

**SPECIAL CARE AND BENEFITS TEAMS EVALUATING OR TREATING FORMER PRISONERS OF WAR**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for the existence of specialized Former Prisoners of War (FPOW) Care and Benefits Teams (CBT). The CBTs are the main liaisons between FPOWs, VHA services and Veterans Benefits Administration (VBA) former POW Coordinators.

**2. SUMMARY OF MAJOR CHANGES:** Major changes include:

a. This policy changes existing training requirements. Face-to-face training is replaced with online training. Training will only need to occur once, as opposed to every five years.

b. This policy changes the requirements of CBT membership by expanding which disciplines can serve on the Care and Benefits Team.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** Care Management and Social Work Services (10P4C), Office of Patient Care Services, is responsible for the contents of this directive. Questions are to be referred to 202-382-2593.

**5. RESCISSIONS:** VHA Directive 2011-018, Certification of Special Care and Benefits Teams (CBTs) Evaluating or Treating Former Prisoners of War (FPOW), dated March 31, 2011, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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## SPECIAL CARE AND BENEFITS TEAMS EVALUATING OR TREATING FORMER PRISONERS OF WAR

### 1. PURPOSE

This VHA directive lays out the requirement that all facilities have special Care and Benefits Teams (CBTs) that are able to evaluate and treat Former Prisoners of War (FPOWs) to ensure that FPOWs receive the highest quality care and benefit services. The CBTs are the main liaisons between FPOWs, VHA services, and Veterans Benefits Administration (VBA) FPOW Coordinators. **AUTHORITY:** Title 38 United States Code (U.S.C.) 1705, 1710, 1712A, 1712B, 7301(b); Title 38 Code of Federal Regulations (CFR) 17.36.

### 2. BACKGROUND

a. Since World War I, over 142,000 Americans - including at least 85 women - have been captured and interned as POWs. As the number of FPOWs continues to decrease, outreach to FPOWs and family members is very critical. Increased benefits and special services may be available to this aging population and it is incumbent upon the Department of Veterans Affairs (VA) to apply due diligence when handling these considerations. Since 1997, VHA has facilitated national trainings to address the experiences of FPOWs. Hundreds of VHA clinicians and VBA staff have attended these training programs.

b. In response to the success of these training workshops, VHA medical facilities and VBA regional offices developed highly effective and efficient CBTs dedicated to outreach and identification of FPOWs, efficient processing of their disability claims, and the provision of high-quality clinical services. The CBT facilitates communication between VHA, VBA, and the former POW and allows for personalizing service to this unique population.

c. VHA CBTs must be available to provide care for FPOWs who require expert evaluation based on their FPOW experiences. These teams have been available to serve as consultants for primary care, mental health, and other clinical teams to provide clinical consultation.

### 3. DEFINITIONS

a. **Care and Benefits Team.** A team of VHA and VBA staff who provide services to the FPOW population. The team must be comprised of a clinician who is able to conduct General Medical Compensation and Pension (C&P) evaluations; a clinician who can provide treatment; a FPOW Advocate; and a VBA FPOW Coordinator.

b. **Former Prisoner of War.** In defining FPOW, status, VHA accepts VBA determination of whether or not an individual was in fact a FPOW. A FPOW is a person who, while serving in the active military, naval or air service, was forcibly detained or interned in line of duty:

(1) By an enemy government or its agents, or a hostile force, during a period of war;  
or

(2) By a foreign government or its agents, or a hostile force, under circumstances which the Secretary finds to have been comparable to the circumstances under which persons have generally been forcibly detained or interned by enemy governments during periods of war. (See 38 U.S.C. 101(32); 38 CFR 3.1(y)).

#### 4. POLICY

It is VHA policy that special FPOW CBTs are established at all VHA medical facilities caring for FPOWs to ensure that FPOWs receive the highest quality care and benefit services.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive; and

(2) Establishing the FPOW Care and Benefits Oversight Group (CBOG).

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Overseeing the development and implementation of VHA policy and programs to address safety and health issues in the FPOW population.

(2) Establishing performance standards for Veterans Integrated Service Network (VISN) Directors.

c. **Former POW Care and Benefits Oversight Group.** The FPOW Care and Benefits Oversight Group (CBOG), is led by the Office of Care Management and Social Work, and includes members from Mental Health Services, Primary Care, Geriatrics and Extended Care, and the Office of Disability and Medical Assessment. The FPOW CBOG is responsible for:

(1) Coordinating guidance and trainings related to the FPOW CBT.

(2) Maintaining close coordination with VBA Compensation and Pension Service and VBA Benefits Assistance Service.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring all facilities have special FPOW CBTs and that the members of each team are posted on a national website, which is updated annually

(<http://vaww.mentalhealth.va.gov/ra-visnvamc.asp>). **NOTE:** This is an internal VA Web site and is not available to the public.

(2) Appointing a Lead former POW Advocate from within the VISN to collaborate with VISN facilities on issues related to FPOWs. **NOTE:** This may be a collateral duty.

e. **Lead Former Prisoner of War Advocate.** The Lead FPOW Advocate is responsible for collaborating within VISN facilities on issues related to FPOWs.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Designating health care providers as members of the special FPOW CBT. A CBT must be comprised of one clinician providing treatment, one clinician conducting Compensation and Pension (C&P) Evaluations, and a FPOW Advocate, typically a clinical social worker. The physician C&P evaluator must be certified through the Office of Disability and Medical Assessment (DMA) as qualified to perform C&P examinations. CBT membership may be expanded to include other professions based on the needs of the Veteran population being served. Additionally, each VBA Regional Office has a FPOW Coordinator appointed who serves as a member of the CBT.

(2) Ensuring participation and tracking of training related to working with the former POW Veteran population, to include training related to FPOW presumptive conditions, for all CBT members. For a complete list of presumptive conditions, please refer to VA Web site Disability Compensation for Former Prisoners of War (POWs) (<http://www.benefits.va.gov/compensation/claims-postservice-pow.asp>).

(3) Encouraging clinicians who are not members of the FPOW CBT, but are providing treatment for former POWs, to participate in FPOW training.

(4) Ensuring a photograph of the FPOW Advocate, with contact information, is placed near the main entrance of the VA medical facility.

(5) Ensuring the local VA medical facility's Web site reflects the FPOW Advocate's name and contact information.

g. **Former Prisoner of War Advocate.** The FPOW Advocate is responsible for:

(1) Informing FPOWs about resources and benefits available; advocating for the FPOW by liaising with VA regional offices; and coordinate health care services and support community groups as appropriate.

(2) Identifying interventions, VA and community based programs and resources that may be useful in working with FPOWs, their families, and caregivers.

(3) Maintaining contact with the local VBA FPOW Coordinator, on a quarterly basis, to review any joint FPOW concerns and to coordinate outreach to FPOWs who may not be utilizing either VHA or VBA services to educate them about benefits or services available.

(4) Planning activities for FPOW celebrations, and include Missing in Action (MIA) family members.

(5) Acting as the point of contact for VA and other service providers for FPOWs and their families.

(6) Coordinating resources to connect FPOWs with the services they may require.

(7) Dealing with administrative issues related to the FPOW program.

h. **Care and Benefits Team.** Requirements for a CBT team include:

(1) Coordinating providing care and issues related to benefits to ensure that FPOWs receive the highest quality care and benefit services; and

(2) Facilitating communication between VHA, VBA, and the former POW and allows for personalizing service to this unique population.

## 6. TRAINING REQUIREMENTS

Every member of the Care and Benefits team must participate once in the national online CBT training. Training is held annually. As training is interactive in nature, all members of the CBT are strongly encouraged to attend the training on the dates/times trainings are offered. For members who are not able to attend the training live, courses will be posted on TMS. The Office of Social Work and Care Management is responsible for updating the training. As online training is held annually, members of the CBT are encouraged to participate in refresher training as needed.

## 7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any questions regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

## 8. REFERENCES

a. 38 C.F.R. 3.1(y), 17.36.

b. 38 U.S.C. 101(32), 1705, 1710, 1712A, 1712B, 7301(b).

c. Disability Compensation for Former Prisoners of War (POWs), <http://www.benefits.va.gov/compensation/claims-postservice-pow.asp>.

d. Mental Health Resources for Administrators, POW Facility POCs, <http://vaww.mentalhealth.va.gov/ra-visnvamc.asp>.