

AMERICAN EX-PRISONERS OF WAR



A MODERN DAY TRAGEDY

It is a melancholy state. You are in the power of the enemy. You owe your life to his humanity, your daily bread to his compassion. You must obey his orders, await his pleasure, possess your soul in patience. The days are very long, hours crawfil like paralytic centipedes. Moreover, the whole atmosphere of prison is odious. Companions quarrel about trifles and get the last pleasure from each other's society. You feel a constant humiliation in being fenced in by railing and wire, watched by armed men, and webbed about by a tangle of regulations and restrictions.

— Winston Churchill

Prisoners of War are soldiers, sailors, airmen, marines, or civilians. They are not war criminals; they are veterans of the military services or civilian agencies. As men of honor they represent an unfortunate group, victims of enemy capture, taken while flighting for their country. It must never be that they are stripped of their self respect, their dignity or their inherent rights as human beings or as veterans of the military services or to even reassure them with respect to their family and loved ones. THEY HAVE NOT BEEN FORGOITEN-THEY MUST NEVER BE FORGOITEN. by Raymond W. Murray, M. D., Medical Consultant, V.F.W.

"A lot of people talk about making sacrifices for God and country—but you have made them...A lot of people talk about heil and what it's like—but you have been there... A lot of people talk about heil and what it's like—but you have been there... A lot of people talk about heroism—but you have lived it."

by Rev. Edwin F. Taylor, chairman, YMCA Armed Services

"The one thing that usually persists through all stages is hope. Just as children in Barracks L318 and L417 in the concentration camp of Terezin maintained their hope years ago, although out of a total of about 15,000 children under fifteen years of age only around 100 came out of it alive."

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Prisoners of War are soldiers, sailors, airmen, marines, or civillians. They are not war criminals; they are veterans of the military services or civilian agencies. As men of honor they represent an unfortunate group, victims of enemy capture, taken while lighting for their country. It must never be that they are stripped of their self respect, their dignity or their inherent rights as human beings or as veterans of their country's combat forces. It is impossible to relieve their hardships and suffering, their loneliness, their physical and mental illnesses and disorders, or to even reassure them with respect to their family and loved ones. THEY HAVE NOT BEEN FORGOTTEN-THEY MUST NEVER BE FORGOTTEN. by Raymond W. Murray, M. D., Medical Consultant, V.F.W.

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ACKNOWLEDGEMENTS

Heartfelt appreciation to Mr. Ken C. Smith, National Service Officer, Disabled American Veterans; Lew Hastings, Ph.D. National Service Officer, American Ex-Prisoners of War, Inc., and Mr. Anthony N. Toscano, National Service Officer, American Ex-Prisoners of War, Inc.

A special thank you to Mrs. Carole Trippler, a talented portrait artist, who illustrated and contributed the front cover.

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Enclosed: Chronic Diseases, Tropical Diseases, Diseases Specific to Prisoners of War, Report of Capt. Raymond Spaulding, M.C., U.S. Navy, Ret., Letters from Martin D. Carlin, O. J. Karnes, Dr. Mildred Greif, Pre-mature Aging, Project P.O.W. 1, Ex-P.O.W.'s Their Continuing Ordeal, and Technical Information Bulletin.

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June 17, 1980

A MODERN DAY TRAGEDY

Presented to the Senate Veterans Affairs Committee

The Honorable Senator Herman T. Talmage, Members of the Committee and Sub-committee

I am Stanley G. Sommers, National Sr. Vice Commander and Medical Research Chairman of the American Ex-Prisoners of War, Inc.

Our membership is the largest of any ex-prisoner of war organization in the United States. We have as members servicemen, servicewomen, and civilians who were incarcerated during World War I, World War II, Korea, U.S.S. Pueblo, and Viet Nam.

I am honored and pleased to present this brief on behalf of all those great Americans, who during combat, were overwhelmed by the enemy.

We are thankful to the Senate and House for enacting Public Law 95-479, the Study of Former P.O.W.'s and Public Law 96-22 which authorized the V.A. to provide dental care to ex-P.O.W.'s who were incarcerated for six months or longer and to those permanently and totally disabled which proves your great concern to those veterans in need.

As this brief is composed of the many problems the ex-P.O.W. is experiencing with the Veterans Administration, it is only proper to mention that we have the highest regard for the Honorable Max Cleland and his staff. Their program guide 21-1, change 282, March 17, 1980, concerning Post-Traumatic Stress Neurosis (disorder) Chronic, granting Service Connection even though there may be a lapse of a considerable time. This change we believe is a break-through as stress is a common disorder of ex-P.O.W.'s.

Many of our members have received excellent care, treatment and just compensation from the V.A. while many others have not and it is for those we have dedicated ourselves to help.

As an ex-prisoner of the Japanese for 1,264 days and as a Medical Researcher for ten years in the field of incarceration, it is difficult for me to condense volumes of research into a brief such as this.

There are no words in the English language to describe being incarcerated, but let me assure you that everything you have seen, heard and read about these horrors are true.

Respectfully submitted,

Stanley S. Sommers

Nat'l Sr. Vice Commander

Nat'l Medical Research Chairman

1410 Adler Road

Marshfield, WI 54449

COMMENTS RELATIVE TO PUBLIC LAW 95-479

Congratulations are in order to the Administrator of Veterans Affairs, the Secretary of Defense and all others who contributed to the study.

We approve the Legislative and Administrative recommendations as purposed by the study group. Further recommendations by the American Ex-Prisoners of War, Inc. are on page 14.

Recommended Legislative Action

One of the major findings is anxiety neurosis which is the most prevalent service-connected condition of former POWs, regardless of the length of time of captivity. This disorder was documented by N.Q. Brill in 1946, Charles Brown in 1949, Harvey Strossman in 1955 and Gilbert Beebe in 1975. Our own research confirms these findings.

Recommended Legislative Action Title 38 USC Expanded Eligibility for V.A. Health Care Excellent, it is a known fact that the former POWs have a significantly higher degree of diseases and disabilities. It will result in needed care and treatment and ease their suffering.

Service Connection for Psychosis at any time after service.

Psychosis and/or anxiety neurosis is a common disorder of former POWs from all wars. The amendment is very justified.

National POW MIA Day

That a specific date be designated as an annual National POW MIA Recognition Day would be a great honor to all former POWs.

Recommendation Administrative Action Post-Traumatic Stress Neurosis Guidelines. This would be very beneficial to the former POWs as they would receive adequate medical treatment and just compensation.

A Standard Protocal For Disability & Compensation Examination.

This is a much needed administration action. At present it is up to the rating board physician or attending physician on what type examination is given. Some are complete and many are not.

Continued Follow-up Medical Treatment and Research of former Vietnam POWs.

Excellent as this may check medical problems from worsening. The research could be of benefit to present former POWs and future POWs if the research findings are utilized.

A proposed advisory committee, pathological examination, identification, the emphasize of the special health care of compensation, and a coordinator on POW affairs at the V.A. Central Office will without a question raise the morale and ease the plight of the former POWs.

On Repatriated Physical Examinations

At the 141 General Hospital the attending psychiatrist made the same statement word for word on approximately 75 former Pacific POWs: "He is in excellent spirits, sleeps and eats well, shows no anxiety, no feeling of quilt, in good health, with no domestic problems."

Later in life these statements resulted in a denial of service connection.

There remains many unanswered questions in regards to the after effects of incarceration and due to age time is running out for us former POWs.

Ex-Prisoner of War from Europe writing on Public Law 91-376, six month clause. 3/18/80 C 562 8497 Missouri

"I hope you will forgive me for not writing sooner but - at age 70 with advanced "senility" because of malnutrition, etc. - I absolutely forget about the matter until I read your very interesting message in the March issue of the Bulletin regarding the unfair and terrible injustice of the six month clause in Public Law 91-376 - also the report by our Legislative Officer, EarlDerrington quoting the straight-from-the-shoulder rebuttal by Mr. O.J. Karnes to the letter from Mr. Martin D. Carlin of the VA which was published in the November '79 Bulletin.

As you may recall from past correspondence, I am one of those covered by your message - and am also one of those referred to by Mr. Karnes as receiving a half-a--10-15 minute examination by VA - after being required to report at 7:00 AM and waiting until about 3:00 PM; then getting the "bum's rush". The first five minutes was taken up by the "head shrinker" who kicked a metal basket up against the inside of his steel desk - to get my "reaction". I don't bother you with what I said - but I'm sure his marks on my record indicated that I was imagining my being: overseas, in combat, captured (per order of the C.O. to surrender) and having walked over 500 miles from dawn to dusk thru the cold winter of 1944-45, without overcoat, and never having spent one night in a heated building. In all the years I fought with the Adjudication Officers, they never admitted any record of my stay at Camp Lucky Strike (77th Field Hosp.) or the examination at Hot Springs, Ark. (Arlington Hotel) after my 60-day recuperation furlough."

Ex-Prisoner of War from Japan writing on treatment received from V.A. Jan. 22, 1980

"After spending four years in a Japanese Prison Camp, I believe that the Japanese Army was not as tough on the prisoners as the U.S. Veterans Administration has been on them since their return to the States. I am now 60 years old, so this decision does not make a whole lot of difference now, since the VA Doctors have blamed my troubles on everything but my four years in the prison camps.

I went for an evaluation of my health at the Long Beach VA Hospital. The doctor (Dr. ---) said I was lucky to be in prison camp so that I did not get rich food. He seemed unconcerned and unaware that the Americans did lose thousands of men in those "prison camps". Since he was the examining doctor, I have a stacked deck against me going in.

There were six of my family in the service during World War II. My brother Bill died on the Arizona, my brother Charles was an officer on a torpedo destroyer in the Atlantic. While in the service he was injured-his face was crushed. As a result of this, he began to go blind and as a result of the emotional stress and physical torment, he committed suicide. My younger brother Nathan had three fighter planes shot-out from under him in Korea.

I am not going to beg. At one of the P.O.W. Meetings I attended in Oklahoma City, one marine said we should have fought until we were all killed. At times it seems this would have been a more humane treatment than the cruel and indifferent attitudes we have been subjected to. It is sad, but I tend to agree.

In 1946, I went to an eye specialist in Kansas City, Missouri. This particular doctor related that he had examined German civilians after W.W. I and he stated that my eyes were the same as these civilians were due to malnutrition. \underline{I} paid for the examination. The "smug" V.A. said that I had no eye defects or difficulties.

When I reflect back over the past twenty or thirty years that I have been trying to retain medical treatment for my physical problems and emotional stress, it seems like a bad dream or more appropriately, a continuous nightmare. I have spent over \$2,000.00 on my teeth due to deterioration that occurred while in the prison camps, and not one dime has been reimbursed to me by the VA.

I received a letter from President Truman welcoming me back to the states when I returned. He should have warned me about the injustice that was to occur. He should have stressed the fact that we would receive no adequate treatment or benefits.

It has been said that the men west of the 180° meridian in the Pacific were expendable. Someone should have warned us. R.E.C. C-6-872-751 California

From the wife of R.E.C.

Regarding my husband R.E.C. C 06872751 SS 494-14-0739 whom I married 27 years ago. I have watched him slowly thru the years deterioate physically and mentally.

How a human being that had been subjected to the treatment that he as a X.P.O.W. for 44 months endured, can be expected to maintain his physical and mental normal state. I <u>love</u> my husband, and for that reason I have endured his sufferings and served as one might say as a whipping post for 27 years.

I have watched as year by year he found it harder to cope with just everyday problems. Work he must for a liveihood, as well to try to keep occupied.

Not only have I suffered thru the years, also our 2 children felt the blunt of his condition while they were growing up, not being able to understand the problem.

The Dr. that my husband was seeing at our local hospital, was going to cut his medication to zero, he takes Elavil. He has tried cutting the dosage and found that he has problems trying to stay at a fairly reasonable state. He is under mental therapy at Loma Linda V.A. Hospital.

He has for 27 years suffered with leg cramps, until rest was a real problem for both of us. For several years my husband slept on the floor until he could afford a larger bed, by no means did that relieve the leg cramps. Just made the thrashing of his legs a little more bearable for me.

I find it very difficult to put on paper all the up - downs, heartache, sorrow, distress he has suffered as well as we the family.

Just being there as he has nightmares of his P.O.W. camp ordeal is hard to live with, when I can't do any thing to help relieve or erase this part of his life now or forever.

I find it very sad and difficult to believe that all X.P.O.W.'s are not treated the same. It seems that some X.P.O.W.'s, meaning Vietnam P.O.W.'s really get the <u>Royal</u> treatment, while the W.W. II X.P.O.W.'s have really been passed by and actually neglected. Mrs. A.L.C.

Atomic Fallout 3/12/79

I notice in the Ex-POW Bulletin that you are looking for medical statistics on Ex-POW's for the Medical Research Committee.

My Uncle, D.W., of Pensacola, Florida passed away January 17, 1979. He was in the Navy Medical Corp and was with a Marine detachment when he was captured at the beginning of World War II in Shanghai, China. He remained in captivity until about a month after the war ended.

During his captivity he told us there were many times when he went for long periods of time without any food and at other times he would get small amounts of rice and fish heads. He was also subjected to many forms of physical abuse to which his scars remained the remainder of his life.

Soon after Hiroshima, he was subjected to having to remove the gold teeth from the Japanese bodies. Due to this he became sterile from the radiation poisoning and he was never able to bear any children.

Due to the fact that he was in the medical corp, is the main reason he felt his life was spared and later he was able to help his own fellow prisoners.

His mental health had regressed to the point that he no longer could care for himself satisfactorily in his home, and he was re-living his years as a POW. This took place slowly over the past 3 years. His certificate of death lists him as 70 yrs. old. The immediate cause was cardiac arrest due to pulmonary insufficiency as a consequence of pneumonia. Another condition listed was chronic obstructive pulmonary disease. I hope this information will be helpful to you. Sincerely, C.D.W., Nephew

V.A. Medical Center, Maryland 1/31/1979

I have just found and helped an XPOW get into the VA Elsmire Hospital in Wilmington, Delaware on January 11, 1979. His name is H.L., SS# 218-14-4488, Army #33-735-893. Date of Birth 2-26/25. He was a POW from the Battle of the Bulge. This veteran was in the hospital the first sixteen weeks in service with Pneumonia. He has a VA Card Listing Service connected - Anxiety Reaction; Otitis Media Chronic with Chronic Mastolditis, right scars, right eye, left ankle schrapnel.

He had a rating of 10% since he has not been able to work at all, they took away his 10% Service connected and gave him a 100% nonservice connected, because of unemployability. He was trying for over a year to get in a VA hospital. About fourteen months ago he went to the VA in Baltimore, (150 miles one way) and the doctor gave him a letter and sent him right over to Lochraven Hospital because he was in such bad shape. The people of Lochraven did not accept him and sent him home.

He has bad circulation, (Blue Legs) Heart trouble, arthritis. I talked to his family this week and they don't expect him to live much longer. I thought you would like to know about this for your Medsearch. You might know of someone else near Wilmington, Delaware or Philadelphia, Pennsylvania who could check him out. JM

V.A. Medical Center California 3/6/79

My husband is a Life Member of American Ex-Prisoners of War, being an Ex-prisoner of Japanese in WW-2.

We are experiencing difficulty in locating a Doctor who is knowledgeable of his problems...most just diagnose a nervous condition and let it go at that. We find he is in need of more than sympathy...and a pat on the head. We feel it would be a great service to all the men if you could come up with a list of Doctors who are researching their problems, so that we might receive some kind of treatment. Our problem is not 'more rights', but Decent care. Our most recent visit to the Veteans Hospital at Palo Alto was the worst yet, with the Doctor (?) telling him that, and I quote, "I do not want to hear you tell me anything about your pain. Just do not talk about it to me." With that he let us go, and we had no recourse. We have not been back. The local Doctor who has treated (?) him for the past 16 or so years admits that he can not help him.

Can you give us the address of a Doctor who is working with men who were prisoners in the Far East? We are getting desperate for some kind of action to be taken. Mrs. J.E.F.

Depression over claim. Texas 2/19/79

Thank you so very much for the copy you mailed my husband of the Oct. 21, 1978 meeting you and National Commander Joseph Upton had with V.A. Administrator Max Cleland at Topeka, KS.

And my husbands claim # was used, also my letter to you. And how my husbands been so depressed so long on his claim. That his health has been aggravated due to his nerves are so bad now. Mrs. A.W.M.

This ex-POW from Germany became depressed over his claim and shot himself. Arizona 4/11/80

In February, 1979, I filed a claim with the V.A. Last summer I had to go to the Phoenix V.A. three times each time for a short and cursory exam of a thing I had complained about. The last exam was about the middle of September. The doctor told me I could expect a decision in about 6 weeks. It was November 3rd when I decided to give up. I bought a 38 and shot myself in the chest. I missed vital organs. I had emergency treatment in a private hospital and was transferred to the V.A. the same night. After getting out of I.C.U. I was sent to one of the regular wards and went to respiratory therapy for about a week. The doctor said a lung was partially collapsed. I seem to be none the worse for the experience. M.S.

This German ex-POW was told by the V.A. doctor, "It's all in your head." Montana & Wyoming. 3/10/80

I entered the U.S. Army Infantry October 8, 1941 and was captured March 31, 1943 in North Africa in a battle after being in Casablanca, Fiad Pass and Kasserine Pass fronts which are recorded in the National Archives in Washington D.C. I was then a POW in Germany for two years one month and three days being liberated May 3, 1945 near Parcham, Germany and was discharged from the U.S. Army September 18, 1845 under the point system.

I had a great loss of weight and returned home very nervous, reserved, with much stomach distress being an ulcer. Never feeling well but determined to work and be a good

tax paying citizen I returned to civilian life. Until July 1979 I did just that but then I hit bottom and could no longer work enough to keep those P O W years in the background. I was so ill I had to seek help from the V.A. and went to Miles City, Montana where I was reluctantly seen by the Admission office who asked the Doctor if he wanted to see me? This statement put me down even further. The Doctor took a short time giving me ointment for my lip and with no examination sent me home to return in three weeks. After being home over the week end - 2 days - I felt so ill that I then went to the V.A. Hospital at Cheyenne, Wyoming on Tuesday and was hospitalized July 31, 1979 through August 21, 1979 with -----, M.D. my attending physician. With my initial physical examination I found Doctor ---- had been in the North African campaign at the same time I was captured and to be of German decent. During my three weeks hospitalization Doctor Howar's attitude toward me became progressively more negative telling me 'I had never had kidney problems they had ways and means of determining that, - there was nothing the matter with me except my (making a gesture with his finger toward his head), that I was using what little combat service and P O W I had as a crutch; now come off it I hadn't had it any rougher than he and go home and get to work.' These statements along with Doctor ----- attitude toward me really disturbed me so that I began walking the halls, sleeping less and less. J.I.H. C-11-671-506

In regards to ex-prisoners of war V.A. claims. East Coast 4/11/80

There are several that I have helped but in these instances and knowing what I do in relation to the Latent Multiple Disabilities of Nutritional Deficiency; Stress; Unsanitary Conditions; Brutal and Inhumane Treatment; forced labor and forced Marches, I am not satisfied with my results even though in some instances I won an extra 10 to 50%. It is my opinion that all should be rated, at least on an unemployability basis, 100%. They have more than earned it!........

There were many instances of an obvious cursory exam. In one case when the Doctor was ordered to make out the lab and X-ray slips, he came out with the Veteran, very provoked, saying within earshot of many that were waiting to be seen, "I don't know whey they ordered these. If it was left up to me, I would have not have written them (which he already did not), they aren't going to do you any good."

I've had other like experiences especially when I walked into this one VA doctor's office as he came back muttering to himself that he did not have anything to do. I don't know how the subject came up but I know that I did not evoke the discussion. He said, "I think they are playing up this P.O.W. thing too much. I remember a P.O.W. who was captured by the Austrians in WW I and he told me of what a nice time he had as a caretaker of a chalet. I could not get enough of his story because he was so interesting."

I immediately began to think that 'the Doctors as examining physicians at the VA must have coffee breaks and that if this doctor was of the opinion he had that being a P.O.W. was a lark, so were the others. There was only one conclusion I could come to. Not only would any ex-P.O.W. get a cursory exam but also the minds of the examiners would be predetermined as to the disabilities as claimed to not be residuals but, you guessed it, diseases of the aging process.

This is the exam upon which VA Adjudication makes their determinations with stock answers like, "Your disabilities as claimed do not show up in your service records."
"Your examination at time of discharge do not show the disabilities as claimed." "You have shown no continuity for the disabilities as claimed.".....

I am especially disturbed when after a notice of disagreement, one has to file a 1-9 and within a short time one gets back a whitewash in the form of a lenthy explanation as to why the claim did not merit consideration or in essence its a flowery replica of echo of the VARO, despite the fact that the service officer has shown that none of the disabilities as claimed are intercurrent; gentic or constitutional or developmental.

I have 10 cases in with the commission in study as to whether or not some VARO Offices

have not been in compliance with PL 91-376 and what it boils down to is, Have some varo adjudicators circumvented the law. On the basis of accepting determinations by the examining physicians and not referring same to the Director of Compensation and Pension, I believe they have.

What especially galls me is that those we defeated in War are faring better than our Veterans. Like a former Officer of the Germans upon visiting here and after familiarizing himself with Veterans benefits and the problems obtaining benefits, in essence he remarked, "I wonder who really won the war?"

If this same German Officer is keeping abreast of the continuing cutbacks in Veterans programs and the crumbling away of the VA system, I believe that if the truth were known, he would express sorrow as to the plight of those that served their Nation when called. Anthony Newcomb Toscano, National Service Officer, American Ex-Prisoners of War.

Public Law 91-376 - what is a nutritional deficiency? California 4/22/80

Among the things we continue to hear when we question an adjudicator about a decision is, "he's just getting old" or "I have that problem and I wasn't a POW" and "that's not a nutritional deficiency". Since Public Law 91-376 was passed, no one knows yet what a nutritional deficiency is.

The accusations made in Mr. Karnes letter is the same situation that exists here in Los Angeles and all over the country. In my position as service officer and advisor for the American Ex-Prisoners of War Inc., I can attest to this.

There is an enormous variation of the interpretation of V.A. laws and regulations that exist throughout the country. It seems that what one claimant is lacking in evidence, another claimant that has such evidence is denied benefits sought, for another reason. In other words, they are always able to find some reason to deny an EX-POW claim. The laws are just too vague. Lewis H. Hastings, Ph.D., National Service Officer for: Military Order of the Purple Heart.



An American soldier held as a prisoner of war at Stalag 22-A, captured in the German Ardennes offensive in December 1944, liberated April 1945. His menu consisted of 1 slice of bread, 1 cup of soup, and some unpeeled potatoes per day.

AMERICAN EX-PRISONERS OF WAR V/S THE VETERANS ADMINISTRATION

CONCERNING V.A. CLAIMS

Following eight cases are from the West Coast submitted by Lewis H. Hastings, Ph.D., National Service Officer, American Ex-Prisoners of War and Military Order of the Purple Heart, Buena Park, CA.

D.M. C - 5 601 785

Was a P.O.W. for 15 months, injured when landing after being shot down. Had numerous witnesses and statements. Denied any compensation. Had short examination, but it revealed Arthritis where he was injured. Doctor said "you're just getting old."

M.R. C - 12 797 069

Gets 40% for ear and nervous condition. Has residuals of beri-beri in the form of edema of the legs. Doctors not familiar with beri-beri, failed to recognize symptoms. Has chronic Malaria, was at Wadsworth Hosptial during last attack and Doctor refused to take smear. Said he had the flu, which he didn't.

R.J.L. C - 4 566 005

Gets 30% for nervous condition. Complained of leg pains while still in service. Private Doctor treated him. Within a year of discharge. VA denied claim for legs, varicose veins, had operation 1956 & 1959.

L.H.H. C - 10 282 428

Was beaten while a P.O.W. Severe back injury, had witnesses and continuous treatment since discharge. Denied compensation because Arthritis had set in and it had to be claimed with a year, though it's a proximate ailment. Doctor said "we all get this when we get older."

E_aG_a C₋ 10 282 428

Survived Bataan Death March, has residual of Beri-beri & Paresthesia. Was blind for six months in prison camp from Malnutrition. Doctors not familiar with these ailments, denied Service Connection. Claim denied. He gets no compensation.

H.L.M. C - 12797919

Gets 60%, unable to work because of these S/C disabilities. P.O.W. $3\frac{1}{2}$ years. Denied unemployability.

T.N. C - 5845487

P.O.W. $3\frac{1}{2}$ years. Has 50%. Has peripheral neurophathy. Can't walk. Denied an increase (now in wheel chair) V.A. say peripheral neuropathy is not a residual of Beri-Beri.

W.N.P. C - 6331390

Has 40% Nerves, has tender Schrapnel wounds & residual of Beri-Beri and malnutrition. Is unable to work.

Following ten V.A. Claim cases are from the East Coast submitted by Anthony Newcomb Toscano, National Service Officer American Ex-Prisoners of War, Inc. and Military Order of the Purple Heart, Syracuse, N.Y.

J.E.B. C - 5 684 137

20%, P.O.W. 15 months. Claim initiated January 1976. Examining Doctors related multiple diseases to aging. Veteran was 57. BVA appeal. No results.

M.J.C. C - 5 451 708

0%, P.O.W. 15 months. Claim initiated December 1977. Related to the aging process. Veteran was 56. BVA Appeal. No results. Multiple Disabilities.

H.S.L. C - 10 306 720

0%, P.O.W. 15 Months. Claim initiated March 1979. Multiple Disabilities related to the aging process. Veterans was 62. Still in process.

J.L. C - 13 536 743

0%, P.O.W. 9 Months. Claim initiated January 1977. Multiple Disabilities related to the aging process. Veteran was 54. BVA Appeal. No Results.

C.B.B. C - 6 022 262

0%, P.O.W. (Japanese) 43 Months. Claim initiated February 1976. Principal examining Doctor said, "Disabilities can not show up after 30 years. Related to old age." Multiple Disabilities claimed. Veteran was 54. BVA Appeal. No results.

F.D. C - 10 941 903

0%, P.O.W. 44 Months. Claim initiated January 1979. 51 Multiple Disabilities related to aging process. Veteran was 57. 5 Notarized Affidavits, vividly describing Japanese Brutality. 1 current and 1 from wife, totaling, 7. Case to go before BVA. Have received favorable letter from Mr. Carlin of the Commission.

N.A.G. C - 13 106 327

30%, P.O.W. $7\frac{1}{2}$ Months. Claim initiated March 77. Although an Officer, records reveal brutal beatings, fracturing jaw, breaking nose, severe injury from parachute drop, injuring knees, back and hips. Arthritic conditions and multiple Disabilities related to aging. Veterans was 55. Still in process after denial.

E.F.S. C - 14 150 262

0%, P.O.W. 16 months. Claim initiated November 76. Multiple Disabilities related to aging process. Veteran was 54. Was on 83 Day Hunger March. Denied by VARO.

H.T.W. C - 6 721 153

40%, P.O.W. 19 Months. Claim initiated July 1976. Multiple Disabilites related to aging even though he was forced into retirement for SS at 60 owing to black-out spells and severe headaches, had part of the right forehead shot off. Denied by VARO. Veteran was 58.

D.G.M. XC - 6 722 250

40%, P.O.W. 11 Months. Claim initiated March 76. Multiple Disabilities. Related to aging process. When captured, Veteran had rope around neck to be hung from tree until rescued by Sergeant. Was on 83 Day Hunger March. Denied by VARO. Veteran was 60 when examined. Died at 61.

The following claims are from Medical Research, American Ex-Prisoners of War, Inc.

C - 6 108 551 From GA

Former Japanese P.OW., 42 months. Survived Bataan Death March. He said this in his statement to the Board of Veterans Appeals, "I have received your evaluation of my case and I feel that the determination reached does not reflect my true condition. Many facts pertinent to my case are not mention in the statement of case and were apparently ignored. The failure to consider the entire spectrum of evidence undermines the accuracy of your evaluation."

On 9/20/79 he was denied an increased evaluation for service connected psychophysiological musculoskeletal reaction and a duodenal ulcer, it remains 30% for first disability and 10% for second.

C - 14 676 281 From Illinois

This German P.O.W. landed on Omaha Beach in France, later captured when his unit was overrun. Suffers from Hypertension, Hypertensive Cardiovascular Disease, Arthritis, Chronic Obstructive Pulmonary Disease and Mild Diabetes.

His physician states in his letter to the V.A. that consideration should be given on the effects of internment during WW II as a precipitation event in the onset of his hypertension and diabetes. Service Connection was denied by the V.A.

C - 05 600 382 Ex-P.O.W. from Germany

V.A. Doctor and a Consultant determined that he was 100% disabled as a result of his nervous condition. Yet he received this letter back from the Regional Office in 1979.

"Your claim for increased compensation has been reviewed based upon the evidence of record including the latest report of examination from the VA Medical Center in Phoenix.

The evidence of record does not warrant an increase in your service connected arthritis or your service connected varicose veins. There has been no evidence submitted which shows that your nervous condition, generalized arterial sclerosis with hypertension, urinary disorder, or hand condition are related to your military service. Therefore, service connection for these conditions must be denied. Your total service connected evaluation remains at 20%."

C - 05 618 343 From New Mexico

V.A. claims lay statements submitted are outright lies. The ex-P.O.W. Appeal Statement reads:

"I disagree with the decision of non-service-connection for the back condition, and the fact that arthritis now found would not be related to a beating I suffered more than 30 years ago (now recognized by the Albuquerque VARO as so stated by them in Reason for Decision in Statement of the Case undated. There are really three basic reasons why I disagree.

First, The VA in Albuquerque has failed to recognize Paragraph 354, Title 38, U.S. Code, which admonishes the Administrator to accept as sufficient proof of service connection by satisfactory lay evidence. It does not say that the statements should be considered and disallowed; it states they will be accepted as evidence. In this same vein the BVA opinions are final unless it can be proven there was error in their reasoing. And I claim the same reasoning should have been used as I have stated, for Mr. Stickles' and Mr. Chavez' statements. In plain and simple language the Albuquerque VARO is stating that all the lay letters written and submitted are outright lies. Also, VARO, Albuquerque, although they quote 30 CFR 3.102, failed to follow the contents mainly resolving in favor of the claimant.

Secondly, VARO Albuquerque fails to recognize the change in procedures made in 1976 which puts the burden of proof on the government and takes it away from the ex-POW. How can this be justified?

Thirdly, again using the same reference as VARO did (38 CFR 3.303 & 3.304), if the VA does as they have been directed to and recognizes service connection for the back condition, then by the reasoning set forth in above reference, the medical principles so universally recognized as to constitute fact (clear and unmistakable proof) would recognize my condition of arthritis as a residual of the back condition."

C - 08 015 346 From New York

P.O.W. has been dealing with V.A. for 35 years comp. is changed up and down. Suffers S.C. Avitaminosis, gun shot wound, left arm, left arm full of arthritis, stomach trouble, malnutrition, both legs and left arm frozen, colitis, unable to work past five years. Denied unemployability last 5 years. P.S. My son saw me suffering all these years. He said they can't take care of the past veterans what would they do if we had another war.

C - 11 691 506 From Montana and Wyoming

This ex-POW is depressed with the treatment he received at the V.A. Medical Center. He is service connected for frozen feet and malnutrition but they are less than 10% disabling. He was denied service connection for arthritic back condition, stomach condition with ulcers and dysentery, kidney problems, malaria, shrapnel wound of left shoulder, skin rash and anxiety condition.

From National Service Officer, Texas 4/15/80

Following are two cases representing two Japanese POW cases which I feel were a total let down by the Veterans Administration with regards to service connection as a direct result of long term incarceration (42 months) as Japanese Prisoners of War. Their ship, U.S.S. Houston, was sunk after sinking four Japanese ships and damaging six others in the savage battle of Sunda Strait.

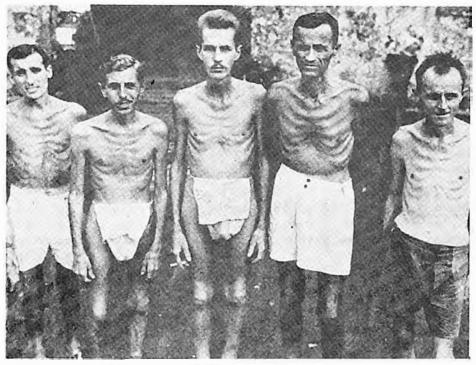
Both of these cases have been sent to the Board of Veterans Appeals so will use the names of John Doe, Sr. and John Doe, Jr.

John Doe, Sr. on 2/23/79, the examining physician who is a Board Certified Psychiatrist, indicates in his findings, "The overall picture is compatible enough with the diagnosis of an anxiety neurosis and from the content and nature I would say definately related to his POW experience." He further diagnosed "anxiety neurosis, chronic, moderate". (POW Syndrome). Two other psychiatrists who are Board Certified Psychiatrists agreed to these findings.

The case was sent to Director Compensation and Pension Service, Central Office for an advisory opinion. The decidion rendered by Central Office that the condition "must be considered speculative". From this a subsequent denial rating was accomplished.

John Doe, Jr.: This is the second classic case. On 11/16/77 an original claim for service connection was filed for nerves, stomach and back conditions, subsequent to that an evaluation examination was conducted by the V.A. The examining physician, a Board Certified Psychiatrist, noted: "It was very difficult for this proud man to discuss his symptoms and to admit that he is having a problem. It is not unusual in this group of men who were Prisoners of the Japanese for three and a half years, but when they reach their early retirement years they are no longer able to cope with the everyday stresses and strains and symptoms of anxiety and depression begin to present problems; especially common is the return of combat dreams and dreams of prisoner of war experiences." The examiner further states in her diagnosis "Depressive reaction with anxiety features (P.O.W. Syndrome.)"

Again the claim was denied by V.A. Central Office.



American Ex-Prisoners of War shortly after liberation from Bilibid Prison.

PHYSICIANS

Following is a list of eminently qualified Physicians who have agreed to testify before Congress. All of these Physicians except Dr. R.C. Spaulding are former prisoners of war. They all know by personal experience of the hardship, the stress, the ill health and delayed diseases we endured and are now suffering from. We believe the views of these great authorities who derived their knowledge from extensive first hand practical experience gained in the field cannot fail to serve as a most valuable asset to Congress.

Ex-P.O.W.'s, Europe.

O.L. BARKS, M.D. P.O. Box 910 Sanford, FL 32771

RUDY FROESCHLE, M.D. 830 Briar Rd. Waukesha, WI 53186

GERALD H. NUNGESTER, M.D. 1201 Eighth St. S.E. Decatur, AL 35601

Ex-P.O.W.'s, Korea

ALEXANDER M. BOYSEN, M.D. Box 191, Route 6
Bemidji, MN 56601

GENE N. LAM, M.D. 1420 Cooper Circle Virginia Beach, VA

WILLIAM SHADISH, M.D. 2625 Edith Ave. Redding, CA 96001

Ex-P.O.W.'s, Pacific

WILLIAM T. FOLEY, M.D. 441 East 68th St. New York, N.Y. 10021

MARK G. HERBST, M.D. 515 3rd St. N.W. Canton, OH 44703

COL. THOMAS H. HEWLETT, M.C., U.S. ARMY (Ret.) 41509 Florida P.O. Box 2167 Hemet, CA 92343

COL. W.A. KOSTECKI, M.C., U.S. ARMY (Ret.) 78 Hudson St. Halifax, MA 02338

ALVIN C. POWELEIT, M.D. 802 Scott St. Covington, KY 41011

Pacific & German Concentration Camps

ALBERT HAAS, M.D. New York University, Medical Center Institute of Rehabilitation Medicine 400 East 34th St. New York, N.Y. 10016

Viet Nam and U.S.S. Pueblo

CAPTAIN R.C. SPAULDING, M.C., U.S. NAVY(Ret). 553 Rim Rock Road El Cajon, CA 92020

THE AFTEREFFECTS OF INCARCERATION - MEDICAL FACTS

We suffered from brutal and inhumane treatment, beatings, torture, slave labor and starvation.

Many of us lost from 40 to 60% of our body weight for a prolonged period of time. Medical experts agree this causes irreversible damage to all body systems and organs.

We suffered from a multipicity of deficiencies and infective diseases for a prolong period of time without adequate medication (in many cases, none). This also leads to many serious medical problems later in life.

American deaths in POW camps: 37.2% in the Pacific, 39% in Korea.

Extreme Stress: We lived under the constant fear of torture and death, never knowing when they would behead us or shoot us.

As a result of this we suffer from the KZ Syndrome (German for Concentration Camp). The KZ Syndrome consists of:

- 1. Failing memory and difficulty in concentration
- 2. Nervousness, irritability, restlessness
- 3. Fatigue
- 4. Traumatic dreams
- 5. Headaches
- 6. Depression
- 7. Moodiness
- 8. Loss of initative
- 9. A feeling of insufficiency
- 10. Many of us shun large crowds and social activities.

In the past 10 years of research we have found that the ex-pow's suffer from premature aging - while one year in war ages a man as much as 2 years of peace, a year in a prisoner of war camp puts at least 4 years on his age.

Since repatriation Morbidity Studies have shown that POW's have a higher incidence rate of illness and diseasein all body systems. These studies have also shown that the greater the degree of malnutrition, the greater the likelihood of illness and disease. For all POW's the incident rate of psychological impairment has been considerably greater. Repatriated POW's in general have more frequent need for hospitalization and care and tend to remain longer than their matched comparison groups. (Ref. Beebe, G.M., Nat'l Academy of Science, Washington, D.C., 1975)

Mortality rate of ex-POW's: For 2 years after repatrition the death rate was 50% higher than the normal population for Japanese POW's and persisted higher for 9 years. For Korean POW's the death rate was 40% higher than the normal population for 2 years and persisted higher for 13 years. For European POW's the death rate was higher in the 7th and again about the 18th year after being repatriated. An excess of deaths due to cirrhosis of the liver in all three former prisoner groups appeared from about the 10th follow-up year. (Ref. Keehn, R.J., Nat'l Academy of Science Washington, D.C. 1976.)

During my years of researching the after effects of imprisonment the Marshfield Clinic, Marshfield, WI with its staff of 172 physicians and the Marshfield Medical Foundation have given me invaluable assistance. They always stand ready to help me regardless of what I need.

Stanley Sommers

Nat'l Sr. Vice Commander Nat'l Medical Research Chairman American Ex-Prisoners of War, Inc. 1410 Adler Road Marshfield, WI 54449

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Be It Known To All Concerned:

The Board of Directors, American Ex-Prisoners of War, Inc. recommend the following changes in Title 38 and CFR 38 in conjunction with the study of former Prisoners-of-War, (PL95-479). In addition, we wholeheartedly support "Medical Care and Treatment" in regards to Prisoners of War as recommended by Capt. Raymond Spaulding, MCUSN, Ret., former head, Medical Special Branch, Center for POW Studies, San Diego, California.

First: All Public Laws in the past, (Reference:83-744,91-376,95-479 and 95-22), concerning veterans who were Prisoners of War are written to benefit only those persons who were captured and interned for more than six months. These laws were passed without the knowledge of factual research results which prove the extent of the effects in incarceration to a veteran in his later life.Data available today proves that the trauma of imprisonment for only a short time can and will have a definite effect on the mental and physical well-being of those persons subjected to confinement. Other countries throughout the world have recognized the problems of incarceration and compensate their veterans and their dependents accordingly. We feel any stipulation referencing to the length of time a person was imprisoned should be abolished.

Second:Adjudications by the Veterans Administration are based upon the fact that a veteran was in good health when he entered the military service. It must be accepted that every military Prisoner of War was on active duty, recieved payment for time he endured his imprisonment and any imparities suffered by him as a result of incarceration are service connected in the same degree as injuries suffered on the battle-field.

Third:We believe the time limit for service connection of chronic and Tropical diseases should be eliminated.Often the time is limited by use of the phrase"from date of discharge". Some former Prisoners of War remained in the Military service and others were discharged immediately after a period of conflict. The same after effect appear in most cases. (Ref:A-Chronic' Diseases,B-Tropical Diseases, and C-Diseases Specific to Prisoners of War). See attachments. Deaths resulting from the referenced lists should be considered service connected and DIC benefits be awarded the widow. The after effects of incarceration in the opinion of 48 medical experts are, quote"These ailments and disabilities may appear long afterwards and no time limit can be set for their appearance". (Ref: The International Conference of the World Veterans Federation-The Hague, November 20-25, 1961).

Fourth: All Ex-Prisoners of War be issued a VA Patient Data Card and recieve priority treatment at all VA facilities as is provided veterans recieving a minimum 50% compensation. We recommend all Ex-POW cases be adjudicated on an individual basis incorporating the proposals of the foregoing paragraphs.

We believe the enactment of these four proposals would do much to raise the morale of the Ex-POW and his family and would indeed show that we care and honor his service in the defense of his country.

Hermon & Molen



Vietnam prisoners of war



Survivors of the North Korean's brutal massacre of prisoners of war outside the city of Pyongyang.