

MEMBER KUSHNER: I thought she said, nun.

MS. CRENSHAW: When you say, "she", who is "she"?

MS. WILLIAMS: So Lois at the time.

MS. CRENSHAW: Oh, okay.

MS. WILLIAMS: She was the one who sent them back. But essentially, she just wanted to have --

CHAIRMAN CERTAIN: And we have --

MS. WILLIAMS: -- the Committee to diversify more and open up beyond FPOWs.
CHAIRMAN CERTAIN: And we have about four right now. We have the non-POWs on the Committee are Lane Carson, Jeff Moore, Shirley Quarles, and Bob Hain. Now, Shirley and Lane are two people who had no prior direct relationship with POWs.

MS. CRENSHAW: I think we can do it. I think we can solicit -- and this is just me being from an outreach standpoint. It'll be published in the Federal Register. And then part of our job as the Program Office oversight would be is to also go out and get the word out to reach out to people and publish it on our website that these applications, at this time, this is going on.

I know we have to publish, and Jelessa, correct me if I'm wrong because I'm asking. So we're going to publish in the Register. But there's nothing to prevent us from doing a solicitation campaign in which we solicit where we're at.

We're all over the place in outreach
in VBA. We are everywhere. We have our website which we can post on. We have VA.gov that we can post on. And so I would suggest that we do what we do with everything is maybe do a solicitation campaign and see how that works. And I mean, it can't hurt.

CHAIRMAN CERTAIN: No, and the other kinds of categories of people that I think would -- the Committee would have gained benefit from are people like the spouses, the children, the caregivers, VSOs who specialize in working POW claims. Those kinds of folks that -- if we can get a source for them and find out how to approach them, then we can continue with the care.

A lot of our World War II veterans are not able to travel, and we've lost most of those from this Committee historically because they could no longer bear the travel. But some of their children and grandchildren have a direct concern about it, and there's no reason why they couldn't be asked to volunteer for this
Committee. Some of them have spouses who are much younger than they are and are able to participate or widows. So there's a group of people who know POWs and have worked with POWs who would be a benefit on this Committee.

And then the states have their own -- like, Georgia has a veteran service on their state staff, and there are lot of former POWs in this state. So some of the state folks who have worked with the state POWs have some knowledge about it and could be a benefit to this Committee.

So there are lot of categories of people out there, but we have to find better ways of soliciting those names and publishing in the Federal Register because nobody reads that and better than just on the website. It has to be -- we have to ask organizations to think through the people that they have in their organization or they're connected with that would be willing to serve.

MEMBER KUSHNER: And we have to ask
individually. I mean, we each have to ask and
reach out to people that we know who may have
knowledge, training, or interest in --

CHAIRMAN CERTAIN: Right.

MEMBER KUSHNER: -- this particular
subject.

CHAIRMAN CERTAIN: And the most --

MEMBER KUSHNER: Right.

CHAIRMAN CERTAIN: -- effective way is
to look them in the eye. Emails are not all that
effective. Websites are not all that effective,
especially for this group of people because it
won't catch their attention. You have to kind of
slap them upside the head with a two-by-four to
get their attention to say, oh, this is something
I can do to serve.

MS. WILLIAMS: I can definitely tell
you there is some cross-collaboration that
happens internally that also leads to getting new
memberships. And Dr. Quarles is a testimony to
that because of how well she maintained the
Women's Committee. She was recommended
specifically for this Committee to bring that type of order.

So I mean, as the DFOs, we do cross-collaborate amongst ourselves and speak on our members to see who we have on our committee that may fit well on another committee. So that's something that we do as well as ACMO solicits on our behalf as well.

MS. BURNEY: We solicit to some of the diversity organizations and a lot of the voluntary organizations as well too.

MS. WILLIAMS: So I guess the question I pose to the group is when I post in the Federal Register, we can leave it open for two weeks, up to 45 days. What time constraint does the group feel comfortable with? I, personally, think the 45 days would be the best because it'll allow us to get the --

MEMBER KUSHNER: Right. No argument against 45 days.

MS. WILLIAMS: -- optimum time to get the most candidates in.
MEMBER QUARLES: Yes, I agree with
that too. Leslie and Jelessa, is it possible
that the Chair can solicit potential members and
just keep them in the pipeline for a future date
and just reach out to those individuals as they
are needed closer to what the date that they are
needed? Can he do that?

MS. WILLIAMS: Yes.

MS. BURNEY: So if you do have, like,
a repository of resumes or CVs, just double check
to see if that person is still available and
wants to participate.

MS. WILLIAMS: And you can do that.
So based off of the solicitation that Eric
Robinson completed, so I reached out to some of
the candidates. And some were still interested
and some of them are not. It's not that they're
not interested, but they're just unable to
travel. So some of them, due to medical illness,
unfortunately are unable to apply for membership.

MEMBER CORRE: Question: How about
husbands and wives? The reason I say that is I
would nominate my wife if it was acceptable
because she has a fantastic background in with
POWs. She's also a service officer, so she's got
additional, and also works in the patient
advocate office. So she has a very rounded
background. But I don't know if you take
husbands and wives.

MEMBER KUSHNER: There's no objection
to that, is it?

MS. WILLIAMS: No, no. So you would
be able to nominate Mrs. Corre.

MEMBER CORRE: Okay.

MEMBER KUSHNER: Yes, and they can
serve simultaneously, right?

MS. WILLIAMS: Yes.

MEMBER KUSHNER: They'd count for two?

MEMBER CORRE: Yes, that's my point.

MEMBER KUSHNER: Why use two when one
will do, right?

MS. WILLIAMS: You guys remember the
Bussels?

CHAIRMAN CERTAIN: Yes.
MS. WILLIAMS: They both served --

CHAIRMAN CERTAIN: Well, no.

MS. WILLIAMS: -- on the Committee.

CHAIRMAN CERTAIN: He did, but she was always contributing.

MS. WILLIAMS: I know.

MEMBER KUSHNER: Who are you talking about?

MS. WILLIAMS: That's why I just made that comment.

MEMBER KUSHNER: Who are you talking about?

MS. WILLIAMS: The Bussels.

MEMBER CORRE: Norm Bussel.

MEMBER KUSHNER: Oh, yes, he was the official member.

MS. WILLIAMS: I know, but Melanie was the --

MEMBER KUSHNER: She was the canary --

MEMBER CORRE: Melanie was --

MEMBER KUSHNER: She was the canary in the gold mine.
MS. WILLIAMS: Yes, yes.

(Laughter.)

CHAIRMAN CERTAIN: A lot of spouses always have commented and have sat in on the meetings and participated in the public session of the meetings. So they've been -- so that's sort of increased the knowledge base and the discussion base of what we've been doing. And there's no reason why the spouses can't come. Of course, we don't pay their way unless they're an aid and attendance, unless they're --

MS. WILLIAMS: Or the caregiver.

CHAIRMAN CERTAIN: -- the caregiver. If they're a caregiver, they'd be able to pay their transportation.

MEMBER CORRE: Yes, okay. But you're looking for members on the Committee?

CHAIRMAN CERTAIN: Yes, remember, there's only 12 of us. And so --

MEMBER KUSHNER: And we have to have ten.

CHAIRMAN CERTAIN: -- we have to have
a minimum of ten, and 12 is a better number. And so what we don't want to do is close people out that want to be on because we have couples serving. And if we're --

MEMBER CORRE: I understand that. But right now, you're having trouble getting nominations.

CHAIRMAN CERTAIN: Well, right now, we had a number of people from the Nam-POW reunion said they were interested and they were going to send in their resumes and their cover letter to Leslie. And that would fill out this year for sure. And that's just from that source, and that didn't include the Federal Register or other nominating sources.

So I think it's not a matter of getting it done. It's a matter of a couple of things: First of all, making sure that we know who's responsible for solicitation, who's responsible for collecting the nominations and how they're supposed to be done so that we can, as a Committee, maybe look at them and prioritize
them for going forward.

We cannot make the appointments.

That's the Secretary's business. And the VBA Director, Mr. Murphy, I guess, or somebody in his office, has to concur for starters. And then ACMO office has to make sure that there are no people on there, for instance, who served in other committees for past the statutory limit.

So this is a relatively new issue for this Committee, and I'm not sure when the statutory limitations were written into the law. But the DoD picked up on them in 2007 and the VA two years ago. So it's not like it's always been this way. And it's, like, if a policy folder is this thick, most of the policies are not being followed because people don't know what they are until somebody finds one and then says, oh, we've got to do this.

One of the things that we probably need to be doing in our weekly conversations is to find out who is making a -- what nominations or volunteer statements have been received so
that we can, together, look at them and see if they're perfected in accordance with the rules of what has to be submitted.

And then if we can hold them electronically in the Chairman's files as well as in the DFO's files so that when we need somebody, either to replace somebody who's died or resigned or to rotate in, then we can go circle back and contact those folks to see if they're still willing and then put them forward.

That's what I mean by keeping some in the pipeline. I don't care -- if it's informally kept, that's fine with me. So we don't want to get them in there into the formal system if there's not a need because then they'll get lost. Because when things that are not needed right now are going to go to the bottom of somebody's pile and they'll never be found again, and that's true in everything I do for me. And so I'm sure it's true for the organization.

So again, I think that the thing to do right now is to get the nominations and volunteer
statements, whatever we're required, together,
get them perfected by our meeting at the Central
Office this spring. It would be nice if we could
do this in a conference call or a video
cconference with the Committee rather than a
meeting.

Because that doesn't cost anything,
right? But it can still be legal. So that the
Committee can prioritize prior to that and be
able to get them into the concurrence process
before the spring meeting so that we don't have
gaps when it comes to October the 1st and be able
to then institute.

And I think we need to look carefully
together at the issues, as I see it, of getting
the same number of people coming up for
reappointment or replacement every year and not
five one year and two one year and none one year
to make it reasonable and sensible. And if that
means that we recommend that some people be
appointed for two years with the ability to serve
an additional three-year term, then we can do
that and have a mixture for a little while.

I'd also like to see us have an agreement that in the case of somebody dying or resigning, that we have one person that we can push through quickly to replace them. And then if they are serving less than a half a term, that they're eligible for reappointment for up to two additional terms which would max out at eight. If it's more than a half of term or, say, 18 months, then they would only be eligible to be reappointed for one additional term.

So our standard is a six-year period of time that would be normative. And that way, I think we can get a good, functioning Committee with predictable rotations and predictable replacements. But we all have to get on that same sheet of music and look at the same gridline, and it has to be approved in writing by somebody with the authority to do that. If that's Jeff Moragne, then fine. If it's the Secretary, then fine. But let's get her done.

MS. WILLIAMS: Now, we could always
invite Mr. Moragne to the conference call. And then that way, he directly can answer any questions and also be able to say if they can be approved.

CHAIRMAN CERTAIN: Right. And if we get nominations of some, we have no way of knowing unless that's part of one of the questions they have to answer, have you served on another VA federal advisory committee? And if so, for how long?

That should be part of the package. That way, we will know. I'd hate to be surprised and say, we talked somebody into serving. We put their name forward only to discover that they had served on a suicide prevention committee for six years.

MS. BURNEY: We have a way to check. So when they have those names ready, we can run a check through GSA's --

CHAIRMAN CERTAIN: Yes, but --

MS. BURNEY: -- database.

CHAIRMAN CERTAIN: -- can we put that
as a required question to be answered on a
nomination packet?

Ms. Burney: Yes.

Chairman Certain: That way, before we
nominate somebody, we'll have an indication this
person is not going to be appointed because they
don't qualify.

Ms. Williams: So then with that being
said, does everyone concur with the 45 days? So
once I post in the Federal Register to have it
posted for 45 days, then once that's complete,
then we will be able to work on packages.
Because I won't be able to submit any packages
while the Federal Register is open.

Chairman Certain: Right, but we can
work on packages --

Ms. Williams: I understand.

Chairman Certain: -- for other
nominations.

Ms. Williams: But if you want to have
the conference call to go over all the packages,
you don't want to wait till everything gets
received and do it in one swoop, or --

CHAIRMAN CERTAIN: Well, no, no.

That's not what I'm saying. We can go back and
make our nomination. We can solicit members of
our organization that we know that would serve
well in this Committee and we can develop
nomination packages. And then when the 45 days
is over, we can add those at that point.

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: So we'll have a
collection of people that are willing to serve
and are qualified to serve --

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: -- that are not
responding to the Federal Register.

MS. WILLIAMS: Correct. But I'm
saying, at that time, is that when you would like
to host either a virtual meeting or --

CHAIRMAN CERTAIN: Yes.

MS. WILLIAMS: -- to review all of the
packages?

CHAIRMAN CERTAIN: Right, all at once.
MS. WILLIAMS: Okay.

CHAIRMAN CERTAIN: And they would need to be -- how do we do the packages in some kind of way that everybody can look at them like a Dropbox? If there's a federal secure Dropbox that people can log on and start reviewing them as soon as they're collected up so that when we do have a virtual meeting --

MS. WILLIAMS: Okay.

CHAIRMAN CERTAIN: -- everybody can be familiar. Because printing them out or emailing them around, that's probably somehow not a good idea.

MS. WILLIAMS: Okay.

CHAIRMAN CERTAIN: Because we don't know how -- forwarding them around beyond this Committee is not something I would want to see done because people can get their noses out of joint.

MS. WILLIAMS: Okay. And that's something I can look into see what are options available to us as far as making sure they're
secure but everyone can view them.

CHAIRMAN CERTAIN: Yes, it seems to me, at one time, there was some sort of a way that you could send stuff out that if anybody tried to forward it, it wouldn't. It disappeared. But I'm just thinking about the personal information security issue because all of these packets will have that sort of stuff in it. And I don't think -- again, I think this Committee can prioritize and as we see it, recognizing that the Deputy Secretary and the ACMO office and the Secretary all have the ability to do it some other way.

MEMBER HANTON: How do other committees do this?

CHAIRMAN CERTAIN: Yes, how is this rotation being handled by other committees?

MS. CARSON: So I can tell you about the ACDC committee that my employees actually work with. So they actually have an Excel spreadsheet that has everybody's dates that they started on the committee and whether they served
on another committee. So they have, like, the --
so what we have is an Excel spreadsheet that
says, this is your date, and then it also has a
form and it says the date by so that you can see
when a person should be coming off.

We solicit for packages through -- we
do the Federal -- we announce that we're looking
for new committee members. We use the Federal
Register to do that, and we get a whole bunch of
resumes and other things. She makes an entire
book full of those things for the committee and
also for review by leadership. And we go through
the process of looking at that.

But the rotation schedule is a
schedule of this many, cut them off. We have a
maximum number of people that can be on a
committee. However, only this many people may be
on a committee. So you do have some flexibility
at that time when you're doing the rotations to
determine if you're going to make another
addition if you have a committee such as yours.

Now, our committee, people are pretty
present. If a person has not joined, that I think that the committee has agreed that if a person has not been visible and active, then -- and then for inactivity, they can determine if maybe that person is not a person that stays on a committee, unless there's a compelling reason. There's, sometimes, compelling reasons.

But they've written all that out. They have that agreement, and the DFO ensures that she's keeping the chairman informed of the rotation --

CHAIRMAN CERTAIN: So the --

MS. CARSON: -- at all times.

CHAIRMAN CERTAIN: -- committee developed its own policy; is that what you're saying?

MS. CARSON: The committee works with ACMO, with the DFO, and they work very, very strongly together. But they have a system is what --

CHAIRMAN CERTAIN: Yes, they developed --
MS. CARSON: -- I'm saying.

CHAIRMAN CERTAIN: -- that system, though?

MS. CARSON: Huh?

CHAIRMAN CERTAIN: The Committee developed that system of rotation?

MS. CARSON: Yes, yes, the chairman works --

CHAIRMAN CERTAIN: Okay.

MS. CARSON: -- the chairman, they sat down. They agreed on it. They mapped it out, how it's going to work and how they were going to keep it so that they had, like, three or four people who were rotating off at a time. So they never had an issue where they had six or seven.

CHAIRMAN CERTAIN: Well, I have that spreadsheet we built over a year ago. But the inactivity policy, which is an internal decision, if I could get a copy of that procedure guide --

MS. CARSON: Yes.

CHAIRMAN CERTAIN: -- that they developed so --
MS. BURNEY: And it's not a --

CHAIRMAN CERTAIN: And Leslie?

MS. BURNEY: Yes, it's really not a policy. So if a member is unable to attend in person or via phone for one or two meetings, then that's a conversation that the DFO and the Chair needs to have --

MS. CARSON: Yes, the Chair and the DFO does it.

MS. BURNEY: -- and loop in the Program Office that this person is not serving at the discretion of what they --

MS. CARSON: Absolutely.

MS. BURNEY: -- agreed to with the Secretary. And they can ask them to step down.

MS. CARSON: So that's you and the DFO --

MS. BURNEY: Yes.

MS. CARSON: -- Leslie, getting together, discussing those kinds of things, bringing them to the ACMO office and making that determination about whether we need to solicit
for more members.

CHAIRMAN CERTAIN: Okay.

MS. CARSON: And they have that conversation with the person.

CHAIRMAN CERTAIN: Well, that's what we've been trying to set up on this Committee since I was asked to be the chairman, and I'm --

MS. WILLIAMS: So let me --

CHAIRMAN CERTAIN: -- getting a little frustrated.

MS. WILLIAMS: -- just say this. From my standpoint of view for this Committee, the issue is not the fact that we don't have a schedule determined. The issue came in, for 20- plus years, no solicitation was done for this Committee. So when the rules were implemented and the Secretary said, you will follow these rules, because we had so many members who had to leave and we had to backfill.

So if you think of it, we've only done one solicitation in the last 20 years. This is the second time we have schedule. Now, we just
have to get the momentum going and keeping that schedule.

MEMBER QUARLES: So you don't have a repository is what you're saying too really?

MS. WILLIAMS: Yes and no. Because I still have the packages that were done for the last solicitation. And even when I reached out to those individuals, some of them were still interested and some of them, they cannot serve due to medical illness.

So while we have some names, it still wasn't enough for me to submit everything for it because we need to make sure that we do have diversity when we submit them for it but also we have enough. So once leadership signs out, we can do it one time --

MS. CRENshaw: So with the --

MS. WILLIAMS: -- versus stagnating it.

MS. CRENshaw: -- names you got from Nam-POW, do you think it's feasible now to do another solicitation in January based upon what
you already have, the people that are interested
and the individuals you've got at Nam-POW? Would
that be a viable option?

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: Yes, and we can --
once they send their information to you, as I
requested them to do, if they need to get
whatever form or format that that has to be in
back to them with a deadline that's the same as
the Federal Register deadline. And so that we
can get those perfected in accordance with the
rules by the time the Federal Register deadline
has appeared, and then we can move forward from
that.

And in the meantime, you and I will
work with this spreadsheet to see how we're going
to move forward from here so that we can
accomplish the goal of having a predictable,
regular rotation schedule and know who is
rotating off each year, make sure that the
numbers are correct, who's eligible for
reappointment, who is not eligible for
reappointment so we can target how many we're
going to need in any particular year based upon
who has to rotate off and who can be reappointed.

And then those who are on their first
term would have to -- since those are
reappointments, do they have to put in a packet
too?

MS. WILLIAMS: For reappointment.

CHAIRMAN CERTAIN: Okay. So anybody,
but we do need to know if they're willing to
continue to serve?

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: And so we'll just
have to ask you that and then check it off to
say, I'm done with this, or, I've got other
things have occurred in my life. I can't get
here anymore. And that way, we can -- the most
that I think we should ever have is four in any
one year. But if we can get a good rotation
schedule, there would be probably two, two being
reappointed and two being new --

MEMBER KUSHNER: We need three now,
though, right?

CHAIRMAN CERTAIN: -- in any given year. What?

MEMBER KUSHNER: We need three now, right: Hanton, myself, and Shoshana Johnson?

CHAIRMAN CERTAIN: Well, also Richardson.

MEMBER KUSHNER: Shoshana has not been very good about attending the meetings really.

CHAIRMAN CERTAIN: No.

MEMBER KUSHNER: She's missed a lot of meetings. So is there a criteria for attendance?

CHAIRMAN CERTAIN: I think -- well, if I understand it, we can set that criteria. And I think that with only two meetings a year that if you miss one in a year, either in person or on the phone, then your participation is questionable. We've only got the total of six meetings.

MEMBER KUSHNER: Right.

MS. WILLIAMS: But we also have to look at the reason as to why the person did not
attend. So for this particular meeting, Shoshana did not attend because of medical reasons. And then keep in mind there was another meeting that she did not attend in which she was going to have to pay for her expenses out of her own pocket. I'm not sure of the circumstances because I was not the DFO at that time. But I do know it was a financial reason that she was unable to attend.

So I understand activity, being involved in the Committee is very important which is one reason why I, personally, am recommending that Mr. Richardson be removed because he has not attended.

CHAIRMAN CERTAIN: And he doesn't respond.

MS. WILLIAMS: But we also have to be mindful of why that person is not attending. And I definitely know, for her case as well as Mr. Richardson, when he was communicating with me, his boss was sick. And that was one of the reasons why it's taken me this long --

MEMBER KUSHNER: Well, I mean that's
another point --

    MS. WILLIAMS: -- for me to submit his
name.

    MEMBER KUSHNER: -- the reason. But
if the reason is such that the person can't
attend the meetings --

    MS. CRENSHAW: Then they just need to
be removed.

    MEMBER KUSHNER: -- then he needs to
be removed for medical reasons.

    CHAIRMAN CERTAIN: Yes, and if we can
have a telephone set up so they can participate
by phone, that's another way.

    MS. CARSON: I will tell you that the
other thing that ACDC does is they do have a
conference line for a particular member who is a
little confined and that person participates by
phone. And actually, he gives input and
everything, but he does not attend for medical
reasons. But he is very, very active on the
committee.

    MS. CRENSHAW: And I will tell you
that since Leslie has taken over, she has always
ensured that if a committee member needs to be
dialed in, she will establish and set that up.
So the option is there for the committee member.
But what she's saying is the committee member has
to want to participate on the phone.

   MS. CARSON: Right.

   MS. WILLIAMS: Because, I mean, even
Mr. Milligan, he's attended a meeting virtually.
So the option is definitely there, and the
individuals who want to take advantage of it,
they do. And those who don't, they don't.

   CHAIRMAN CERTAIN: Well, and if they
don't, then they're not interested and we need to
find somebody else. Okay. Have we beaten this
dead horse enough?

   MS. WILLIAMS: Yes.

   CHAIRMAN CERTAIN: So you and I need
to be in clear communication for the next little
while to get this nailed down.

   MS. WILLIAMS: Yes.

   CHAIRMAN CERTAIN: All right. Yes?
MEMBER MILLIGAN: Is there a written definition of what constitutes diversity on this Committee?

CHAIRMAN CERTAIN: Well, that's crossed my mind too, and it's former POWs and non-former POWs. And if we can include in the non-POW -- since we only have, what, three female former POWs available to us, and one of them is not available because Rhonda Cornum served for, like, 20 years. So --

MEMBER MILLIGAN: And this leaves two.

CHAIRMAN CERTAIN: So it leaves two, and Shoshana is rotating off. And so that leaves one.

MEMBER MOORE: No, there's still two more.

CHAIRMAN CERTAIN: There's still two more? Yes.

MEMBER MOORE: Yes, Lynch and Coleman.

MS. CRENSHAW: Jessica Lynch --

MEMBER MOORE: And Melissa Coleman.

MS. CRENSHAW: Coleman.
MEMBER MOORE: But I'm not sure if either -- I don't know.

MS. CRENSHAW: Has anybody ever reached out to Jessica or Melissa?

MS. WILLIAMS: So Jessica was recommended. So we have her package.

MS. CRENSHAW: Okay.

CHAIRMAN CERTAIN: Yes, Shoshana recommended her to come on.

MS. WILLIAMS: Coleman, we do not.

CHAIRMAN CERTAIN: And the other thing, we can get female participation through spouses and VSOs. And the whole issue of racial diversity may or may not be possible for us, but I don't know.

MS. WILLIAMS: So legally, we can't ask the question.

CHAIRMAN CERTAIN: First of all, you can't ask the question to ask somebody. You can't ask that question.

MEMBER KUSHNER: A foreclosed thought when you ask them.
CHAIRMAN CERTAIN: So just finding people that are willing to serve is the big deal and getting recognized. One of the diversity issues that we've had that we have dealt with is medical professionals, making sure we had somebody with a medical background on here because that was helpful. And we had McNish obviously which gave him a couple of hats. And it seems like we've always had from the Mitchell Center on the Committee.

MEMBER MOORE: Yes, and there have obviously been several problems with that, not just the funding issue but the rather thorny issue of one Secretary tasking an employee of another Secretary.

CHAIRMAN CERTAIN: Well, that's why we -- yes, some of those, like Mac Ambrose, have been retired from the Mitchell Center so long --

MEMBER MOORE: Right.

CHAIRMAN CERTAIN: -- that we didn't have that.

MEMBER MOORE: Yes.
CHAIRMAN CERTAIN: Now that you're retired, we don't have that. And Bob Hain is retired --

MEMBER MOORE: Yes.

CHAIRMAN CERTAIN: -- we don't have that.

MEMBER MOORE: So we've got that covered for a while.

CHAIRMAN CERTAIN: Getting somebody currently.

MEMBER MOORE: Your current one was my replacement.

CHAIRMAN CERTAIN: The other thing that we have that can broaden our perspective, as I understand it, is our working groups or subcommittees are not subject to the ACMO rules. They don't have to be appointed in the same way. And so our working groups, if we're having somebody go to ACDC -- not the concert of the rock group -- but --

(Laughter.)

CHAIRMAN CERTAIN: -- it could be one
of us, somebody that's served on this Committee before because there are no term limits applied to that plus the DFO.

MS. WILLIAMS: And Jelessa just confirmed that, for the working group, we can pull from previous members. And so I definitely know a few of them are interested in mainly contact and serving with this Committee. So that's one option that we have available.

Because even Dr. McNish, he was going to try to attend this meeting virtually, but he was unable to, so --

CHAIRMAN CERTAIN: So since we've been thrown out of the box already and been struggling to put it back together for a couple of years, let's think about how we can gain that expertise.

So Harry, for instance, your question about your wife's service, she can serve on a working group. The two of you could go to someplace in the West Coast -- L.A., San Diego area, maybe up to San Francisco -- if we had a reason for that. Or if one of the committees you
were wanting to coordinate with is meeting out there, then that could be an official working group.

And DFO or the assistant DFO would have to be there to make it legal. But that's a way we can include people, the spouses more thoroughly and former members who are willing to continue to serve and to be productive.

MS. WILLIAMS: So are there any more questions in regards to the member solicitation?

MEMBER KUSHNER: No, so let's summarize what action we're going to take regarding this problem. I'd like to know.

MS. WILLIAMS: Okay. So the first thing is I will post the Federal Register. So we'll agree that we'll leave it open for 45 days.

The next step after the Federal Register closes, we'll have a virtual meeting to review and prioritize the packages and ensure that they are complete, and then from there, submit them. And then it'll just have to concur through the VA process. But when we submit them,
it will be with the goal to have the new members appointed before the D.C. meeting. And we'll have that date by the end of this week.

MEMBER KUSHNER: And as individuals, we should try to reach out to potential --

CHAIRMAN CERTAIN: Yes.

MEMBER KUSHNER: -- members?

MS. WILLIAMS: Yes, yes, because --

MEMBER KUSHNER: And do our own private solicitations --

CHAIRMAN CERTAIN: Exactly.

MEMBER KUSHNER: -- to solicit interest at least so that the Committee can reach out to those people.

MS. CRENSHAW: And so --

MS. WILLIAMS: Correct.

MS. CRENSHAW: -- in order to be kind of timely, what, Leslie, do you think would be the most ideal date to actually start solicitation to leave it open for the 45 days to give this Committee some time to reach out to your connections and your people?
And then we, in turn, be advertising, hey, go into the Federal Register or whatever and get it through VBA, knowing that it goes all the way up through a tedious chain of approval and keeping in mind it has to get out of BAS, gets out BAS, goes to 20P, goes from 20P to 20, and then back to ACMO and then to the Secretary. So you've got five layers there that it's going through.

CHAIRMAN CERTAIN: Okay. It would be unkind to put it out before the December holidays because people aren't going to pay attention.

MS. CRENSHAW: Attention.

CHAIRMAN CERTAIN: So I would say 1 January or 2 January. And so by mid-February, the nomination process closes, right?

MS. WILLIAMS: Correct, because we'll leave it open for 45 days.

CHAIRMAN CERTAIN: And so sometime mid-February to mid-March, we would be able to look at the packages in a virtual meeting, review them ahead of time so that when we get together,
we can economize our time on prioritization. And that should be finished within, say, two or three weeks of the closing of the Federal Register and then be able to send the priority up in through the chain to get it up there.

And then I will work with Leslie to redo the spreadsheet to propose a rotation schedule that would get us where we need to be within six years or maybe within three years.

MS. WILLIAMS: And so one of the things I would advise is when we do the meeting to review the packages is that we do extend an invitation to ACMO so we can get their insight on the packages but also ensure that what we're submitting is accurate. Because when we do that, then that eliminates some of the timeliness when it concurs.

CHAIRMAN CERTAIN: Yes, so if you or Jeff, one, could be present when we talk and have reviewed the packages ahead of time with us so that when we do get together, everybody has had the opportunity to be fully familiar.
MS. WILLIAMS: But also in the Chairman-DFO Summit on January 11th.

CHAIRMAN CERTAIN: Yes.

MS. WILLIAMS: So then that will be a good opportunity for you to bring up some of these concerns --

CHAIRMAN CERTAIN: Oh, I --

MS. WILLIAMS: -- with the Secretary.

CHAIRMAN CERTAIN: -- certainly intend to do that. Okay. So then if we can get -- my neck is getting stiff again. What is a reasonable time from packet submission to appointment? What would be a norm?

MS. BURNEY: Normally, it takes anywhere between 45 to 60 days.

CHAIRMAN CERTAIN: Forty-five to 60 days? So if we can get them in their hands by 1st of April, then that'll be mid-May to mid-June. Okay. That works for me, because that way, people can be notified on 1 October and we don't have another meeting currently. We don't have any dates scheduled for anything after. We
don't even have a date yet for Washington, do we?

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: And because of our experience with the Congress, this budget building process, we want to avoid October and through the middle of November for any proposed date for a meeting because we may or may not be able to do that. And we've had so many -- I've had, personally, so much frustration with setting aside the calendar time and then in late September being told it's not going to happen.

MEMBER KUSHNER: That's for sure.

CHAIRMAN CERTAIN: And I know that Dr. Kushner has had that same frustration --

MEMBER KUSHNER: That's for sure.

CHAIRMAN CERTAIN: -- because we have shared it.

(Laughter.)

CHAIRMAN CERTAIN: So it's just -- and that's not a problem -- that's not because of VA. That's because of the Congress. Okay.

MS. WILLIAMS: So now, is it possible
-- if we do post a Federal Register on 1 January, it'll close on February 14th -- and we try and have our meeting the following weeks or the week of the 18th through the 23rd in hopes of getting the packages submitted by 1 March? Because I think if we wait till 1 April, that's 30 days that we're going to lose. But ultimately, it's going to affect when we can schedule the next meeting.

CHAIRMAN CERTAIN: Okay. So --

MS. WILLIAMS: And we do have a few things happening at that meeting.

CHAIRMAN CERTAIN: And you understand the Federal Register. The end of the 45 days is the last day for people to put in packages for nominations; is that correct?

MS. WILLIAMS: So through the Federal Register, yes.

CHAIRMAN CERTAIN: Yes.

MS. WILLIAMS: And then we can also close it after that.

CHAIRMAN CERTAIN: So as soon as they
hit, then it's closed?

    MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: All right. So any
other nominations from other sources need to be
in before that.

MEMBER HANTON: Why don't you just
make it a 30-day Federal Register instead of 45
and give us two extra weeks? You're not going to
gain a whole lot in two weeks, so you can figure
it out by -- or we can figure it out.

CHAIRMAN CERTAIN: So if it is closed
on February -- well, let's see. January 1st is a

    MS. WILLIAMS: It's a holiday.

CHAIRMAN CERTAIN: -- is a holiday.

So from the 2nd of January to the 16th of
February, that Friday. And then when could
packages then be put in the hands of the members
of this Committee for review?

    MS. WILLIAMS: So realistically --

because what I have so far and what some of the
members from Nam-POW have already started to
submit it to me, those will be complete. So it'd
just be the timing is the compiling of what we
receive from the Federal Register which,
truthfully, I don't think will be a whole lot.
So we can have our meeting in the following week.

CHAIRMAN CERTAIN: So the week of the
18th of February?

MS. WILLIAMS: Correct. And so I can
work on having the packages to the members prior
to for preview, and then we can have our meeting
that week. So you just have to tell me the date
that you guys --

CHAIRMAN CERTAIN: Okay.

MS. WILLIAMS: -- are available to
meet.

CHAIRMAN CERTAIN: The 19th is
President's Day, so that's a federal holiday. So
that would be out. But is there a day of the
week that doesn't work for any of you? If we can
review them ahead of time, then it shouldn't take
more than an hour, do you think?

MEMBER KUSHNER: Wednesday doesn't
work for me.

CHAIRMAN CERTAIN: So not on Wednesday. So can we shoot for February 22nd?

MEMBER KUSHNER: That's Washington's birthday.

CHAIRMAN CERTAIN: But President's Day is the 19th.

MEMBER HANTON: So a telephone conference on the 22nd of February.

CHAIRMAN CERTAIN: So let's pencil that in.

MS. CRENSHAW: Let me take a look. I don't have anything on the calendar this far out. I'm sure, so I'll make it work. You know how VBA does.

MEMBER MOORE: Just a quick question. Does the definition of diversity compel us to take someone from the Federal Register?

MS. WILLIAMS: No, you know what I think what they mean by --

MEMBER MOORE: Because we could maybe have three or four people right now.
MS. WILLIAMS: Yes, yes.

MEMBER MOORE: Okay.

MS. WILLIAMS: But I think they want to have it from, like, eras represented, sexes, ethnicity, areas of expertise. So I think that's what she meant when she wanted to have us expand who we solicit and we request on the Committee.

MEMBER MILLIGAN: Okay. This goes back to my question. Is this just, what, somebody who will let these things happen, or is it a requirement?

MS. BURNEY: It became a requirement from the Secretary.

MEMBER MILLIGAN: I'm sorry?

MS. BURNEY: It became a requirement from the Secretary to see diversity that represents the armed forces. So when you look at the armed forces, we don't have just all purple people or all orange people. We have a mix of that, and so he wanted to see that and not go to a Committee meeting and just see all blue people.

CHAIRMAN CERTAIN: Yes.
MS. CARSON: Or blue people with blue shoes?

MS. BURNEY: Yes.

(Laughter.)

MEMBER MOORE: Light blue or dark blue?

(Laughter.)

MEMBER MILLIGAN: Well, I guess I still don't have my question answered. Is it a requirement?

MS. WILLIAMS: So I can send --

MEMBER MILLIGAN: Is --

MS. WILLIAMS: -- you something.

MEMBER MILLIGAN: -- what constitutes diversity defined?

CHAIRMAN CERTAIN: Well, we can't say we're going to have one from this group and one from --

MEMBER MILLIGAN: Yes, right.

CHAIRMAN CERTAIN: -- that group and one -- that's what I understand. But we have to have more than all non-POWs. We have to have
more than all POWs generally. We need to have --
if we're able to get Korea and World War II
represented personally, then I think we should
include that. If not, then I would like to see
somebody that's representative of that group as
long as there's anyone of them still alive.
Somebody that works with those --

MEMBER KUSHNER: Just being alive is
not enough, right? I mean, you have to be able
to travel.

CHAIRMAN CERTAIN: No, if they're
still alive, then they've got children and
grandchildren.

MEMBER KUSHNER: I see.

CHAIRMAN CERTAIN: Or they have
caregivers or somebody that understands some of
the issues surrounding former POWs.

MEMBER MILLIGAN: I'm getting worried
about it, we agreed upon this process. We start
going through it, and all of a sudden, somebody
rejects the package because we didn't have enough
of --
CHAIRMAN CERTAIN: It's a crapshoot.

Well, we just have -- I think if we explain, this is what we have and this is who was nominated or applied. And given our concerns about a broad representation, this is our priority.

MS. BURNEY: And so with the advisory committees, it is a part of the membership balance plan that you have a fairly balanced membership. And so what it says is that that plan includes a selection of members that the agency will consider a cross-section of those that are effective, interested, and qualified, and appropriate. And it also says to ensure that they reflect the diversity of the American society and veteran population. So that's a VA policy.

CHAIRMAN CERTAIN: And so our veteran population is actually former prisoners of war. And so we don't represent the whole veteran population. But it would be nice -- we've historically had enlisted members on here, even though most of the non-POWs were officers. And
so the rank structure balance, whatever, but just
think about those. All right.

Can we move on? Thank you for being
here.


MS. CRENSHAW: Buy, Laurine. See you
next week.

CHAIRMAN CERTAIN: I would suggest
that we shoot for, right now, 3 o'clock Eastern
Time. That way, it's not too late in the day for
those of us who live on the East Coast and not
too early in the day for those who live on the
West Coast. And it'd be about noon on the West
Coast and somewhere in that neighborhood, but we
can coordinate that a little closer to time.
Right now, if you'll pencil in an hour or so on
the 22nd at 3 o'clock Eastern.

MEMBER CORRE: What day is that?

CHAIRMAN CERTAIN: That's a Thursday.

MEMBER CORRE: So the 22nd, when is
that?

CHAIRMAN CERTAIN: That's a Thursday.
MEMBER CORRE: Thursday? Thank you.

CHAIRMAN CERTAIN: All right. What's next?

MS. WILLIAMS: Okay. So Mr. Marshall and I have a surprise for the Committee.

(Whereupon, the above-entitled matter went off the record at 10:07 a.m. and resumed at 10:13 a.m.)

CHAIRMAN CERTAIN: What else? What's next?

MS. WILLIAMS: Recommendations -- coming up with any recommendations.

CHAIRMAN CERTAIN: Well --

MS. WILLIAMS: And so I was taking notes throughout the meeting. So I know one of the concerns that came up was in regards to caregivers. So does anyone have any --

CHAIRMAN CERTAIN: Was that aid and attendance issue, or was that a different one?

MS. WILLIAMS: No, I think it was in regards to --

MS. CRENSHAW: Aid and assistance?
MS. WILLIAMS: Not aid and attendance but ensuring that the spouses are informed but also taken care of at the time -- don't make me say it.

CHAIRMAN CERTAIN: At the time when we croak.

MS. WILLIAMS: I don't want to say it.

MEMBER KUSHNER: Say what?

CHAIRMAN CERTAIN: You mean the surviving spouse issue? Is that the --

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: -- issue we're talking about?

MS. WILLIAMS: Yes, so that response.

CHAIRMAN CERTAIN: See, I'm not sure what -- see, I don't know what the law says about that when -- what the VA can do beyond DIC.

MS. WILLIAMS: So that was -- we did address that in a recommendation to have that process automated. Well, I do know that, right now, the VSOs, DAV particularly, they are trying to have some type of legislation enacted to have
it so VA will compensate the spouses for essentially being a caregiver.

CHAIRMAN CERTAIN: Oh, so while the --

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: -- POW spouse is still alive and to compensate the caregiver, whoever that is, spouse or other person. Is that --

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: -- what we're saying?

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: Is that in process somewhere?

MS. WILLIAMS: It's something that DAV is working on. I'm not sure what their status is because the last -- I attended their meeting in August of -- no, which one, I'm sorry -- New Orleans -- August of 2017 in New Orleans. And that was one of the big things on their agenda that they were pushing. As far as where they're at, at this time, I do not know. But I do know
it's one of the legislation that they're writing up to have enacted. It has not been submitted thus far.

CHAIRMEN CERTAIN: Okay. So that's the Disabled American Veterans?

MS. WILLIAMS: Yes.

CHAIRMEN CERTAIN: And so they would probably work through the Military Coalition to try to gain consensus among all those organizations before they submit.

MS. WILLIAMS: I guess the result will be is if it's enacted, once they submit it through legislature -- which will probably take some time. But if it's enacted, then it could open a door for something specifically for this Committee because there are a few spouses who serve as the caregiver.

CHAIRMEN CERTAIN: So is that a recommendation we're ready to do? Is that something we need to hear about from a DAV representative?

MS. WILLIAMS: We could always table
it and invite someone to the D.C. meeting to give
a thorough --

CHAIRMAN CERTAIN: Because they have
an --

MS. WILLIAMS: -- statement.

CHAIRMAN CERTAIN: -- office in

Arlington, I'm sure.

MS. WILLIAMS: Yes, yes, there, there.

CHAIRMAN CERTAIN: And if it's gotten
as far as the Military Coalition, then we need to
find out what that letter says for a recommend so
we can --

MS. WILLIAMS: Okay.

CHAIRMAN CERTAIN: Because that's
going to go straight into the Congress, and we're
advising -- our goal is to advise the Secretary,
right?

MS. WILLIAMS: Correct, on the needs
and services for this community -- for FPOW.

CHAIRMAN CERTAIN: So I'm not sure
that we're -- or does anybody have an idea of
whether or not that would be a recommendation to
the Secretary for this Committee? And I packed away all my notes. So what else did you write down?

MS. WILLIAMS: So the other concerns wouldn't necessarily translate into a recommendation. But the other one was the inconsistencies in VA ratings. And I definitely know, right now, VA is undergoing rewriting the VASRD which sets the criteria for how we rate. And as Ms. Carson briefed, that's projected to be completed by 2019. So with that being said, I don't know if that will necessarily translate into a recommendation because it's something that VA is currently working on.

But I guess if I had to think of something, at one meeting, the issue that we were looking at was frozen lung and those injuries that were caused by the cold that are not on the presumptive list. So that may be something that we can revisit now, especially with VA rewriting the VASRD.

But any thoughts or comments on that?
CHAIRMAN CERTAIN: One thing that was in the 2017 that was non-concurred that I think we should revisit that was our recommendation that they -- as part of outreach, they encourage rated -- those POWs who were rated below 100 percent to come in with it. And the way we put it was with the intention of trying to raise them to 100 percent.

And if we reword that to encourage reevaluation in order to see if they're -- in order to evaluate any increases in disability that should be any increase in rating so we can -- rather than being directed to get everybody to 100 percent, which a lot of folks want to do, of the raters to have it. And all known presumptives should be considered in every evaluation of a former POW.

MS. WILLIAMS: Okay. So for that one, I actually had Ms. Crenshaw to come back in the room because currently BAS is working on an outreach letter. It's for FPOWs. And so I'll defer to her for that.
MS. CRENSHAW: Tell me. What was the question?

MS. WILLIAMS: So having FPOWs who are not rated at 100 percent, encourage them to come back in and to file a claim.

MS. CRENSHAW: So we did -- that was a recommendation, I think, of the Committee. And we looked at the recommendation, and we did discuss it and we sent it up. I don't think that what we did -- what we cannot do from a rating standpoint is we don't invite to deny. So we don't know -- if they're already rated at 30, 40, or 50 percent, we won't invite them and say, come, you might be -- you may be able to get 100 percent.

What we will do -- the letter we proposed was a letter that says -- a general outreach letter to say, hey, have you visited your VA lately? Get to know your VA. Or, we would encourage you to just stay in touch with VA. I don't want to tell them to come back in and be rated again because they may get denied
something, and I don't want that to happen.

That was the discussion on encouraging them to come in, specifically, to be rated. But what we can do is encourage them to stay focused on their benefits, to maybe look at the -- and we can be creative with it.

We can send the presumptive list with the outreach letter or something to that nature but without saying, even though you're not 100 percent, so come back in. So we can word it, wordsmith it, anything. You can say what you want to say without actually saying it. Our goal is to get them to come back in.

There may very well be some individuals that are entitled to more. And Dr. Certain, you and I talked about it. But they're afraid to come, and they're not just FPOWs. I hear from --

CHAIRMAN CERTAIN: I know.

MS. CRENSHAW: -- people all the time that tell me, I'm not going to the VA because I'm afraid that I'm going to be reduce. They're
going to take something away from me, so I'm
going to leave what I have.

So yes, we are working on the outreach
letter. We will outreach, and I will take the --
I can list -- now, one of the things I can do, I
can run a database of all those individuals based
upon what they are ranked, zero to 100 percent.
It will give me every FPOW that's in our system
and every rating that they have. And I can
actually tailor an outreach letter to that
particular group.

But those that are 100 percent, if we
didn't want to outreach to them, I would not. I
would still want to, though, because that way, we
wouldn't be specifically just reaching out to the
ones that are zero to 30.

CHAIRMAN CERTAIN: Well, those who --
for instance, it seems to me there's a couple of
things we can do. One is to say, as former POWs,
remember that you can receive care at the VA.

MS. CRENSHAW: Right.

CHAIRMAN CERTAIN: Dental care, eye
care, medical care, and anything that's service
connected. The other is, here's some presumptive
conditions based upon your service. And if you
have any of these medical conditions that are not
in your service-connected list, you may want to
come in to have them added.

MS. CRENSHAW: And one of the things
I would have to do with that, even -- and I'm
just putting my rating hat back on now and my
policies and procedures hat. We had the
discussion yesterday about the time frame. We
know that there's no time frame for the FPOW, but
there is a time frame for those presumptive
disabilities to have -- for the presumption of
the disability.

So 30 days is the minimum time frame
for them to be able to -- for the presumptive
disability. They may very well have other
disabilities as well that they can be service
connected for that are not a presumptive. They
may be called by one of the presumptive
disabilities. They may be secondary --
CHAIRMAN CERTAIN: Right.

MS. CRENSHAW: -- to a disability. So we would definitely -- we can word it. I could definitely word it in terms of care and benefits and services. Like, these may be some of the things that you are entitled to as an FPOW, without saying that, you may -- these are some of the -- I could say, these are some of the disabilities that you may be entitled to. If you meet certain criteria, please contact, without going into all the specifics because --

CHAIRMAN CERTAIN: Right, okay.

MS. CRENSHAW: -- of the time frame.

Yes, we could definitely --

CHAIRMAN CERTAIN: So that's in process --

MS. CRENSHAW: -- do something like that.

CHAIRMAN CERTAIN: -- and I appreciate knowing --

(Simultaneous speaking.)

MS. CRENSHAW: Yes, I have the draft
FPOW letter done. I just really need to get it through concurrence. And we'll make that a priority next week. The letter has already been ready. I just got to get it. We went through a period of transition, and I don't want to -- I'm very selective when I submit something for concurrence because I know the timing of it.

So the timing now would be perfect to submit it up for concurrence because we can get it done before Christmas and have it out by December the 29th. It will be done in this quarter, I believe, anyway.

CHAIRMAN CERTAIN: Okay. Thank you for that.

MS. WILLIAMS: And so the other thing is, at the last D.C. meeting, we provided to them the list of FPOWs, what percentage they were service connected at and also we had them to rank it on disabilities. So if we were to get that data, we'll just have to get it for the past year and a half because we have the ten prior years.

MS. CRENSHAW: Okay. So Maquel, can
you take that -- noting that as an action item so that we can submit that to PA&I next week? So I should have a data request to PA&I by the close of business Wednesday I just tasked, right?

CHAIRMAN CERTAIN: What? Oh --

MS. CRENSHAW: I'm hearing a "yes"?

I'll have a --

MS. WILLIAMS: Yes, ma'am.

MS. CRENSHAW: -- data request by close of business Wednesday --

MS. WILLIAMS: Yes.

MS. CRENSHAW: -- to PA&I? Okay.

Those are easy asks. Those are easy -- that's low-hanging fruit, easy breezy stuff that we can do.

MEMBER KUSHNER: The goal is to have every former POW rated 100 percent; is that the goal?

CHAIRMAN CERTAIN: That's an informal goal of some raters and --

MEMBER KUSHNER: If that's the goal, why not just say, if you're a former POW, you
are rated at 100 percent.

MS. CRENSHAW: You're not -- that's not going to happen.

CHAIRMAN CERTAIN: You can't do that.

MS. CRENSHAW: You can't. That's not going to happen. And I can tell you that that's not even logical because not everyone are going to -- and I've rated, and I've been a DRO. Not everybody is going to qualify for 100 percent.

Every individual, although they may have been a POW, may not have the disabilities that would be rated at 100 percent.

MEMBER KUSHNER: So then it's going to be an honest evaluation then?

MS. CRENSHAW: Right.

MEMBER KUSHNER: Okay. Well, then --

CHAIRMAN CERTAIN: Yes.

MEMBER KUSHNER: -- I thought it was just, we find something wrong with you. And if we can't, you have PTSD and boost you up to 100 percent.

MS. CRENSHAW: Well, if you have PTSD,
PTSD is rated from zero to 100 percent. So based upon the level of disability, within the law -- because we can't break the law. I look good in orange, but I don't look that good in orange.

(Laughter.)

MS. CRENSHAW: And so we will -- now, I encourage people and all raters are encouraged to give the highest evaluation that they can. If there's a benefit of the doubt, the doubt goes for the veteran and it goes to the higher evaluation. Let's just say you can rate at 60 as opposed to 30. You're going to rate at the 60 if the evidence is there to support it.

MEMBER KUSHNER: Okay. Well --

MS. CRENSHAW: What we -- right.

MEMBER KUSHNER: -- that's all you need to say.

MS. CRENSHAW: Yes.

MEMBER KUSHNER: If the evidence is there.

MS. CRENSHAW: We're going to give it to you.
MEMBER KUSHNER: I was approached in 2006 by my VA service officer and who said, you haven't even applied for any disability, and I can rate you 100 percent because of PTSD. And I said, I don't have PTSD. Jim told me I don't I didn't --

MS. CRENSHAW: Right.

MEMBER KUSHNER: -- have PTSD. Oh, yes, you do. You have PTSD. I don't want to have PTSD.

(Laughter.)

MS. CRENSHAW: Well, unfortunately, we do have some service officers --

MEMBER KUSHNER: You must.

MS. CRENSHAW: -- out there -- we do have some service officers out there that do that. They don't just do it with POWs. They do it with a lot of veterans which causes the big backlog that you sometimes see and the disagreement between the veteran and the VA because someone has said, I deserve this. Or they go to a coffee shop and they sit down with
their buddy who is 100 percent and they say, I'm 100 percent. You should be 100 percent.

Well, when we get the claim, the doctor having given the diagnosis -- now, what we do do is we do work with them. And if there's a disability that has not been identified, we let them know, these are some disabilities that you do have, particularly FPOWs.

So it's a little easier because the work has already been done for you. You have these disabilities that we know because of your prisoner of war status that you're more likely than not to have. And if any of those exist, we're able to grant those disabilities without any -- just because you have them.

MEMBER KUSHNER: But it is an honest evaluation?

MS. CRENSHAW: It is an honest --

MEMBER KUSHNER: It's based on the evidence?

MS. CRENSHAW: -- evaluation process --
CHAIRMAN CERTAIN: The --

MS. CRENSHAW: -- based on the

evidence.

CHAIRMAN CERTAIN: -- VSO doesn't rate
anybody. The VSO files the claim, and then the
physician at the medical center and the rating
officer at the regional office --

MEMBER KUSHNER: Right, but there is
some subjectivity to it.

CHAIRMAN CERTAIN: Yes.

MEMBER KUSHNER: I mean, that's why
some people go to Mississippi or Seattle to be
rated.

CHAIRMAN CERTAIN: Well, because
there's some inconsistency in the way raters
work.

MEMBER KUSHNER: Right.

CHAIRMAN CERTAIN: And so --

MS. CRENSHAW: But the rating scale --
and Ms. Carson was here. I wish she had heard
this discussion. So her office -- and they're
completely in charge of the 38 CFR rating scale.
They're redoing all the schedule of disabilities because, as you know, we were using a 1954 rating scale.

For years, we used an outdated, ancient rating scale. So the rating scale is in a process of every disability being looked at, and they have a team of doctors and professionals that's looking at that rating scale. And they're updating the rating scale.

Now, there are some disabilities that have been rated really high that probably won't be as high when they finish this rating scale and there are some that may be bumped up. They're trying to take out as much subjectivity in the rating scale as possible which will allow for more consistency in the rating process. But they rate based on the rating scale, and there are some disabilities on the 38 CFR Part 4 that does allow for a lot more subjectivity than others.

Like, musculoskeletal is based upon movement. It's based upon -- and solid hearing loss is solid. But there are some such as
headache and pain and stuff that --

MEMBER MOORE: And PTSD.

MS. CRENSHAW: -- maybe a little bit more -- and PTSD based upon the symptomatology that the --

MEMBER MOORE: Right.

MS. CRENSHAW: -- veteran reports --

MEMBER MOORE: Right, right.

MS. CRENSHAW: -- to their physician.

And some of them wax and wane.

MEMBER MOORE: Right, right, yes.

CHAIRMAN CERTAIN: Okay. Questions?

Any other -- yes, go ahead.

MEMBER SORTILLO: No, no. I was raising my hand for you.

MEMBER CORRE: Oh, for me? No, I'm not that old.

(Laughter.)

MEMBER CORRE: Ask him. I would like to say something on background and commendation and a question. Unofficially -- or at that time, unofficially, I attended these meetings
approximately 18 years ago when Dr. McNish was doing it, and in different cities, my wife and myself attended. And since then, in visiting the hospitals that we have, a lot of the questions that were processed at that time in those particular meetings that I went to -- or that we went to, I see them in use at the hospitals. And I think that shows that how effective this organization is and what it's done. And it should be commended for that because a lot of those problems that we deal with as VSOs have been taken care of and especially for the POWs.

My question is -- and one that still comes up all the time, and I don't know if I'm beating a dead horse or not -- what is being done by VBA for the POWs and the general servicemen, in general, about the records that were burned in St. Louis or destroyed? Because just recently, out of the woodwork, I met a POW and he said, well, he's never gotten a thing because they told him his records were ruined.
MS. CRENSHAW: So there is a process for records that were destroyed in St. Louis. The VA will work with those individuals that they know that if their digit -- the records are stored by sequential numbers or Social Security. And I'm not sure exactly how they were stored, but they are stored in a sequential number.

So there were certain records that we know were destroyed in that fire in St. Louis. So based upon that person's Social Security Number or file number, if they've been identified, there's a process that VA has. And I'd have to look it up because I can't really say it offhand.

But there is a process that they can go through to say, my records were destroyed and here's what I have. And if they don't have anything -- and they go through kind of a rebuilding type process of trying to restore and rebuild that or reconstruct the individual's record based upon anything that they have, anything that DoD may have, or things of that
nature and giving more credence to the fact that we know your records were destroyed.

So then more likely than not that we'll try and grant something than to deny something. And if you have the disability that you're claiming and in particular in a POW status, again, your status alone, knowing that you were FPOW, even if your records were destroyed, DoD will always have you in their files as a former prisoner of war. So that, in and of itself, is a big plus.

Then from there, what's the disability that you actually are suffering from now that you've been diagnosed with and that the doctors will say, yes, he has it? Medical opinions establish a lot more too. A medical opinion will help this person, even once they've established that they're FPOW, their records were destroyed. Yes, this disability is such that they didn't just get it yesterday. It's been a period of time. We work with them to do that.

So even though their records were
destroyed, if you know someone that records are
destroyed -- they've never filed a claim because
they said their records were destroyed -- please
send them to us so that we can help them recover
from that lost time because we'd like to try to
at least have them file a claim and let us do
what we can do.

MEMBER CORRE: Okay. When you say,
please send them to you --

MS. CRENSHAW: So get our contact --

MEMBER CORRE: -- now, and you're
talking about POWs now?

MS. CRENSHAW: I'm talking about
anyone that you know, if their records were
destroyed and they state that they're a veteran.
While we love POWs, we love all veterans. And
our job is to advocate on behalf and to take care
of any veteran.

So if there's a veteran you know out
there that's saying that, there's something wrong
with me and I've not filed a claim because my
records were lost in St. Louis, we encourage you
to get in touch with Leslie, Maquel, anyone, and we will route it to the right person.

Now, we don't rate anymore. None of us are going to work the claim. But we'll try and get them started and get them connected with the right people and then kind of help them on their way.

MEMBER CORRE: Okay. You'll hear from me, Leslie.

MS. CRENSHAW: Yes, Leslie was a VSR. We've all been in the field.

MEMBER CORRE: As a service officer, it's very frustrating because I do everything, whether they're POWs, anything in any war, and so does Marilyn. She's also VSO.

And one of the most frustrating is when you call up VBA and say, well, this guy, his records are gone. Nothing we can do about it. And I say, wait a minute. He's a veteran. He's fought. He's done this and that and the other, and he's had different things, and you can't do anything about it? We have no background. We
can't do anything without records.

MS. CRENSHAW: Well, we'll help them try to restore their records. So if I go in the system right now into VBMS and I look to see whether they are in the system, sometimes they're in the system, sometimes they're not. We do this a lot with Native Americans because a lot of them, some of them are not in our systems and we have to --

But if they are, in fact, a veteran, there is somewhere in the compilation of DoD, VA, somewhere that will establish that. It may be a little complex to do it, but we will work with that individual to help us to help them establish, first, their veteran status because that's the very first thing.

They can't do anything if the veteran status has not been established because you've got to remember it's paperless. So if they look into the system and there's nothing there, they're right. There's nothing they can do as a rater or a VSR. But there is something we can do
to try to help them get their stuff.

MEMBER CORRE: Well, I'm talking about people that come to me with a DD-214.

MS. CRENSHAW: Then we can --

MEMBER CORRE: So you know he's a veteran.

(Simultaneous speaking.)

MS. CRENSHAW: And then we can work with them.

MEMBER CORRE: Thank you. Thanks a lot.

MS. CRENSHAW: Yes, we can work -- the DD-214 establishes, and we can work with them.

MS. CORRE: I think what you're saying is probably correct except when you come into the --

MEMBER CORRE: The medical records or anything else.

MS. CORRE: -- medical side and the benefit side. And if it's not available right there, it's not there. And it's a classic thing.

CHAIRMAN CERTAIN: Okay. We're
getting a little far afield from our focus. So
let's carry this --

        MS. CRENSHAW: So Harry, if you have
something --

        CHAIRMAN CERTAIN: -- outside the
room.

        MS. CRENSHAW: -- please refer to --
just commit with us, and we'll try to help you
the best we can.

        CHAIRMAN CERTAIN: There will be gaps
in some of those records.

        MS. CRENSHAW: There will definitely
be gaps.

        CHAIRMAN CERTAIN: And so anecdotal
evidence, is that acceptable to fill the gaps --

        MS. CRENSHAW: We look at all --

        CHAIRMAN CERTAIN: -- as the testimony
from other veterans who served with the person,
that sort of thing?

        MS. CRENSHAW: We do look at all
evidence.

        CHAIRMAN CERTAIN: Okay, good.
MS. CRENSHAW: Lay evidence as well.

CHAIRMAN CERTAIN: All right. What other potential recommendations? We don't really have any yet, and it's not necessary to have any. And if it occurs to us later that when we get back and review our personal notes, if we need to do some -- we're not going to write the letter today like we used to do. And we can roll them into our next meeting.

Anything else from your notes that we need to consider?

MS. WILLIAMS: That was it for my notes, but I just remembered something. So not to keep beating the membership thing in the ground. So essentially, we have 12 members on this Committee. However, the charter only states that we need to have a minimum of ten.

So if I remember correctly, the thought behind having 12 members on the Committee was to be able to backfill behind the two who were rolling off. So essentially, if we stick to that plan, then we would not have a gap. So if
you look at the dates in which individuals who
are scheduled to roll off. So even with Dr.
Kushner and Shoshana rolling off, we still
would've met that requirement.

MEMBER MOORE: Still have ten
remaining you mean?

MS. WILLIAMS: Correct.

CHAIRMAN CERTAIN: We'll look at --

MS. WILLIAMS: Which is what the
charter states that we need to have.

CHAIRMAN CERTAIN: Well, anyway, you
and I can talk about that after I get back to my
computer and redo the spreadsheet, and we can
work on this.

MS. CRENSHAW: I actually have the
draft outreach letter if you want me to kind of
read a little bit of what it says.

CHAIRMAN CERTAIN: Okay.

MS. CRENSHAW: It says -- it started
out with, notice of former prisoner of war
disability benefits. Please apply. So I ask
them to apply. I'm sorry. And you may qualify
for disability benefits. That's our heading.

We're writing to you because you were
formerly a prisoner of war. If you're currently
suffering from disabilities or disease which you
think may have resulted from your military
service, we invite you to apply for benefits from
the Department of Veteran Affairs.

Former POWs are entitled to
presumptive service-connected compensation
payments and health care for the following eight
disease regardless of the length of captivity.
And it talks about the psychosis, dysthymic
disorders or depressive neurosis, post-traumatic
osteoarthritis, any of the anxiety states, cold
injuries, stroke and complications, heart disease
and complications, osteoporosis on or after
October the 10th, 2008 when post-traumatic stress
disorder is diagnosed.

And then if you were a captive for 30
days or more, you are entitled to compensation
for the following additional disabilities. And
it goes on to list the whole list of
disabilities.

If you have not applied for VA benefits and have been diagnosed with one of the above disabilities, please file a claim with VA. If you have other disabilities not listed here which you think may have resulted from your military service, please file a claim for those conditions as well. Benefits may include tax free, blah, blah, blah.

And we can't add in here, if you have any of these disabilities and believe that they have worsened, then we encourage you to reapply for disabilities. So that's the only thing that's not missing because this was an outreach letter where we were trying to reach out to those individuals that had not applied. But we can definitely add the caveat, if you're already service connected and believe any of your service-connected disabilities have worsened, we invite you to submit a claim as well. And that's it, and then we just need to get it out.

CHAIRMAN CERTAIN: Okay. And the
submission of a claim will result in the protocol physical?

MS. CRENSHAW: For an FPOW. For their initial claim, yes. They're have their --

CHAIRMAN CERTAIN: Or for subsequent claims?

MS. CRENSHAW: Claims? I'd have to look at the reg. Let me look that up --

CHAIRMAN CERTAIN: Okay.

MS. CRENSHAW: -- before I answer that.

CHAIRMAN CERTAIN: The reason I ask is that, to me, the process has always included the claim file and a physical to verify the claim.

MS. CRENSHAW: Oh, yes, they'll always get -- if they file a claim --

CHAIRMAN CERTAIN: Right.

MS. CRENSHAW: -- and they have -- they will get an exam. And with the things with DBQs now, they can actually submit a lot of those from their own private doctor.

CHAIRMAN CERTAIN: So can we include
there that once the claim is received, then you
can expect to hear from the VHA about -- or
whoever it is that does the physicals?

MS. CRENSHAW: I can't include that.
Yes, I have to verify. Let me verify before I
tell you, yes.

CHAIRMAN CERTAIN: Okay.

MS. CRENSHAW: I don't want to say,
yes, and I misspoke. I need to do some research

CHAIRMAN CERTAIN: Okay.

MS. CRENSHAW: -- on that.

MS. CORRE: Can I just say one thing

about that?

CHAIRMAN CERTAIN: Sure.

MS. CORRE: The fact that the C&P

exams are put together by VBA and not the

hospital.

CHAIRMAN CERTAIN: Oh, okay.

MS. CRENSHAW: We scheduled it.

CHAIRMAN CERTAIN: Okay, good.

Anything else that we need to consider? All
right. I'll compose a letter to the Secretary reviewing what we did, thanking him for the time and all that sort of stuff.

Do we yet have a proposed date for our meeting at the Central Office?

MS. WILLIAMS: We do not, but I will defer to Ms. Crenshaw.

Do you have some input on what you feel would be the best date to have a meeting in D.C.?

MS. CRENSHAW: Oh, we'd have to look when we got back. I think you guys need to come up with something sooner, like, a date so that we can start planning.

What would be an ideal date for you, Dr. Certain?

CHAIRMAN CERTAIN: I'm retired. For me, what would be ideal, as you know, would be for the Secretary to be able to be present and for the meeting to occur in the Central Office.

MS. CRENSHAW: And we can work on that. We can work with ACMO on that. We can --
CHAIRMAN CERTAIN: So --

MS. CRENSHAW: -- work with the
Secretary's office to find out exactly his
schedule. So the sooner we schedule something
and invite the Secretary to it, that would be
better because that's what the other committees
do. They actually --

CHAIRMAN CERTAIN: Right.

MS. CRENSHAW: -- schedule and invite
the Secretary. So the sooner we set a date and
invite the Secretary, then he'll put it on his
calendar. So the further out we determine a
date, the better our opportunities are for
going the Secretary on our agenda.

CHAIRMAN CERTAIN: So I would say --
I would guess sometime the second or third week
in May so we're there before Memorial Day and we
have enough time to get other things done and,
potentially, in April. But I would --

MS. CRENSHAW: Before Rolling Thunder.

CHAIRMAN CERTAIN: When is Rolling
Thunder?
MEMBER MOORE: Memorial Day is the 28th of May.

CHAIRMAN CERTAIN: Yes, so we don't want to be there Memorial Day because the hotel room prices go up, right?

MS. CRENSHAW: So maybe two weeks -- the second week in May?

CHAIRMAN CERTAIN: Yes, something like somewhere the week of May 7th or something.

MS. WILLIAMS: For the rest you, how does your schedule look in May?

MEMBER HANTON: I have a wedding on the 12th of May, so I will not be able to be --

CHAIRMAN CERTAIN: But earlier in that week?

MEMBER HANTON: I have a wedding to go to on the 12th of May, so that's in Georgia. So as long as I can get to that. Actually, it starts --

CHAIRMAN CERTAIN: That's a --

MEMBER HANTON: -- on the 11th.

CHAIRMAN CERTAIN: -- Saturday, but if
we met the first of that week?

MEMBER HANTON: Oh, yes, the first of
the week wouldn't be a problem.

CHAIRMAN CERTAIN: Okay.

MEMBER HANTON: The end of the week
would be a challenge.

CHAIRMAN CERTAIN: The following week, the week of the 15th is probably --

MS. CRENSHAW: That's pushing up
against -- well, that's the middle of the --
that's the week before -- you still got a whole
week before Memorial Day if you -- and that's the
16th through the --

MEMBER HANTON: 18th?

MS. CRENSHAW: -- 18th. For me, I
know --

CHAIRMAN CERTAIN: Memorial Day is on
the 28th this year.

MEMBER HANTON: And Mothers' Day is
the 13th.

MS. CRENSHAW: The third week is
better because I actually have a wedding that
Cole and Kenzie are in the first week of May. So
the week of the 14th through the 18th seems like
it's a better week for everybody, if you all can
--

CHAIRMAN CERTAIN: Well, early in the
week of the 7th would be -- he would be able to
get to his wedding --

MS. CRENSHAW: Yes, that would be
good.

CHAIRMAN CERTAIN: -- and you'd be
able to get to your wedding. So I would say
early in the week of the 7th or maybe your
wedding is on what day?

MS. CRENSHAW: My wedding is on the
5th, and it's in --

CHAIRMAN CERTAIN: Oh, but the --

MS. CRENSHAW: -- Mobile, Alabama.

CHAIRMAN CERTAIN: -- week of the
14th?

MS. WILLIAMS: So would it be the week
of the 7th as the first choice and the week of
the 14th --
CHAIRMAN CERTAIN: The 14th is the second --

MS. WILLIAMS: -- is the second?

CHAIRMAN CERTAIN: -- choice.

MS. CRENSHAW: Second choice.

MS. WILLIAMS: Do we want to have a third choice just in case?

CHAIRMAN CERTAIN: Let's don't do that. It gives people too many choices.

MS. CRENSHAW: Yes, that's what I think too. And keep in mind that it would be the early part of the week of anywhere from the 7th through the 10th to allow enough time to get to his wedding. And then the next week is open, period, completely.

MEMBER KUSHNER: Okay. I want to just say I'm still working.

CHAIRMAN CERTAIN: Yes.

MEMBER KUSHNER: So when I take off, it costs me a lot of money.

MS. CRENSHAW: We will definitely make sure.
MEMBER KUSHNER: So --

MS. CRENSHAW: And Wednesday is your working day?

MEMBER KUSHNER: I work more than Wednesday. I work Wednesday and Thursday and then when many of my partners are off, I work then.

MS. CRENSHAW: Okay. You definitely need to know.

MEMBER KUSHNER: I need to know. What I don't want to happen is I schedule that I'm going to be here and then the meeting is cancelled at the last minute.

CHAIRMAN CERTAIN: Right.

MS. CRENSHAW: Right.

CHAIRMAN CERTAIN: That's happened too many times.

MS. CRENSHAW: I agree.

MEMBER KUSHNER: That really upsets me.

MS. CRENSHAW: It would upset me too if I lost money.
CHAIRMAN CERTAIN: So it'd be best money to travel Sunday, meet Monday-Tuesday, finish up on Wednesday. That way you could leave on Tuesday night and get back --

MEMBER KUSHNER: Super.

CHAIRMAN CERTAIN: -- to work, if necessary.

MS. CRENSHAW: Okay.

MEMBER KUSHNER: So what was the day we were looking at?

CHAIRMAN CERTAIN: The first of the week of the 7th, the first couple of days or --

MEMBER KUSHNER: Perfect.

CHAIRMAN CERTAIN: -- the following week.

MS. CRENSHAW: But the first part of the week to allow --

CHAIRMAN CERTAIN: So it'd be --

MS. CRENSHAW: -- you time.

CHAIRMAN CERTAIN: -- the week of the May 7th or the following --

MEMBER KUSHNER: I have no objection
--

CHAIRMAN CERTAIN: -- week.

MEMBER KUSHNER: -- to meeting on Saturday or Sunday.

MS. CRENSHAW: Oh, I have objection to meeting on Saturday or Sunday.

MEMBER KUSHNER: Well, we just have to override your objections.

(Laughter.)

MS. CRENSHAW: Saturday or Sunday does not allow me and my staff to have good quality of life.

MEMBER KUSHNER: But one Saturday or Sunday out of 52.

MS. CRENSHAW: So I don't think anybody is going to go for that in VBA.

MS. WILLIAMS: For a Saturday meeting?

MS. CRENSHAW: A Saturday --

CHAIRMAN CERTAIN: No, they won't.

MS. CRENSHAW: -- and Sunday meeting, that's not happening.

CHAIRMAN CERTAIN: No, they won't.
All right. Anything else?

MS. WILLIAMS: That's all.

CHAIRMAN CERTAIN: Okay.

MS. WILLIAMS: Oh, so is there any speaker topic specifically that you guys want to hear for the D.C. meeting? So I know we're going to invite the SECVA, but --

MEMBER CORRE: With everything going, could you speak a little louder?

MS. WILLIAMS: Are there any particular speakers or topics that you will like to have at the D.C. meeting?

CHAIRMAN CERTAIN: Well, one, I think we would do well to hear about is the specifics on aid and attendance -- the rules about aid and attendance. So if we have some recommendations to make on that issue based upon what we heard here, then we will have better knowledge about it. And at that point, we need to coordinate with others who might be concerned like ACDC and any other committee, if anybody else is working on it.
MS. WILLIAMS: Now, there is one that's -- the Committee on Special Disabilities. So that's one of the committees that we were cross-collaborating with. So we could always extend an invitation to them as well as the survivors -- the new committee they just established for survivors.

MS. CRENshaw: And caregivers.

MS. WILLIAMS: Yes, survivors and caregivers.

CHAIRMAN CERTAIN: Yes.

MS. WILLIAMS: So we can extend an invitation to them as well.

CHAIRMAN CERTAIN: Right. And in the meantime, if we can get their meeting dates so we can send a working group to meet with them.

MS. WILLIAMS: So ACDC is scheduled to meet next week.

CHAIRMAN CERTAIN: Next week in Washington.

MS. WILLIAMS: Yes, and they'll be meeting in my building where I sit, so I'll
definitely be popping into that meeting, and if
you get confirmation on Mr. Corre.

CHAIRMAN CERTAIN: Can you travel to
Washington next week?

MEMBER CORRE: No, I couldn't make it.

MS. CRENSHAW: Is it next week?

MS. WILLIAMS: For ACDC.

MS. CRENSHAW: Oh, the ACDC meeting.

MS. WILLIAMS: So I'll be in
attendance. So that's a good thing. I'll be
able to take some notes.

CHAIRMAN CERTAIN: Okay, good.

MS. CRENSHAW: Then the disability --
advisory committee on disability, the one that
Laurine is meeting.

CHAIRMAN CERTAIN: Yes, if they have
teleconference capability --

MS. WILLIAMS: To dial in?

CHAIRMAN CERTAIN: -- then perhaps
some of us could dial in and listen to --

MS. CRENSHAW: Laurine said she did.

It's her committee. I'm pretty sure there's a
dial-in number because she said there's always a committee member that dials in. So it's Ms. Carson's committee, and I'm pretty sure they'll have a dial-in number. We always participate on it, and we don't always walk over to the building.

CHAIRMAN CERTAIN: I can't travel next week, but I probably -- if there's a discussion that our committee needs to be in on, at least I will do my best to make sure I have the time to dial in while they're having that discussion.

MS. WILLIAMS: Okay. So what I'll do is I'll reach out to their DFO to get a copy of their agenda and then also the dial-in information. And I can just send it out to everyone, and you can dial in on a particular question of interest for you.

MEMBER MOORE: Would it be possible to get similar information on the Gerontology Group?

MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: That's a good one.

Yes, all of those groups that we listed off the
other day and that you've got that email on.

    MS. WILLIAMS: Are there any other topics, speakers -- particular speakers? So I know Dr. Certain and I talked about having a Chair.

    CHAIRMAN CERTAIN: Oh, inviting the chairs of both the House and Senate Veterans Affairs Committees because we report to them through the Secretary to send their staff or somebody to come and participate with us and brief us on what's going on in Congress.

    MEMBER HANTON: How can we help them?

    CHAIRMAN CERTAIN: Yes, and how can we help them get --

    MS. WILLIAMS: Now, would you guys like to extend another invitation to Compensation Service to come back and provide an update on the DRC process, the Decision Ready Claims? Because as of now, it doesn't pertain to FPOW. But per her briefing, they are expanding the program. And so FPOW claims will be included underneath that.
So would you want to have her, our representative from that office, come back to speak to, I guess, the procedures and also provide statistics?

MEMBER KUSHNER: If you suggest it.

MS. WILLIAMS: I think it --

CHAIRMAN CERTAIN: I would --

MS. WILLIAMS: -- would be good to have her.

CHAIRMAN CERTAIN: -- always like to have an update on any outreach efforts and results across the country. And by way of statistics, any new POWs that have come in for the first time as a result of outreach, any that are receiving additional benefits because of it, that sort of thing. In other words, how effective are we being in finding those POWs who have no yet come into the system?

MS. WILLIAMS: So another thing I thought of that may be good, if everyone can look at -- because I provided a copy of the 2017 recommendations. So if everyone can look at the
recommendations to see which VISN sites we want
to invite back to provide follow up or the status
on their action plan and how they're implementing
those recommendations. So I think that would be
something good for us to have.

CHAIRMAN CERTAIN: And we certainly
need to get -- hopefully, by the next meeting, we
will have the 16 recommendations finalized,
right?

MS. WILLIAMS: Yes. So the good thing
for those is they just have to be signed off on.
Implementation is actually further along on the
2016 than the 2017. So it would just be getting
a signed copy by the SECVA to solidify it into
law.

CHAIRMAN CERTAIN: Okay. So it's all
ready for his signature; is that what you're
saying? All 16?

MS. WILLIAMS: Yes, yes.

CHAIRMAN CERTAIN: Okay. So we didn't
have to run it back through ACMO again?

MS. WILLIAMS: No.
CHAIRMAN CERTAIN: They were bound?

MS. WILLIAMS: In fact, on each VISN site or each office that we went to, they just have to attach a sheet showing that they reviewed it and they provided a response. And then we can roll it up to the Secretary.

CHAIRMAN CERTAIN: Okay. Then beyond Washington, where are the sites we want to go? What's the next site, the out of D.C. site for our meeting beyond that? And we'll have to coordinate with that site to see when they're available. The reason we didn't go to San Francisco is they're renovating the hospital, and so that was not a good time for them. But San Francisco is still on our list.

MEMBER MOORE: And the list last time was San Francisco, sort of Orlando -- well, here, yes, sort of Orlando.

MS. WILLIAMS: The Mitchell Center was one of the ones that was --

MEMBER MOORE: No, that's not it. That's --
MS. WILLIAMS: That's gone now?

MEMBER MOORE: That should always be

-- that should be taken off probably forever.

MS. WILLIAMS: Okay. You said

forever?

MEMBER MOORE: Yes, I don't think that

that's --

CHAIRMAN CERTAIN: I mean, there's a

VA hospital down there, but that's --

MEMBER MOORE: Yes, yes.

CHAIRMAN CERTAIN: The Mitchell Center

itself is about as big as this room anymore.

MEMBER MOORE: Right.

CHAIRMAN CERTAIN: It's a small

operation.

MEMBER MOORE: Yes.

MS. WILLIAMS: Okay.

CHAIRMAN CERTAIN: I thought Honolulu

would be a good one.

(Laughter.)

MS. CRENSHAW: I did too when I was

drinking that wine. But now --
(Simultaneous speaking.)

CHAIRMAN CERTAIN: But now that you're sober, now, you don't think it's a good idea?

MEMBER MOORE: Do we have to go by plane?

CHAIRMAN CERTAIN: No, train, train.

MS. WILLIAMS: How about Loma Linda?

MEMBER MOORE: Was Philly -- it seemed like Philly was on there.

MS. WILLIAMS: Philly?

MEMBER MOORE: Was Philly on the list or not?

CHAIRMAN CERTAIN: I can't really remember.

MEMBER MOORE: Maybe it is.

MS. CRENSHAW: So when you're looking at where you want to go, are you looking at the compilation for FPOWs and maybe the issues regarding the FPOW population in that area --

CHAIRMAN CERTAIN: Yes.

MS. CRENSHAW: -- as well?

CHAIRMAN CERTAIN: So if we can get an
idea of where the population of POWs are located around which VAMCs or --

MS. CRENSHAW: Okay.

CHAIRMAN CERTAIN: -- regional offices. And I would guess that those are probably pretty well run but not necessarily. And any that are having -- where problems are known to exist in the working with POWs, if you have anything on your pulse for that, so we can go in, hear their concerns so we can make recommendations. We're not there to judge. We're there to help and to help the Secretary identify areas that need improvement.

MEMBER CORRE: Is there a regional office in San Diego?

CHAIRMAN CERTAIN: Yes.

MEMBER CORRE: They have a pretty high --

CHAIRMAN CERTAIN: There's a lot of them. There used to be a lot of us down there. And Loma Linda is also a part of that system.

MEMBER CORRE: Well, yes, okay. Loma
Linda, I know. Well, their population has dropped down considerably. I know Loma Linda, they used to send us the --

MEMBER MOORE: Dallas-Fort Worth is the -- that's a pretty big area.

MS. CRENSHAW: And that's the --

MEMBER KUSHNER: Nice and accessible.

MS. CRENSHAW: It is, and feasible in terms of cost too.

CHAIRMAN CERTAIN: We were Waco a few years ago.

MS. CRENSHAW: Oh, Texas, so --

CHAIRMAN CERTAIN: But not --

MS. CRENSHAW: So part of what -- and this is just a little different with the faith-based. When they have their faith-based regional outreach, they try not to repeat the same area within, like, a two-year period. Is it five now? Good because it was really getting tight on where we could go, so --

MEMBER HANTON: Part of it is too is to find places that are doing well so you can
crossfeed the good ideas.

CHAIRMAN CERTAIN: Right.

MEMBER HANTON: So it's not just --

MS. CRENSHAW: Is Loma Linda doing well?

CHAIRMAN CERTAIN: San Antonio is a good one. Seattle is good.

MEMBER MOORE: I think the last time, if I recall correctly, Atlanta and Orlando were sort of comparable in terms of how they were doing.

CHAIRMAN CERTAIN: I think you're right.

MS. WILLIAMS: They didn't really have established programs.

MEMBER MOORE: Oh, Orlando didn't have established programs? Well, that might be a good one to go to for that reason.

MEMBER KUSHNER: They just built a brand-new one.

MEMBER MOORE: Two or three years ago?

MEMBER KUSHNER: Yes.
MS. WILLIAMS: So they're kind of like New Orleans in that they have a new facility but they don't have an established program. But also, they don't have a template. And if you can remember from the New Orleans meeting, we provided them a template.

And I can tell you when I was there for Nam-POW, I did visit the hospital. And they are implementing that template. In fact, they just contacted me to get the training certifications for their advocate. So I definitely know they are applying that template. So in the case of Orlando, it would be a good idea to give them that template to help --

MEMBER MOORE: Jumpstart them.

MS. WILLIAMS: -- them establish a program.

MEMBER MOORE: Right.

CHAIRMAN CERTAIN: Yes.

MEMBER MOORE: Jumpstart them.

CHAIRMAN CERTAIN: So you could do that directly, right?
MS. WILLIAMS: Yes.

CHAIRMAN CERTAIN: And then maybe a
year after they get it, we could go down there
and check in on them.

MEMBER MOORE: Sure.

MS. WILLIAMS: Because New Orleans,
they offered to host the Committee again while I
was there.

(Laughter.)

CHAIRMAN CERTAIN: I'm sure they did.

MEMBER MOORE: Second, second.

(Laughter.)

CHAIRMAN CERTAIN: I don't mind going
there again.

MS. WILLIAMS: So I have one last
thing. Can everyone provide me their contact
information, cell phone number, home phone
number, address, and email? And then if you can
please cc: Mr. Marshall on the email just so we
can update our contact list. Because I know for
Dr. Moore, I kept emailing the Mitchell Center.

He was --
CHAIRMAN CERTAIN: After he retired.

MS. WILLIAMS: -- somewhere else.

MEMBER KUSHNER: Can I send you that via email?

MS. WILLIAMS: Yes, yes.

MEMBER KUSHNER: Okay.

MS. WILLIAMS: Yes, please do.

MEMBER MOORE: The information on the card you gave us?

MS. WILLIAMS: Yes.

MEMBER MOORE: I have to send it to --

MS. WILLIAMS: Yes, and I gave everyone mine as well as Mr. Marshall's card.

You said don't --

MEMBER KUSHNER: Don't call my home phone.

MS. WILLIAMS: -- don't call your home phone?

MEMBER KUSHNER: Nobody calls me but Donald Trump and Hillary Clinton.

(Laughter.)

CHAIRMAN CERTAIN: I don't have one of
those anymore just for that reason.

MS. CRENSHAW: Mr. Trump calls me all
the time.

CHAIRMAN CERTAIN: All right. Thank
you for your work these last two and a half days.
And again, as we go away, remember the working
groups we discussed. If you're interested in
working with a specific one, let us know. And
let Leslie and me both know so that we can get
that on the schedule if you have --

And since working groups do not have
to have -- there's somebody else with an interest
that's not on the Committee that would be
interested in working with us with that working
group, we can make them members of the working
group without going through a lot of hoops. So
let's see what we can do about getting that
underway.

Once you get home, if you review the
notes in your folders and you find something that
you thought at the time was a good idea for a
recommendation, shoot that to us so we can put it
together. We'll probably not do recommendations from this meeting, but we'll start adding them for the D.C. meeting, unless something really critical shows up in our conversations.

And then review the last -- read carefully through the signed 2017 recommendations and anything that was non-concurred. If you have an idea of whether or not that needs to be revisited or in a different format that would make it acceptable, then let me know that too so we can consider rewording it and sending it too.

I'm not going to beat dead horses like filing DIC by the POW advocate or coordinator and the RO. Because with the Work Queue, that ship sailed and that's not going to get changed. So as long as that's -- what I would like, by the way, is some idea of how fast DIC is awarded for the widows of POWs so we'll have some confidence that it's a good system.

MS. CRENSHAW: She could get that data.

CHAIRMAN CERTAIN: Okay. That way,
we'll have confidence and won't have to fret over it. And when is exhibit Tom McNish, I can tell him it's going well. Pull out that last sheet of when we're talking for solicitation and remember the handbook and the sheet that describes what this Committee's focus is. And so when we recruit people, get that to them. All right. Bless you all. Get out of here.

MEMBER KUSHNER: Thank you.

CHAIRMAN CERTAIN: Catch your airplane or do whatever. If you have time before you leave town, the Atlanta History Center has a Vietnam exhibit up right now and it'd be up through mid-March.

(Whereupon, the above-entitled matter went off the record at 11:07 a.m.)
CERTIFICATE

This is to certify that the foregoing transcript

In the matter of: Former Prisoners of War
Advisory Committee

Before: US DVA

Date: 12-01-17

Place: Atlanta, GA

was duly recorded and accurately transcribed under my direction; further, that said transcript is a true and accurate record of the proceedings.

[Signature]
Court Reporter

[Signature]
Robert G. Certain
Chairman
VA Advisory Committee on Former POWs