Department of Veterans Affairs
Veterans Benefits Administration
Outreach, Transition and Economic Development

Outreach, Transition and Economic Development (OTED) Summer Advisory Committee on Former Prisoners of War (ACFPOW) Hybrid Meeting – Minutes

Date: Wednesday, August 30, 2023
Time: 8am-4:00pm (EDT)
Facilitators: Julian Wright, Designated Federal Officer (DFO), OTED
E. Maquel Marshall, Alternate DFO, OTED

Attendees: Dr. John Albano, Karen Black, Dr. Kailyn Bobb, Norm McDaniel, Dr. Joseph Milligan, Dr. Marion Sherman, James Williams, Earl Newsome, Detra Giles, Marion "Tony" Marshall, John "Mike" McGrath, John Rochelle

Virtual Attendees: Jessica Lynch, Sidath Panangala, Frank Wijngaarde, Jelessa Burney, Florinda Balfour, Eddie Thomas, Jennifer Koget, Jennifer Silva, Christopher Scott Bell, Roy Garland, Rich Grogan, Belinda Alvies, Andrea Downs, Lisa Rosenmerkel, Annazette Nolan, Natassia Guyton, Bruce Voight, William Barksdale, Matt Clarke, PDUSB Mike Frueh

Not in Attendance: James Stokes, Harry Corre, Yareli Mendoza, Vincent Ng, Ryan Lilly, Wilfredo Melendez, Ena Lima, Ryan Fraine, Christopher Hickey, Krystle Good, Sarah Carnes, Patricia Roberts, Patricia Sarni

Start Time: 8am, meeting is not recorded

Meeting Opening: Mr. Julian Wright, 8:00am

- Mr. Julian Wright, Designated Federal Officer (DFO), Outreach, Transition and Economic Development (OTED), opened the meeting by thanking committee members, leadership and giving a brief history of the need for the meeting.
- Introduced members of leadership
- Brought to the Committee's attention the agenda. The committee, from past meetings, wanted to ensure VA Senior Leadership would be attending this meeting since it is in Washington, DC. Mr. Wright emphasized the agenda had several Senior Leaders from VA: VBA, VHA; and NCA. Mr. Wright stated the second day would be highlighted by a trip to visit the Washington, DC VA Medical Center and receive a presentation from the Baltimore Regional Office. Mr. Wright briefed on the locations of the restrooms, the security protocols of the building, and there was a virtual note taker. Mr. Wright acknowledged Assistant

Director Detra Giles being in attendance and thanked the members in attendance for the meeting. Mr. Wright introduces Mr. E. Maquel Marshall.

- Mr. E. Maquel Marshall, Alternate Designated Federal Officer (ADFO), OTED, thanked Mr. Wright for the introduction and reiterated his appreciation for the meeting and the work done in the field on site visits and what can be done to make the program better for FPOWs. Mr. Marshall spoke on the dynamics of meeting the past few meetings due to travel challenges and the effects of COVID still lingering even though the pandemic has ended. He expressed that hybrid style meetings will be the norm moving forward. Mr. Marshall stated he is excited to hear the thoughts and ideas of the members, and of the presenters, and what to expect with the two groups interacting. As he goes throughout his daily travels, when he sees the American flag, he also looks for the POW flag beneath it. Mr. Marshall turns the meeting over to the Committee Chair, Mr. Earl Newsome.
- Mr. Newsome greeted the committee and thanked them for attending the meeting. Stated this was the most in-person attendance for the committee since 2019, particularly in Washington, DC. Mr. Newsome asked the Committee members to jot down questions they may have for the presenters for the Q&A sessions to be mindful of time.

Committee Member Roll Call, Earl Newsome, 8:09am

Committee Members attending the meeting – Norm McDaniel, James Williams, Dr. Joseph Milligan, Marion “Tony” Marshall, Dr. Marion Sherman, John Albano, Karen Black, Dr. Kailyn Bobb, Dr. Marion Sherman, Lucretia McClenney, John McGrath

- Dr. John Albano – Program Director for Robert E. Mitchell Center for POW Studies in Pensacola, Florida. The center has ongoing evaluations of all POWs from 1973 to current. Mr. Albano stated that even though current POWs are nearing end of life, the program should continue for the [potential] of future POWs. This program is not just for today’s POWs but also future generations.
- Karen Black – widow of US Navy POW Cole Black. Mrs. Black is on the committee to provide a spouse/widow’s perspective on POW issues.
- Lucretia McClenney – retired US Army nurse (30 years) and Department of Veterans Affairs Senior Executive, Director, Center of Minority Veterans.
- Tony Marshall – short-time POW during Vietnam. Mr. Marshall stated he is new to the committee.
- John “Mike” McGrath – former Navy Captain, five-year, eight-month POW, and current Historian for NAM-POWs which covers POWs who served in Vietnam and Desert Storm. Has contact with all POWs.
- Dr. Kailyn Bobb – Licensed Clinical Psychologist, Executive Clinical Director (private practice), US Air Force Veteran. Dr. Bobb educates the military community transitioning from service to civilian life.
- James W. Williams – Member of the committee since 2018 and gave special thanks to Mr. Wright and Mr. Marshall for their governance of the program.

- Norm McDaniel – Motivational Speaker, 7-year POW, former instructor at Defense Acquisition University, Fort Belvoir, Virginia. North Carolina native and current resident.
- Dr. Joseph Milligan – retired US Air Force Colonel, North Vietnam POW for 5 years, 9 months, member of the Board of Directors for the Vietnam POWs Association.
- Earl Newsome – ACFPOW Chairman, retired Army Lieutenant Colonel, former Deputy Director, Center for Minority Veterans

Mr. Newsome addresses the committee on their efforts and the importance of their efforts for the program. States his honor to chair this committee and acknowledging the sacrifices POWs had to face. Mr. Newsome says that he is currently Chair for the Texas Veterans Commission, Veterans Services Advisory Committee. Mr. Newsome also acknowledges and gives thanks to virtual attendee, Jessica Lynch, former US Army POW, and for her contributions and attendance.

Marion Sherman – retired VA employee, former FPOW care benefits team. Hopes the meeting is focused and concise to accomplish action items for the program.

VBA Outreach Engagement – E. Maquel Marshall

Mr. Marshall thanks everyone for their introductions. Mr. Marshall states the diverse backgrounds of the committee members is a strength. The work of the committee is a valuable resource which cannot be replaced. VBA Outreach continues to include the FPOWs to keep them informed of the events being conducted to help strengthen the program. All knowledge and information shared regarding benefits and services strengthens everyone. Mr. Marshall states the purpose and goals of VBA Outreach is to provide them invitations of events for them to be shared with their organizations.

Mr. Newsome compliments Mr. Marshall's speech by telling a story of where he joined the Houston Police Retired Officers Association and in a meeting with this organization, he wore his Veteran's hat and discovered there were about 40 Veterans in attendance. Mr. Newsome stated he used the contacts from the ACFPOW meeting which previously was held in Houston to connect with these retired Houston Police Officers. This encounter led to 14 intents to file, and 2 new claims submitted; one being a Vietnam Veteran who had never filed. Mr. Newsome speaks on the importance of ACFPOW committee giving contributions to Veterans, even if they are not POWs.

Marion Sherman states these potential interventions are everywhere. States there is a bias against seeking help. Veterans and POWs are a tough group and a special group, and it is these types of encounters that help these Veterans get help and care. Studies reflect cognitive impairment for Veterans with PTSD as they age, particularly with POWs.

Mr. Newsome caveats stating perhaps the committee could establish presumptions for POWs that would be for future detainees in other countries so they would not be fined for not filing income taxes by the US Internal Revenue Service (IRS).

Dr. John Albano states there is an MOU which covers a situation like that, for military and civilian detainees.

Mr. McGrath asks for members across the table to speak louder as he cannot hear.

Overview of the PACT Act – Richard Grogan, 8:45am

Richard Grogan, Program Analyst, OTED, provides a presentation on the benefits and healthcare under the Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act.

- The PACT Act was passed August 10th, 2022. Extends benefits and healthcare to Veterans who were exposed to toxins, burn pits, Agent Orange and radiation, and to survivors of Veterans as well.
- Improves decision making process for conditions and presumptives related to toxic exposure. More research studies. Cancer. All Veterans enrolled in VA healthcare will have a toxic screening which will be revisited every 5 years. VBA and VHA have been training for the influx of claims and VA has added 31 more facilities.
- There are different subcategories for exposure:
    - Agent Orange
    - Burn Pits
    - Radiation Exposure: Covered by PACT Act regarding cleanup operations in Enewetak Atoll, Palmera Spain, and Thule Air Force Base, Greenland
- Conditions included for PACT Act.
- 2 were highlighted:
    - Hypertension
    - Monoclonal Gammopathy (MGUS)
        - Both specifically due to Agent Orange
        - Both due to service of Vietnam Veterans
    - Reproductive Cancer
        - Any type
        - Includes breast cancer
- Toxic Exposure screens
    - Veterans not enrolled should be enrolled
    - 5-10 minute questionnaire
    - Veterans may not be aware of exposure
    - Serves as an educational role for Veterans
    - Helps their claim and treatment
- Environment Research Being Conducted
    - Mortality Study
    - 9/11 Health Trends
    - Jet Fuels
    - Manhattan Project – Nuclear Testing
    - New Mexico
    - US Territories are also covered

- Question and Answer Session:
    - Question: Would you expand on facilities being developed for the people in toxic communities?
    - Response: VHA is adding 31 new facilities, but [Mr. Grogan] does not have the comprehensive list of those facilities but to his understanding is that they're trying to add them in areas which are underserved (rural) areas. VHA has the list, but they would be in addition to facilities VA has now.
    - Question: Are they all government facilities?
    - Response: They are.
    - Question: So they are existing long term care facilities?
    - Response: There are new medical facilities, but they are not long-term care.
    - Question: Can you speak to the number of people that are coming in? Are they seeing women?
    - Response: The Secretary's office has a page which has all the activity which has been taking place with PACT. Mr. Grogan stated he thinks there were 400,000 claims to date related to PACT. He was unsure of the breakdown and/or unaware of any further information.
    - Question: (McGrath) Most of the POWs were captured in North Vietnam (468), and there were a little over a 100 in the South. The POWs who were captured in the south are eligible for Agent Orange consideration but not the POWs from the North?
    - Response: Agent Orange exposure covers all of Vietnam. There is no distinction.
    - Question: If the 468 air crew captured in North Vietnam were not subject to Agent Orange, why should they file a claim?
    - Response: As it is understood (by VA) all of Vietnam, whether north or south is subject to Agent Orange exposure; to include Thailand and Cambodia.
    - Question: (Dr. Bobb) Can you expand how VA improves the decision-making process for what medical conditions will be considered for presumptive status? It is one of the key components listed, if you could please expand on that?
    - Response: These would be long term house studies VA would conduct in conjunction with other government agencies mostly related to health. VA would also work with DOD on where people (Veterans) were located and look at some of the emerging conditions. These long-term studies would be a proactive approach by VA. VA can also identify new conditions, so VA can be ahead and will not have to react.
    - Question: (Bobb) Do you have a contact person who will be in charge of this research? Or the collaboration of who will be conducting these studies?
    - Response: Mr. Grogan responded he can provide his contact information and a portion of the law which talks about how they go about conducting the study.

        - Response: Mr. Newsome stated he believes they (VA) would follow similar methods which were conducted for Desert Storm Veterans. The VA would begin to monitor and pay attention to Veterans that report or have the same illnesses and use as a presumptive.
        - Response: Mr. Wright states VA looks to the registries. They look at the commonality of what Veterans are in the registries to what disabilities Veterans are reporting. By no means would this be a comprehensive list, but they are finding disabilities on a regular basis. The Secretary makes the decision based on the reports, and depending on if Veterans are claiming the same disability for the same thing, such as a burn pit, then this disability can be considered a staple as being service connected.
        - Question: (Bobb) Is this what the VA has been doing? Are they watching the registry and just watching the trends? How is this improving the decision-making process?
        - Response: Mr. Newsome recalls (Mr. Wright's explanation) as being like what took place for Gulf War Veterans. There weren't any registries at first. There were hot spots and Veterans reporting the same illnesses and someone took notice and said VA needed to investigate this being common among Veterans in an area, or with the same Military Occupational Specialty (MOS – jobs).
        - Question: (Bobb) I understand, but I want to know what the improvement is in the decision-making process?
        - Response: (Grogan) The registries are designed to look at general health trends of Veterans and a particular group of Veterans. There are different registries for different groups of Veterans. What this does here, I'm (Mr. Grogan) not aware of anything that tracks the mortality of Veterans. Nor of the impact of toxins on mental health. Those are new areas that are being explored and would not be in established registries. The Jet fuels are another exposure which is unique and proactive for a type of exposure. This would be a new area for this type of research.
    - Question: (Milligan) Does exposure to burn pits only include Gulf War Veterans?
    - Response: (Grogan) Gulf War and 9/11
    - Question: (Milligan) Vietnam Veterans are asking, why are they not included in the burn pit discussions and claims of the PACT Act? Why aren't they in consideration?
    - Response: (Grogan) Mr. Grogan is not sure what considerations were taken in and used for the decision.
    - Question: (Milligan) When identifying where people served, there has always been an issue with (military) records reflecting "Vietnam," but shows Southeast Asia on Veterans' records. Had I not been shot down, and been a POW, I would have no record of being in Vietnam. Our orders said Southeast Asia, to include my wife. The issue is Veterans are being

denied benefits because their records do not say Vietnam. What is being done to reconcile and rectify this issue?

- Response: (Grogan) This is something I will have to check into and get back to you.
- Question: (Milligan) What if a Veteran filed a claim for hypertension, as it is now a condition recognized, and has died? They have a letter from the VA denying their claim, can the family file a supplemental claim?
- Response: (Grogan) The surviving spouse would want to file a Death Indemnity Compensation Claim, if hypertension was a cause of death on the death certificate, and the initial claim was hypertension.
    - Question: (Milligan) What if the cause is not on the death certificate?
    - Response: (Newsome) Death Certificates do not have to follow any national guidelines and may not list the cause of death with anything besides “natural causes”. A medical examiner does not even sign a death certificate.
    - Question: What is the resolution in this case?
    - Response: (Grogan) This is unknown.
    - Question: (Newsome) If the spouse has a copy of the medical record and the medical record reflects hypertension, would this be acceptable?
    - Response: (Grogan) That would need to be something the family would need to work with the physician to revise the death certificate if the physician felt comfortable.
- Question: In regard to the research being done, would it be the War Related Injury and Illness Research Center would be the lead?
- Response: (Grogan) I have to look at this PACT Act for the agencies it lists specifically. Some are named and some are to be determined at a later time when the studies are completed.
    - Response: I would like to suggest using the War Related Injury and Illness Research Center as the focus of this study so there is one source.
    - Response: (Newsome) Addressing the comment – This is not a recommendation, but hopefully the VA’s research department could take this into consideration.
- Question: (Marion Sherman): What level of care are the 31 facilities?
- Response: (Grogan) The impetus was for toxic exposure, but I need to defer over to VHA as to what type of facilities these will be. The facilities are named in the PACT Act, but I do not know their size and function. (hospital, general, toxic exposure specific)
- Question: (James Williams) Do you have contacts for the different areas, or a person to talk to because the Atlanta VA does not have a clue on the PACT Act. Neither the hospital nor the Regional Office have information on the PACT Act.
- Response: (Grogan) I will provide you with a contact.

- Question: (Tony Marshall) Under areas for study, does that include air crew exposure to radiation or just nuclear?
- Response: (Grogan) If there are enough Veterans experiencing effects from exposure, VA wants to conduct these studies. This is why the enrollment of healthcare is important. The more that come forward, the better it is to get addressed. There were so many claims of the jet fuels that VA took notice.
    - Response: (T. Marshall) Everything I see regarding radiation, seems to focus on nuclear, nothing for high altitude radiation.
    - Response: (Grogan) These slides are broad, but we can suggest high altitude radiation as an exposure.
    - Question: (Milligan) Is the VA working with Red River Valley Association for high altitude radiation to air crews? They are sponsoring a Vietnam era study on air crews' exposure to radiation.
    - Response: (Grogan) I am not aware of the study and if VA is collaborating with/on this study. I may have to defer to Julian (Mr. Wright) on this question.
    - Question: (Milligan) We know there is a large population, what about medical workers who are exposed to the radiation?
    - Response: (Grogan) They are included.
    - Question: (Milligan) Is there a research group studying this?
    - Response: (Grogan) I am unaware of the research, but if it reflects, they were in Vietnam, they are included.
- Question: (Newsome) What can be done for Veterans who conduct missions where their files are restricted? The exposures the Special Operations Veterans encounter. Some reports are given guidance to destroy after the mission is completed. Mr. Newsome provides an example of a 608-page report from 1991,that was on the internet, that he has kept in his personal files. What can be done for reports and missions like this?
- Response: (Grogan) VA does have employees who work with Veterans who conduct Special Operations. They are quite busy.
- Question: (Bobb) Are there Outreach efforts to non-VA facilities? Does the PACT Act have outreach to those facilities?
- Response: (Grogan) Being part of the VBA Outreach team, we conduct outreach in general, to VA and non-VA facilities, functions, and events. We attempt to be at multiple events, government and public, but nothing is specifically targeted.
- Question: (Sherman) If there is a resistant group, it would be the Vietnam era Veterans who were treated so badly. Could there be outreach conducted specifically targeting the Vietnam era Veterans, even though many of them have already passed away?
- Response: (Grogan) We (VBA Outreach) attend a lot of events and conferences regarding Vietnam Veterans other Veterans groups and give presentations and information on the PACT Act and services. Mr. Grogan shares a story that at one of these events, he was approached by some of

the Vietnam Veterans who felt they laid the groundwork for the PACT Act. Mr. Grogan further expanded on VBA Outreach attempts to invite Veterans to come back to VA healthcare, because of previous bad experiences, and the changes which have been implemented. The goal is to have Veterans treated and cared for through the VA healthcare system.

- Response: (Sherman) In regard to civilian hospitals, they (civilian hospitals) may not be involved with Veterans who served in Vietnam or have resources for Vietnam Veterans who wish to continue their care at civilian facilities. Ms. Sherman stated she recently experienced this last week with an individual who suffers from PTSD, and other illnesses related but chooses a civilian hospital and refuses to be seen at VA. Therefore, these Vietnam Veterans are out there, and they are not getting properly categorized or treated because civilian facilities are not able to handle these patients as well as VA; and they (Veterans) are struggling.
- Response: (Bobb) My concern is there are (civilian) practices that are no longer taking Tricare because Tricare's reimbursement rate is too low, and these practices feel they are taking a loss serving the Veteran community. This is disappointing. I appreciate, Dr. Sherman, that there are Veterans out there that are going to the VA, but then are Veterans getting coverage if they are going to non-VA facilities, and these facilities are shrinking?
- Response: (Grogan/Newsome) Good point. Yes, good point.

Mr. Grogan's presentation is completed.

Federal Advisory Committee Act (FACA) 101 – Overview and Advisory Committee Management Office (ACMO), Jeffrey Moragne

Mr. Moragne, Director of the Advisory Committee Management Office, welcomes the committee, and the new members and informs them this is the Federal Advisory Committee Act, "FACA" 101 annual brief. This briefing is to provide best practices and guidelines of VA policy for the committee to be successful.

- History, FACA passed October 1972
- 8,000 Federal Committees were reduced to just over 1,000 nearly 50 years ago
- Federal Government has just over 1,000 Federal Advisory Committees
- FACA is all about transparency and accountability
- There is a Designated Federal Officer and an Alternate
- Any time the committee meets, the DFO or ADFO must be present
- All minutes are available to the public
- Charters must be established and signed every 2 years by Cabinet Official
- GSA Annual Comprehensive Review is reviewed by FACA to report
- Each committee is known, by name and that they are appointed, and that is available to the public.

- All meetings are published in the Federal Register, open or closed, 15 days prior or the meeting must be changed. Waivers can be obtained for emergencies.
- There is balanced membership, meaning the committee members must meet the specific criteria regarding diversity.
- FACA maintains the records which are available for public inspection, or by request.
- For the committee to effectively make recommendations to the Secretary, there must be a quorum.
    - A quorum is determined by 50% of the membership +1. For example, a membership team of 12 members, must have 7 members present to have a quorum.
    - Larger committees with more members have sub-committees and chairs and work together conducting research.
- During site visits to VA facilities, these portions of the meeting can be closed in the records which are submitted to the Federal Register.
    - This decision is made by the DFO, Chair, and Committee members.
    - This decision will be placed in writing and submitted to the Advisory Committee Management Office and further placed into the Federal Register after a decision has been decided.
- The committee can meet privately, such as for preparations for upcoming committee meetings and logistics.
    - These meetings can be conducted in person or virtually.
    - During private meetings, recommendations cannot be discussed.
- Committee members can speak to legislative members in private, but cannot speak on behalf of the ACFPOW Committee. Failure to uphold this statue is removal from the committee.
- The 10 best practices to get recommendations approved.
    - Master the calendar – Time and Location for Committee Meeting (18 months)
- Read and understand the ACFPOW Charter.
- Read the VA Committee Members Handbook (September 1, 2023 edition)
- Cross Community Collaboration – VA has a plethora of research advisory committees. Some of these committees are standardized in their approach. These advisory committees are called Merit Review Boards.
    - These committees will not talk with ACFPOW, because their research is conducted in a standardized format.
    - It is suggested to speak with the National Research Advisory Committee.
    - National Academic Affiliation Council, an advisory committee, has members which collaborate between VA and non-VA facilities and medical centers and systems.
- 75% of medical doctors come through the VA system.
- SMART Template – Discussed in the VA Committee Members Handbook
- Library System – old fashioned library located in VACO is available for committee use at any time

Mr. Moragne's presentation is completed.

VA Senior Leadership Greetings to the ACFPOW/Photos with VA Senior Leadership, Honorable Guy Kiyokawa

Deputy Secretary of Veteran Affairs, the Honorable Guy Kiyokawa arrives and conducts a meet and greet with the committee members.

The Committee Members and attendees take photos with Deputy Secretary of Veteran Affairs (DEPSEC), the Honorable Guy Kiyokawa.

DEPSEC addresses the committee, thanking them for attending and gives regards from Secretary of Veterans Affairs, Denis McDonough.

- DEPSEC gives the committee a summary of his background and accomplishments to present.
- DEPSEC goes over the overview about where VA is currently with service to Veterans and how VA is looking forward to working with ACFPOW for the work their committee does.
- The (3) 2020 recommendations submitted by the committee previously are still open. DEPSEC states VA is working really hard to compile the data and continue conducting research, collecting data, and conducting outreach to Veterans and communities. Especially regarding the PACT Act, outreach is aggressively being done to reach Veterans. In some cases, to reach out to Veterans individually.
- DEPSEC asks how can VA best support POWs? VA is tirelessly working to better care not just for Veterans, but also to family members and caregivers.
- The PACT Act is a different approach, as VA is going off of presumptions instead of evidence based results. The anniversary of the PACT Act has just passed, and the Deputy Under Secretary of Benefits, Mike Freuh, will speak on the number of claims and backlog.
- DEPSEC stated the VA has hired more staff, particularly VBA, to assist with claims and services. VBA staffing now is at an all time high.
- DEPSEC stated the #1 clinical focus, outside of the PACT Act, is suicide prevention. Suicide is a big problem within the Veteran community. In the healthcare field, suicide was first considered only a medical issue – now it is also viewed as a leadership issue. Research regarding treatment towards suicide prevention is a priority. VA leadership feels they are making positive progress in prevention.
- DEPSEC stated homelessness is also an issue. Many Veterans do not see themselves as being Veterans and the SECVA is taking steps to reach out to these Veterans and try to get them the benefits and assistance they need. Homelessness is a big problem Nationally, like suicide, not just in the Veteran community. Targeted areas are Los Angeles, California. Homelessness is not just “providing a home.” VA exceeded its goal last year of placing over 38,000 Veterans into homes. VA is on track to again achieve and exceed this goal. A new goal was added to reach a percentage, that once placed into a home, a Veteran remains in that home. The challenge is after placing them into a home,

assisting with making it possible for them to remain in the home. Mental health, substance abuse, and many other areas of support become the comprehensive multidisciplinary approach to addressing homelessness. VA has made a lot of progress, but homelessness is a broad topic, Nationally, and VA must remain on top of.

- DEPSEC stated VA is continuing to focus on access to care for Veterans. The pandemic expanded telehealth and VA is continuing to look at new ways to provide access to care. Community healthcare is similar to the military Tricare system as a supplement to the VA's direct care. Management of community care is key as geographical locations and markets will affect what is available. Rural health is a challenge in underserved populations, both from a healthcare standpoint and other areas, so VA is trying to determine how to work with other agencies in local communities to provide for Veterans in these rural areas.
- DEPSEC wraps up his address to the committee and requests for their questions and comments.
    - Question: (Sherman) Every VA facility is marketing for psychiatrists. The VA does not appear to have part-time positions across the country. We are approximately 50,000 pyschiatrists short after the tsunami of mental health and suicide problems with the pandemic, and it's unfortunate that the VA is not tapping into pyshciatrists who are willing to work by telework, or part time.
    - Response: (DEPSEC) Great question. Please address this to Dr. Elnahal, as I am not aware VA did not do that.
    - Question: (Milligan) As I'm aging, and other Vietnam era Veterans and POWs are in need of long-term mental healthcare. It seems the VA does not have the facilities sufficient to provide this care, and VA isn't referring to community based care either, and there are Vietnam POWs and Veterans which might have dementia, Parkinson's and other aging illnesses and cannot care for themselves. This is also becoming a burden on the aging spouses/caregivers. The VA does not seem to care. I would like you to address this.
    - Response: (DEPSEC) I think there is a lot of concern about VA referring to the community care network. More money is being spent on community care than ever before, and it's increasing across the board. However, let me address your concern regarding mental health and long-term care. Specifically to mental health, I believe Dr. Elnahal will address this more appropriately; however, part of the challenge is, as Dr. Sherman has mentioned, availability of staffing. (VA) is not using part time psychiatrists, and it's obviously beyond and more than just psychologists and psychiatrists, for mental health professionals, it is also important to look at the scope of practice, and maybe that can help expand access to care. I will speak to Dr. Elnahal about these concerns. It might be specific to certain areas but it is something we will have to dig into.
    - Question: (McDaniel) I'm in North Carolina and I go to the Durham VA Medical Center. I agree that with the ex-POWs, some of these arthritis, rheumatism, PTSD syndromes, and lack of memory are beginning to show up more and more. What I find is that if Durham VA Medical Center doesn't have competent people there to handle the depth of what we are dealing with, they

outsource us. In fact I have a few upcoming appointments and I have been referred over to a competent (civilian) doctor in Burlington and in Greenville, North Carolina and I think that is what we might see more of in the future. These civilian facilities are a bit more up to date, not to say the VA is not competent, but there are some things (Durham VA) prefer to send you outsourced, because they think that their resources are limited, the people are qualified, but (Durham VA) thinks the civilian facilities are better. I'm down by the University of North Carolina and Duke University, and they are some great facilities.

- Response: (DEPSEC) The last two of your comments, reflect a little bit, and it depends on the type of service, so you're saying Durham VA does refer you to the civilian community. A lot of it is dependent upon the availability. Remember the Mission Act put specific standards on if you cannot get an appointment within a certain amount of time, then you must be referred to the private sector. The comment about the care being better, I would suggest we look at some of the indicators that are applied not only to the VA but all the many health facilities out there. I would say overall that VA has better care, quality care, than general health systems out there and in fact recently "CMS" came out with their star ratings and (VA) has increased the number of 4 and 5 star rated facilities across the VA. Unfortunately, healthcare is local and it depends on the specific situation down in that area. I did want to address Mrs. Black's question about long-term care because to your point about all of us growing old and quite frankly, it's potentially a good thing we are all able to grow old, but the downside of growing old is we need more care. The caregiver side is something (VA) has been focused on. The caregiver program within the VA has been going on for a long time. VA has been emplored to relook at the program and its criteria and entry criteria, and look to come to a conclusion by the end of the year. This was part of the President's Executive Order. This is also something Dr. Elnahal might address, more specifically. Beyond the caregivers, VA has the Community Living Centers (CLCs) and domiciliary care. This is another national challenge and many are asking how to get aid when they reach their 80's and 90's. #1, how can this be addressed as a Nation, and #2, specifically to Veterans, VA is continuing to develop those programs, and the caregiver program, as much of a challenge as it has been, is one of the portions of that solution. It is not the only solution, but a good part of the solution.
- Response: (Black) Being a retired elder law attorney, I have dealt with the problems of the aging population for 30 years. The dementia patients and long-term care needs patients, when I was practicing, VA only had 2 long-term care facilities in the state of California, that I could find. The wait list for these facilities were years. To support Mr. Milliagan's comment, the need is "SNIFs," skilled nursing facilities, or simply long-term care facilities for people who need continuing care. I know from personal experience, this is an issue which cannot be provided at home very well. Family members are not trained for it. I feel the emphasis should be on these facilities, either referring to existing SNIFs, or preparing more facilities.

- Response: (DEPSEC) VA is facing a challenge with SNIFs, it's actually beyond skilled nurses, because Medicare will cover the skilled nursing requirements, but when the clinical part is not needed and it's more of the day to day living support, it's a huge gap in this country and unless an individual can finance it themselves, then there are very few options. I believe this is one of the focuses of the long-term care program.
- Response: (Black and DEPSEC) Both agreed the costs per month are roughly $12,000 to $15,000 per month.
- Question: (Chair) Being a data guy, I know it takes a long time to get data reported and into the system, but we don't have this kind of time with this target population. The earliest VA fact sheet I found when I joined this committee was from 2015. At that time, the VA fact sheet reflected 22,646 living POWs. You have seen our stuff where we have been continuing and keep asking about the data and "the can keeps getting kicked." The last printed numbers that we got were from 2019. It wasn't a number of overall living POWs, but how many were in the VA system. At that time it was 2,730 in the VA system. The ACFPOW just left from Boston VA, where once we got there, (Boston VA) was scrubbing the list because of us coming to visit. If you scrub our minutes, or have a member of your staff scrub our minutes, (Boston VA) took a list they got from VACO, and out of the people that were assigned from VBA and VHA reported 124 people, please listen to the number, from the 2020 listing, 124 people died between 1990 and 2023. The 124 people, from the 2020 listing, died between 1990 and 2023. Which means, what the hell happened between 1990 and 2020? Some of those Veterans had already passed away, but they were checking now. Sir, what you have here is a system, which belongs to everybody but nobody. The only VA directive on POWs is a VHA directive; which focuses more on care and follow up care. VBA is assigned as the overall owner to overlook the program and process the claims. From that 2019 report which showed us overall in the VA system out of that 2700, 176 enrolled with VA healthcare, but not receiving benefits. This blows my mind. There are 176 POWs getting only healthcare, but not benefits, when about 90% of them qualify for benefits, there's a targeted population. I would think out of that 2019 report, when it was 2700, and we already know 124 have passed away, that someone should track this better. There is no one person (VBA or VHA) that can these POWs, of the 2700, are aligned to in a VISN or region. Not having accountability of these POWs, there's no way to tell how effective the outreach is for these Veterans. It just seems someone should have control of this and had been able to report to (DEPSEC) or SECVA from the overall 22,000+ POWs from this date, we now have 2700 in the VA system and track their accountability. The list is generates here at VACO, and goes out to the Regional Offices and the Medical Centers so these facilities know who these Veterans/POWs are, so someone here at VACO should have overall accountability of this reporting system. Once these POWs are entered into the system, they are taken care of, but it's the POWs that are not that are the ones VA needs to try to capture or at least know where they are located. During the trip to Puerto Rico, a few

years after the hurricane, the ACFPOW were told there were 15 POWs assigned to the Puerto Rico VA facilities. The Chair stated he asked how much communication had taken place with these POWs after the hurricane, and the response was that the Puerto Rico VA facilities did not try to make contact or have contact. The Chair stated he informed (Puerto Rico VA) being VISN 8, someone from the Puerto Rico VA should have known if any of those 15 POWs had left for Miami or any other part of Florida belonging to VISN 8. These POWs were out of sight, out of mind. The biggest challenge is having a POW Coordinator that tracks accountability of POWs by identifying who is in the VA system, can report how many are still living, who is receiving healthcare and benefits. I want to prevent VA from facing a few years from now, that there's only one living POW. The Chair stated he had the opportunity to speak to the last living WWI POW Veteran, Frank Buckles, when he a member of VA leadership. The Chair visited Mr. Buckles' home and got to interview him. The Chair stated the Nation is getting close, even though (Ms. Lynch) is going to be around for awhile and other POWs from the Gulf War, but the WWII, Korean, and Vietnam War population of POWs are not going to be around much longer. It would be good if VA can just get together so these POWs can know who is going to do something for them, or at least know where they are located and can report that to (DEPSEC).

- Response: (DEPSEC) For many years here, the challenge was always that each organization within the VA had their own system of data. In fact, these organizations at once didn't agree on their terminology and how this data was measured. The big progress has made now is that these organizations have now come together, and what those authoritative sources of data are, and taking these legacy systems and ensuring that this data can now come together. The healthcare side and the benefits side should be one and the same with the information, but they currently are not. However, VA is working to target this and Mr. Eddie Thomas will be presenting later and be able to speak to the current progress of this and where VA is heading and time is the challenge due to the aging of our POWs. I have not sat with Eddie, but I am very interested in his presentation. The fact is if Mr. Thomas' presentation is not sufficient, please advise me, and we will look into it further. If his progress is not the best and we don't have the time, then advise us what data and information we need to get to be the best available information, and then from ACFPOW's standpoint, VA is looking for (ACFPOW's) recommendations on how VA provide that outreach given the limitations sometimes on the data. Time is not in abundance. Bringing together legacy systems is going to take some time, but I think there are some things that have been done to be able to identify who these POWs are, and then looking for ACFPOW was the best way for VA to reach out to them. The other challenge with the data, is that the information is not current. Back in the day when compensation checks were mailed, the addresses in the system were guaranteed to be correct. Today, there is no incentive to have the correct information aside from the routing number of your checking account. So any ideas ACFPOW may have for VA to be able to reach out, please share, so that FPOWs can receive the

treatment they have earned and deserve. This committee is critical and it's very important when all of (ACFPOW) comes together; the VA is all ears for your input and ideas. This references healthcare, and mental health but also other areas which you find important for FPOWs to need assistance. DEPSEC stated he is looking forward to the committee's recommendations.

- Response: (Chair) Thank you, Sir.
- Question: (McClenny) I was nominated to serve on the VA's Assets Infrastructure and Review (AIR) Commission. Our office is very political in the preparation. We received a copy of VA's review conducted by (SECVA/DEPSEC) and a number of facilities were recommended to be closed, we looked at rural health, and overall VA system, and there are aging facilities. The closure of these facilities never came to be, because of a political disagreement.
- Response: (DEPSEC) The Commission was never confirmed by the Senate; therefore, VA did not and could not move forward.
- Question: (McClenny) What's happening with that review? In looking at facilities that were recommended to be closed and/or consolidated.
- Response: (DEPSEC) For those not be aware, the AIR Commission and the work that was done with market assessment related to AIR was part of the Mission Act. The other thing that the Mission Act included was a quadrennial review of our markets and infrastructure. VA is not waiting for quadrennial review, VA is continuing as any good health system would, with the market assessments and focusing on infrastructure. Back in the day with Army Medicine, the average age of the Army Medical "MCAPs" (Medical Command Assessment Program) was about 70 years. VA is getting there, with the average age being a lot older than 70 years, than the VA inventory. Then the challenge with ensuring that just because 70 years ago the right place to have an inpatient facility was location X, what are some of the options now which would be best to support the center mass of Veterans and where they live. That is the work VA is continuing to do currently. VA has a huge challenge emploring Congress to help VA make those big investments and parallel, VA needs an infrastructure plan. Those of you familiar with my background in the Army, near the end of my career, my focus was infrastructure. That was the plan with Army Medicine. Fortunately or unfortunately, when the Walter Reed Scandal hit, some of the tension was placed on infrastructure. We had a plan, and when Congress wanted to put more money against Army Medicine for infrastructure, we were able to execute the plan. Besides "BRAC" (the Army's Base Realignment and Closure Program) most if not all Army Medical Treatment Facilities are no longer 60 – 70 years in their lifecycle. The VA is taking a very similar approach, trying to look at how VA has a plan which is really focused on healthcare and where healthcare is best provided to support Veterans and which facilities VA needs to prioritize in order to recapitalize and not just recapitalize for the existing footprint. As many of you know, most healthcare these days is done outside of that very expensive inpatient medical structure. Now you have ambulatory surgery centers, which are a lot cheaper to build and maintain and more importantly those high touch

therapies which are closer to where Veterans live. Putting primary care physical therapy, occupational therapy, and mental health out there. Also telehealth, telehealth is a huge part of it, and telehealth is not applicable for every area within the healthcare process, but clearly for mental health it is one of those that VA is exercising to the utmost. Then, at the end of the day, what exactly do you need to replace? Everything can't be replaced all at the same time, so a whole lot of money is spent to maintain, don't let (the facilities) degrade anymore, but maintain the current condition. These facilities aren't great, but at least they are not completely falling down. There are many challenges, the HVACs, air conditioning and heating, and other issues are natural disasters, such as hurricanes in Florida create additional challenges. Long answer to your question, market assessments are continuing, looking at how VA invests into infrastructure in a very strategic way, because this is not a 5 year solution but more like a decade long solution.

- Question: (Bobb) Thank you DEPSEC for being here and it's an honor to hear you speak and share the thoughts of the VA now and looking into the future. I work in the private sector as a Licensed Clinical Psychologist, and I am in the Chicago area which has 3 VA facilities. People are still traveling an hour to come see me for services, even though they have access – Veterans are being referred out. The company I used to work for no longer takes Tricare because the reimbursement rate was too low. This is unfortunate. These Veterans are already referred out, traveling an hour, and now (care) is no longer accessible to them. Telehealth is also provided, but other in person needs are important, such as when Veterans need certain medications. Also, with Medicare, for the future, in person evaluations will be required to prescribe certain medications. This is my concern moving forward, as more and more facilities refuse to take Tricare due to reimbursement rates, it limits Veterans access to care.
- Response: (DEPSEC) Just to be clear, Tricare is related to the military health systems community care, which is different from VA community care. However, I can speak to Tricare. One of the challenges for Tricare, it has to reimburse at the Medicare rate, which in some markets is just fine, but in other markets, it's challenging. When it comes to mental health it becomes a bigger challenge, because insurance companies will pay but the demand is much greater than the supply. There are also private payers where people are paying out of their pocket and this generates the market level which is untouchable for those relying on insurance companies.These are all challenges we have discussed earlier about the mental health challenge in the nation, but to (Ms. Bobb's) point, please ask this question to Dr. Elnahal. There are times when there can be exceptions made for the reimbursement rates.
- Question: (Chair) Across the Nation there are about 90% of the doctors that train with or at the VA, can someone look at what we do to get these individuals to consider coming to the VA? The time to get access to these doctors are when they are circling through their training at the VA while they

are going through medical school. Telling them then this is the place to work after you finish medical school, instead of trying to get them after they leave.
    - Response: (DEPSEC) Yes. Again, ask Dr. Elnahal on what is taking place with the mental health training pipeline. VA is developing a lot of initiatives and to (Chair's) point, VA is providing scholarships and the pay incentives VA made huge progress. The PACT Act gave a lot of authorities on pay. While VA is not exactly at equal pay, in some markets VA is closer. VA has critical skills incentives, on top of retention incentives, and many VA providers are a lot closer than before. Title 38 authorities used by VA are the same authorities used by DOD in order to get to some of the pay levels in healthcare. There is a lot of progress with pay, but beyond pay, how are newly trained providers to be incentivized to come to the VA? VA is working on programs to provide these incentives.

The DEPSEC thanks the committee for being in attendance, for coming up with good recommendations, and implores the committee to continue bringing up good ideas for the VA. The ideas and thoughts are not just solely for POWs, but for Veterans at large the committee brings up good challenges. The DEPSEC asks how can VA continue to focus on FPOWs and support them in the ways that they have earned and deserved.

BREAK

NCA Initiatives and Updates, Under Secretary for Memorial Affairs, Matthew Quinn

Under Secretary of Memorial Affairs, the Honorable Matthew Quinn is introduced by Chairman Newsome to the committee members.

Under Secretary Quinn greets the committee and states he wants to provide a quick overview of what is done at the National Cemetery Administration (NCA) and then leave plenty of time for the committee's questions and what NCA should be doing differently for FPOWs.

- NCA took a recommendation from the ACFPOW and added a checklist in the NCA call center that requests information on POW.
- NCA markers in the cemeteries indicate FPOW or POW status.
- NCA oversees 155 National Cemeteries and 122 Grant funded cemeteries across the United States. NCA's goal is 95% of Veterans will have an NCA or Grant funded cemetery within 75 miles of where they live. Currently NCA is just shy of 94%.
- If a Veteran has a private plot, NCA will provide the marker, funded by the government at no charge to the Veteran's family.
- All Veterans receive a Presidential Memorial Certificate.
- If a Veteran wants a private marker, not the government issued marker, this is the Veteran's choice, and upon request, NCA will provide and issue the Veteran a medallion, to be placed on their private marker. The medallion will indicate the

Veteran's branch of service. NCA could, at this committee's request, look at changing the medallion to indicate the Veteran for being a FPOW/POW.

- These are benefits for Veterans who live outside of the 75 mile radius.
- There are 2 new cemeteries opening, Elko Nevada and Cedar City, Utah.
- An urban city cemetery is opening in Queens, New York, named St. Albans. This cemetery is NCA's urban initiative, even with there being a National Cemetery within the 75 mile radius. St Albans is a columbarium.
- Due to the concentration of Veterans in urban areas, Indianapolis was a cemetery, Crown Hill Cemetery was closed for 50 years to new interments. NCA looked at the Veteran population in Indianapolis and determined it was not being served well enough, and opened an urban initiative which is columbarium only, for cremated remains, and reopened Crown Hill to interments within the city of Indianapolis.
- This same procedure was done in Los Angeles. The historic National Cemetery had been closed but reopened. NCA received land from VHA and opened up a columbarium only so that Veterans in the Los Angeles area have an option if they are ok with cremation.
- The 122 grant funded cemeteries are through a partnership with states, tribes and territories which helps NCA get to the 94% mark. The federal government funded the construction of, and the states, tribes and territories fund the year by year operation, and if expansion is needed, the federal government will fund this expansion (based on ability of funds). Through this, 2 new cemeteries will be built in Lubbock, Texas and Grand Island, Nebraska this year. This will open service to about 10,000 Veterans; which is important to Veterans and to the federal government.
- Pre-need Eligibility – A Veteran can apply to find out in advance if they can be buried in a VA National Cemetery. This can help make the burial planning process easier for the Veterans' family members in their time of need.
    - Question: (Chair) What happens to my name when I go through the pre-need eligibility? Is there a pre-need roster when someone calls the National Call Center?
    - Response: (US Quinn) Yes. That's absolutely correct.
    - Question: (Chair) Is that a standalone data file?
    - Response: (US Quinn) Yes. The family or funeral home calls, provides the Veteran's information and the National Call Center will provide if the Veteran is already eligible. At that time the family can go ahead and schedule. The family does not have to go through searching for the Veteran's DD214 or discharge paperwork.
    - Question: (Chair) NCA, who can see I am "pre-needed," can see that I am enrolled in VBA and VHA?
    - Response: (US Quinn) Man, I love you. It initially was taking almost 3 months to be approved, but now NCA is working with VBA who has been extremely cooperative and if a Veteran is receiving benefits, NCA can now see this and it's an automatic approval; which is now within a day such as VA Home Loan certificate or other VBA benefits.
    - Question: (Chair) Would it not be the same for VHA?

    - Response: (US Quinn) Not all VHA applicants are enrollees. Legal has gone through this and discovered VBA is a perfect match. However, VHA is not the same. With VHA, it is about 55%. We are continuing to work with VHA. There are also Veterans who have never used any other benefit, but request assistance with burial and this is why pre-need is so important.
- Only 22% of Veterans ask to be interred in a National or grant funded cemetery. 16% request National and 6% in grant funding. US Quinn states he is not satisfied with these percentages and wants to improve these numbers.
    - Question: (McDaniel) I am having an issue locating my DD214 as my wife and I are preparing our wills. I have contacted NCA, but I felt I was given the runaround. Can (US Quinn) or someone help me to get my DD214?
    - Response: (US Quinn) My assistant will provide you with a card, and we will assist you and get this resolved. Please also consider pre-need.
    - Question: (Bobb) Is there a process for homeless Veterans, in which some may be POWs, but there's no one to speak up for them.
    - Response: (US Quinn) Yes. The VA Office of Inspector General (VAOIG) submitted a report stating the VA has a whole needs to do a better job serving the homeless Veteran community. This is a program VA has taken on, VBA is the lead, for VA but (VBA, VHA, and NCA) are doing a much better job. Congress questioned VA how many unclaimed Veterans are out there? We provided a guess, as no one could provide how many remains were out there, nor how many remains were out there, and they were Veterans. We had to give a percentage, which VA replied perhaps 60,000 – but VA has no idea. There are mortuaries that have promised to hold remains for perpetuity, and now have basements full of remains which have not been properly taken care of. VBA, VHA, and NCA are now going out to these mortuaries to go through their records. US Quinn gives an example of a San Diego county coroner who was holding remains then cremating bodies and releasing the ashes at sea. NCA requested the coroner to allow them to check records to see how many of those remains were of Veterans. The challenge is VA doesn't know what it doesn't know. There is a lot of ground work which must be done and VA, by order of the Secretary, is working towards this goal. All Veterans should be celebrated.
    - Question: (Sherman) How many cemeteries currently have a FPOW Memorial, and are you considering placing one in the cemeteries which do not currently have one?
    - Response: (US Quinn) I am unsure of the number, but all of the memorials in our cemeteries are donated to us privately. It would be a private group that would do it. The Riverside National Cemetery in California has a beautiful POW memorial. NCA has a Veterans Legacy Program through high schools and colleges and the youth go out to the cemeteries and research the Veterans. Perhaps we should incorporate POWs. We will find out; however, how many memorials we have.
- Response: (Chair) US Quinn, Sir I would like to thank you and your organization. The modifications to the headstones to reflect POWs was based on a gentlemen's agreement made at this table. Then the inclusion of the POW flags,

like in New York, because there were none in New York when we visited. The recommendation came out to add the POW flag, and these agreements were basically handshakes. NCA is very receptive and they go out and do good things for POWs and Veterans. I personally want to say thank you.

- Veteran Legacy Memorial (VLM) is an online memorial that honors more than 4.8 million Veterans interred in VA National Cemeteries; VA grant-funded tribal, state, and territory Veteran cemeteries; DoD-managed cemeteries (including Arlington National Cemetery); and two U.S. Park Service National Cemeteries. Other cemeteries are not included in VLM at this time.
- Veterans History Program will also be incorporated by NCA. Through a story example provided by US Quinn, it was discovered that a gardener that worked in the cemetery was a Navy Seal and his "small" interview turned into a 4 hour session which provided tears, laughter, and the Veteran sharing gratitude for allowing to tell his story.
- US Quinn provided a story from his youth about his mailman, Mr. David Thatcher, who through a retirement party later in life, US Quinn discovered Mr. Thatcher, his former mailman was a Veteran and a part of the famed Doolittle Raiders who carried out the first air raid on Japan. US Quinn stated it is stories like these which have to be told and get out there to the public.
    - Question: (Williams) Is there anything where the cemetery in Arlington will work with POWs who want to be buried in Arlington?
    - Response: (Quinn) It is all Army right now, but NCA is working with Arlington right now. Arlington is running out of room, but there could be a columbarium. Congress has asked what will be the next national cemetery? US Quinn stated he was puzzled by this question responding there are 175 National Cemeteries. The Congressman's response was what National Cemetery could do honors such as Arlington? NCA is working on this right now, US Quinn stated he suggested Quantico. NCA is working with the Army and with Arlington on these issues.

VBA Update/Status on Recommendation #1 from the 2020 ACFPOW Report, Eddie Thomas

Mr. Eddie Thomas, Director of Enterprise and Integration (OEI) introduces himself and Lisa Rosenmerkel, Acting Chief Data Officer and Executive Director, Data Governance and Analytics (DGA) of VA to the committee.

Mr. Thomas states their presentation to the committee will be on the availability of POW data in the VA.

Mr. Thomas advises the committee that he and Ms. Rosenmerkel are not part of VBA, as it appears on the agenda, but members of OEI. VBA and OEI however are partners working together.

The previous ACFPOW recommendations, from 2020, requested for compiled data on FPOWs. Mr. Thomsas states this briefing will solely focus on Recommendation #1, where the committee requested to compile the best information VA has, and make that data available on quarterly pocket cards.

- The original deadline was FY21; which VA did not meet.
- BLUF: OEI has worked with VBA to ensure correct data is being pulled from correct sources, this data is revised on a quarterly basis, and updated more frequently to get that data on pocket cards. OEI recognizes POW status impacts Veterans healthcare priorities, therefore, information is incorporated from VHA to reconcile those two data sources to provide the best data. That data is integrated, duplicates are removed, which are expected, the deceased were removed from the living count, linked by authoritative sources for vital status and the result is OEI's best estimate of a living count of POWs which will be provided each quarter moving forward.
- This data is projected to be reported on the pocket cards for the beginning of 1st quarter FY24. The delay was due to updates of the data feeds and additional data quality checks and validation to complete. The validation checks were to ensure the actual count was of Veterans/POWs and not the survivors of FPOWs. Again this data is projected to be available during the 1st quarter of FY24 and then will be updated every quarter moving forward.
- Mr. Thomas goes over the pocket card, which provides a small card which provides a plethora of information for the Secretary or other VA Leadership when addressing statistics and information regarding POWs. The pocket card also provides other VA information and data such as number of facilities, employees, information about VA and its footprint. These cards slide directly in the pocket of the individual providing the brief.
- The pocket card was paused during the pandemic. They were only available electronically during this time. The cards are currently available on the (OEI) website and the open data portal.
- The cards will be released around the end of the 1st month of the quarter. These cards will project the estimates of POWs for the previous quarter.
- Mr. Thomas provides the most current data of current living POWs according to their system. VBA source currently has 650 currently living POWs as of July 2023. The VHA sources currently has 1500 living POWs. The data reflects what is being reported solely by VBA, VHA and collectively. OEI is currently continuing to conduct their data quality checks to ensure they have accurate information. As of July 2023, OEI has about 1,838 FPOWs reflected as living based on electronic data to date.
- Mr. Thomas shows the data broken down by several demographics; excluding race. The data also reflects periods of service, branch of service, and last known rank. OEI continues to ensure they have the best possible data to reflect and report. The data on the POWs reflects that nearly 96% are male, nearly 4% are female and .2% are unknown. By race, .7% American Indian or Alaskan Native, 9.4% Black/African American, 1% Hawaiian, .2% multiple races, 68% are white.

- 26% were reported to be in WWII. 16% were reported to be in Korea. 44% were in Vietnam era. 13% from the Gulf War or pre-9/11, and then 9% were post 9/11 and then 14% unknown. There are data quality gaps which affect this data, because it is harder to obtain electronic records from older Veterans.
- 16% served in the Air Force, 45% in the Army, 2% in the Coast Guard, 5% in the Marines Corps, 10% in the Navy and about 23% are listed as unknown or other. Others also include non-uniformed service as well.
- Enlisted 38%, officer 16%, .9% warrant officer, and again there are data quality gaps due to the older Veterans.
    - Question: (McGrath) I was a prisoner of war for almost 6 years. I have been a historian for almost 20 years. There were 662 POWs that got out of Vietnam alive. These numbers being reported by the VA are “out of whack” and have been for years. Specifically the Vietnam era POWS and Desert Storm era POWs, VA is reporting 799 Vietnam POWs alive. According to my records, I reflect 363 POWs alive, meaning these records are off by 436 people who don’t exist. It’s even worse for Desert Storm. VA has 245 and my records reflect 18 POWs from Desert Storm. Therefore these numbers are exaggerated by 227 POWs for Desert Storm. There are only 18 and 363. I see just last year 27 POWs signed up and 174 more POWs from Desert Storm. This means, VA has increased its POW numbers by more than 200 people in the last year. To me this indicates fraud. If there are this many POWs in the system, then there are over 400 fraudulent persons receiving benefits. I think these numbers need to be redone.
    - Response: (Director Thomas) Thank you. OEI is continuing to go through data quality checks to ensure we are counting POWs only, the actual Veterans, and not their survivors. There is also further review to be done by us in DGA. We receive and report our numbers and data from VBA and VHA, we are not part of the verification process, but we will take this back to ensure we are identifying POWs properly.
        - Response: (McGrath) Same answer for the last 20 years. I get my numbers directly from the Department of Defense. DOD listed 662 from Vietnam and 21 from Desert Storm regarding POWs who got out alive. Those numbers have not changed in 50 years, they are rock solid. All branches have not changed. The VA numbers are all over the place. I need to know who I can work with to get this corrected. I would like to get this discrepancy fixed and report the truth. These numbers from the VA are a lie. I would like to work with someone I can trust to tell the truth.
        - Response: (Director Thomas) I would like to volunteer to work with you to take that on and also to be able to contact who you are working with at DOD. We contacted DOD and they pointed us back to VA data for references on POWs, and identifying POWs, nothing reported directly. However, I would love to volunteer to work with you on this project.

- Response: (Marshall) Good afternoon Mr. Thomas, E. Maquel Marshall, ADFO, we will work with Mr. McGrath, because as a non-VA employee, just with personal identifiable information (PII) we cannot share that information directly with him. However, we will get you the POC he is working with at DOD. A big hurdle for us is that PII. Mr. McGrath is on this board by appointment from the SECVA, but we cannot violate PII and show him the list of names, but we will cross reference.
- Response: (Black) If you can't share the information with Mr. McGrath, why not share his list he has he knows is current and then you can do what you need to get rid of the fraudulent names?
- Response: (Marshal) Yes, Ma'am, this is what I stated we are going to do. Let's please be mindful as well, the use of the word fraudulent; until we can verify the names Director Thomas has, because his numbers might reflect survivors of receiving benefits.
- Response: (Chair) Compared to the 2019 numbers, the 2023 numbers reflect 892 fewer alive POWs. In 2019, the POWs enrolled just in VHA was 176 and now that number shows 1,189 meaning we are almost 900 fewer, but now there are 1,000 more enrolled in VHA. So are these 1,000 people getting benefits? This means 1,000 some people are possibly receiving money for lying about being a POW based on that presumptive illness- that's fraudulent. These Veterans do not get disability pay based on them being a POW, but based on the presumptive illnesses.
- Response: (McGrath) Mr. McGrath provided two stories of individuals who filed false POW claims to the VA and received hundreds of thousands of dollars over different year spans. Mr. McGrath states the numbers of POWs has not changed in the VA for over 50 years, yet, the VA is obviously taking persons' statements at face value that they are POWs who were captured for 1, 2, or 3 days and it's not being verified. Applicants are not being verified truthfully as POWS.
- Response: (Chair) It is interesting we went from 2700 to 1800, almost a 1,000 fewer people and the only ones in 2019 were receiving benefits were 50 and now in 2023 the only ones receiving benefits are 326. In 2019, the ones only enrolled in VHA were 176, now in 2023 there is 1,189. So there are 1,000 fewer POWs alive, but there are over 1,000 more POWs receiving benefits and healthcare.
- Response: (McGrath) I have the names and numbers of every Vietnam and Desert Storm POW on this list. The VA's numbers are completely wrong. Why won't someone work with me to determine who has applied fraudulently? This needs to be cleaned up.
- Response: (Chair) McGrath has agreed to provide the names and contact information for the list of POWs he has. I would think it is a red flag that after losing nearly 1,000 in numbers that over 1,000 in

numbers are now enrolled in healthcare. This is not adding up. How did we lose 1,000 living POWs but pretty much stayed at the same number?
        - Response: (McGrath) The VA is just throwing around numbers. There are only 18 POWs from Desert Storm, but VA is providing care and benefits to 245 POWs. Where did these 245 POWs come from? There were only 21 total, 3 died, and there were only 18 living. Here are their names and contact information right here.
    - Question: (Chair) Mr. Thomas can you tell me who is the verifying body to say I was a POW?
    - Response: (Director Thomas) Appears to be experiencing IT difficulties
        - Response: (Wright) VA usually looks to DOD for those verification records; specifically Defense POW/MIA Accounting Agency (DPAA). VA relies on them.
        - Response: (Milligan) DOD is a large organization. If you are not speaking to the correct person, how do you expect to get those numbers? You're talking to the wrong person.
        - Response: (McGrath) DPAA, it is public record.
    - Question: (Chair) Does the DD214 reflect being a POW?
    - Response: (McGrath) Interesting question, but no. Most do not reflect POWs. I had to jump through hoops to prove I was a POW. These days a form 180 just has to be completed and submitted to DOD for verification.
    - Response: (Director Thomas) OEI has a regular feed into VA, which comes from DOD; the Defense Manpower Data Center (DMDC). When OEI contacted DOD and DMDC, OEI was referred back to VBA data.
    - Question: (McGrath) Why do you not talk to DPAA which is the correct office to talk to for this data?
    - Response: (Chair) Having 1,000 fewer but then 1,000 more tells me that this is being done locally, not at the Regional Office, or Nationally, where the Veteran would have to speak to VACO. This is a clerk at the CBOC or the Medical Center just taking "Fred's" word that he is a POW. There is no verification being done by VACO. This seems the only logical explanation I can see to get 1,000 more after losing 1,000.
    - Response: (Milligan) The concern is there are Veterans not getting their healthcare and benefits when they deserve it, and there are people making false claims, and receiving benefits and services. Where is the accountability? The gentlemen in Boston stated he verified (unknown number) each POW that came through Boston.
    - Reponse: (McGrath) Check the notes, the VA Director in Boston stated he was treating 20 POWs. It should be in the notes. I checked, and there are only 3 POWs in the entire state of Massachusetts. They said they have 20; records only reflect 3, who are the other 17? Vietnam Veteran POWs.
    - Question: (Milligan) What do you mean by survivor?
    - Response: (Director Thomas) Spouse and direct children.

The Chair thanks Director Thomas for his numbers, as Mr. Wright requests the committee to be respectful to the time allotted on the agenda.

New Initiatives and Updates: Veterans Health Administration (VHA), Under Secretary for Veterans Health Administration, Dr. Shereef Elnahal

Under Secretary of Veterans Health Administration, Dr. Shereef Elnahal is introduced by Chairman Newsome to the committee members.

Dr. Elnahal immediately states he is concerned the data is seeming to be incorrect.

Dr. Elnahal addresses and welcomes the committee, for their service over the years and their recommendation. Dr. Elnahal states where VHA currently is, with facilities and staffing and while this is the current state, it is extremely important not to leave behind the most vulnerable Veterans, FPOWs.

Dr. Elnahal thanks Chairman Newsome for his dedicated service to the committee.

- Dr. Elnahal states FPOWs clearly have higher care needs, mental health needs, rates of trauma, and other health conditions and VHA has to be there for Veterans (POWs) who sacrificed and went through this experience to protect our freedom. If VHA is not meeting the mark for POWs, then VHA is not doing its job. It's that simple. I appreciate this conversation in advance and I will leave most of the time for your questions and comments.
- Dr. Elnahal states the upcoming presentation will be greatly targeted towards FPOW which will be given by the social work team. Dr. Elnahal states his agenda for the healthcare system is to build and fortify it. To provide care to as many Veterans as possible.
- The PACT Act affords VHA the opportunity to care for more Veterans than ever before. It could be the largest expansion of Veterans benefits and care in American history, if (VA) does its jobs. There are almost 1 million claims into VBA for presumptive service connection related to toxic substances and the conditions associated with it but also adding more conditions to the list for Vietnam Veterans.
- VHA has that opportunity which is going to be a capacity challenge. This was why VHA hired more people than ever before, reaching that 400,000 mark for the first time. There have been 50,000 external hires into the organization, and predominantly 30,000 of those are doctors, nurses, nursing assistants, Licensed practical nurses, schedulers, and folks on the front line who are doing the work for Veterans. The people closest to Veterans. The folks who make hospitals and clinics move on behalf of Veterans.
- Hiring faster and more competitively is far and away my most important foundational operational priority. My most important clinical priority is suicide prevention. That is not new for VA. This has been the top clinical priority for many years. Every single suicide by a Veteran is considered a tragedy but it is also preventable. If VHA is not taking every opportunity to learn about the root causes

of every single report VHA receives on suicide – VHA is not doing it's job. VHA has an accurate count of Veteran suicide numbers, the report is 2 years lagged, but each Veteran suicide is accounted.

- Veterans are not to be waiting 45/60 days for appointments. Schedules of clinics being half full is unacceptable. VHA also has to ensure; however, that the staff is not burned out. Dr. Elnahal states this is his responsibility. VHA has productivity standards, 80% filled across the country, each clinic. The reason these aren't 100% is it is always good practice to leave a few slots open for same day care, emergent and urgent care. The providers are being held accountable for their clinics being 80% unless they are or have other assigned duties which prevent them from being in brick and mortar facilities. For instance, clinicians who work with homeless Veterans are out in the field instead of inside the walls of the medical centers.
- Dr. Elnahal states his second most important operational priority is access to care. I think this is morally important and imperative to provide care to as many Veterans as possible who will trust us with their care. Study after study shows VA care is just as good if not better than civilian counterparts. These are peer-reviewed studies, recently conducted, and real science. That is the conclusion; VA care is better. The VHA workforce does nothing but carry out care for Veterans. As VHA continues to bring more people into its ecosystems for care, VHA will be able to provide more ways for Veterans to have access to care.
- CMS Star Ratings for VA Clinics across the nation; 67% scored 4 or 5 stars; compared to 48% of civilian counterparts. Using this tool, VHA can measure, along with the peer-reviewed studies, the rate of care against civilian medical centers. VA has proven its care to be superior to the civilian facilities. The challenge has always been opening the doors as wide as possible making care accessible to Veterans. Veterans have to get into the door to receive that excellent care. VHA has a new focus on attempting to reduce patient wait times for new patients by 15% by the end of the FY (September 30th). This is for every clinic. It will be essentially a report card.
- Due to the PACT Act, and geographical location, regarding these wait times this reduction has not taken place, and (VHA leadership) is taking the influx into account. The goal is still set at 15% for clinics to attempt to get to that mark or reduction in wait times. This also requires VHA to hire more, open more clinical areas, and direct more care over time internally. This isn't done enough. The "easy button" is to send a Veteran out into the community when they cannot be seen within our centers. VHA has to ensure it is taking advantage of its scope and scale. Telehealth is also a large part of our care process and providing care. Not everything can be done by telehealth and some Veterans do not like telehealth.
- Dr. Elnahal opens up to the committee for questions.
    - Response: (Marshall) Mr. Marshall reminds the committee that while the Under Secretary has opened the session to questions, there can be no formal recommendations asked during this period to the Under Secretary.

- Question: (Chair) I would like to provide you my “observations' ' regarding the Designated FPOW Coordinators, following the guidelines of the directive, these coordinators do not have accountability over the POWs assigned to their region. A few years ago, the coordinator in Palo Alto knew every POW by name, but recently as we went to Puerto Rico the coordinator there had no contact with the FPOWs. The PR RO was reporting they had 15 POWs. If any of those POWs had moved over to Miami or to Tampa as result of the hurricanes, there was supposed to be a warm handoff to those Florida facilities per the directive. The local staff at the medical center were not aware of the transfer of any of their POWs. . There was no visibility over these FPOWs and no one was accountable For tracking their care. How many medical centers are there now?
- Response: (US Dr. Elnahal) 170
    - Question: (Chair) There are 170 medical centers to take care of 1800 people. There’s not 100 at each medical center, so there’s a low density population of these POWs out there mixed in with other Veterans. A system review is not being done, there appears to be little systematic visibility of these patients, no one knows where these POWs are.
    - Response: (US Dr. Elhahal) This is a very reasonable question to ask. How are we doing for FPOWs is not something we can answer if we do not have data to support.
    - Response: (Chair) Boston has done the best job we’ve seen. They took the list from us and matched up what they had with what we had. How do we find a way for accountability? When I first came into this, there were 22,000 FPOWs estimated to be alive, and now it’s down to 1800 in the VA system, time is not on our side.
    - Response: (US Dr. Elnahal) Clarifies this is not a request from the Chair, but an observation that there should not be an issue to work with the FPOW coordinators and decipher where these Veterans are located. I will bring this to my staff.
- Question: (Sherman) Thank you Sir for coming to speak with us. There are shortages of psychiatrists across the board within VA, so why hasn’t VA looked at using part time psychiatrists such as the private sector to fill these roles?
- Response: (US Dr. Elnahal) I was not aware there was an HR rule which does not allow part time psychiatrists and there is only full time. I will look into this. One thing presented to Congress currently is to allow VA to expand beyond the $400,000 salary cap, which is what the President has set for physicians. Mental health and psychiatry, these salaries are usually well above that; so hopefully this cap can be lifted. Normal practice you want more full time employees in, but for this speciality, we have to expand capacity and have flexibility here. In regards to telehealth, we are the largest integrated health system in the world, so there is no reason why we aren’t maximizing our potential especially with telehealth. A physician should be able to fill even if it’s coast to coast. Right now we don’t have a system capable of that and it

makes no sense. There have been issues with the medical center's electronic systems not "talking" to each other, but one of my key initiatives is to bring those systems online together.

- Question: (Milligan) As our Vietnam POW Veteran group gets older, I'm seeing the need for long-term memory care capability. This doesn't seem to be available within the VA. Seems to be limited, and limited among the number of Veterans. What is your observation of adequacy and availability of long term memory care for Veterans?
- Response: (US Dr. Elnahal) It is becoming a more prevalent issue for Veterans. VHA does not have the institutional capacity for memory care. The silver tsunami is going to hit the United States, but will hit the VA even more. VHA has to include long term memory care and dementia and prepare for institutional infrastructure to support this need. VHA will need beds, bedspace and staff. Staffing is no longer a constraint. In terms of long term memory care, the challenge is physical space. The PACT Act has given authorities to build, and we can do joint leasing with DOD which was not available before. The PACT Act 706 authority allows that. VHA can also do more with academic affiliates, non-competitively using PACT Act 704 authority and this comment looking at more infrastructure, makes a lot of sense to me.
    - Response: (Milligan) What happens to the Veterans or POWs which need this now?
    - Response: (Chair) I have an answer for this – because VA may not have these facilities right now, but do not forget the states have Veterans Commission too. Many have State Veterans homes which could assist with this.
    - Response: (US Dr. Elnahal) We are actually much more connected with States' Veterans home than I had assumed.
- Question: (Bobb) I am curious if there is any current research or general psychology which might relate to the silver tsunami you mentioned in regards to PTSD, cognitive impairment and prepare the staff?
- Response: (US Dr. Elnahal) VHA has some of the best geriatricians in the country and some of the best mental health professionals. I am not sure what the roles look like for geropsychologists. I will need to look into this, but I do know manifestations of dementia and other sequelae of aging could include resurfacing of mental health conditions which were previously controlled, of trauma, and trauma from military service. We must prepare for it.
- Question: (Sherman) What is your belief for taking care of the 1800 POWs and the younger generation?
- Response: (US Dr. Elnahal) The Post 9/11 conflicts which brought in unique sets of injuries such as blast injuries and impacts is a major theme. Suicide rates are extremely high. VHA has some of the best experts in the country regarding traumatic brain injuries, and PTSD, because of this new generation of Veterans and what their needs are. Sounds like you're asking if we could be doing broader education to that unique sequelae that these Veterans come with and that is something I can canvas.

- Question: (Sherman) Well, I think VA does that in terms of education. Regarding FPOWs, what was a population of 150,000 is now only a couple thousand, and yet there are values these FPOWs could provide to the younger Veterans.
- Response: (US Dr. Elnahal) Understood. That is a great idea. VHA has talked with Medal of Honor recipients to present to Veterans at medical centers and to the staff. This could also be asked of FPOWs to present. Great recommendation.
- Response: (Chair) Observation, not a recommendation. (laughter ensues)
- Question: (Chair) Can VHA look at why POWs have been removed from the clinical pocket cards?
- Response: (US Dr. Elnahal) Yes. That would be helpful.
- Question: (Bobb) Are women POWs receiving special treatment as there has been a special emphasis placed on women's care within the VA?
- Response: (US Dr. Elnahal) Should be. I will have to look into the Women's Health group and look into that.

The Chairman thanks the Under Secretary for his time and presentation and answering the committee's questions.

Under Secretary Dr. Elnahal gives his salutations to the committee and appreciates the comments and thoughts.

Overview of Care and Benefits Certification, Jennifer Koget

Jennifer Koget, National Director, VA Social Work Care Management and Social Work Services is introduced by Chairman Newsome to the committee members.

Ms. Koget thanked the committee for allowing her to address the committee. Ms. Koget goes over the agenda for her presentation and states it is an honor to present to the FPOWs.

Ms. Koget gives her background overview and states that VA has over 19,000 social workers across the Nation in VA. Ms. Koget turns the presentation over to Jennifer Silva, National Social Work Program Manager

Ms. Silva gives her background and echoes Ms. Koget's regards to present to the FPOWs.

- Ms. Koget states the alignment of Social Work Services expanded in 2018 branching out from the Suicide Prevention Management Team.
- The Social Work Care Management Team focuses on Health and wellness, transitioning service members.
- Their office is the largest training department for social workers in the Nation.
- A lot of education is provided to social workers outside of VA.

- There are several National social work programs.
- Decendant Affairs will undergo a name change to the Survivor Assistance and Memorial Support Program.
- The mission of the FPOW program works will with the program conducted by the Social Work Services Care Management Team
- Social workers are woven into every aspect of care
- VHA Directive 1650 was recertified and published July 28th, 2023.
- Ms. Silva goes over the updated VHA Directive 1650 – Evaluation and Treatment of Former Prisoners of War by Care and Benefits Teams
- Recommendations are focused on health care and rehabilitation
- Close collaborations with VBA and Compensation and Pension
- Ms. Silva opens the session for questions from the committee.
    - Question: (Chair) Do you have visibility of how many POWs of the 1,512 are getting care by VISN? By facility?
    - Response: (Silva) I do not have that answer at this current time, but I can obtain that answer and get back to you.
        - Question: (Chair) I ask this because there is not a review system to check on the POWs. The best two facilities so far have been Boston and Houston. Their POW Coordinators got their assigned POWs names and scrubbed the list and were able to see if they had been coming to the medical center to be treated. I also liked how their coordinators would check in with the POWs. The directive does not require a monthly or quarterly check in with the POWs. The directive just doesn't have or require a reporting system. What I also do not see is how would a VISN or region know if they have POWs? This way the coordinators can begin to work with them.
        - Response: (Silva) We can conduct a data pull and identify the POWs at each facility. I agree there is nowhere in the directive which asks for activities which have been done in working with the POWs. This can be taken back for action. If this cannot be added in the directive for future, it can be added to education for the facilities. There should be a quarterly reporting system.
    - Question: (Chair) Where do you get your information if a person is a POW?
    - Response: (Silva) In "CPRS" their chart will be flagged notifying us this Veteran is a POW. We can also run a report of their electronic health record.
    - Question: (McDaniel) When a POW dies with different ailments and has dependents who qualify. How accurate is that system in reporting what that dependent qualifies for and keeping them current?
    - Response: (Silva) That is a great question. I have to defer to my VBA colleagues. For VHA, the advocate on the facility level is certainly available to advise and support the dependents with benefits questions and services as long as they need support. I am not sure how the tracking process is done, aside from the advocate making contact with the survivors/dependents.

Mr. Wright and the committee thanked Ms. Silva for her time and presentation.

Overview of Survivor Benefits, Christopher "Scott" Bell

Mr. Wright introduces Mr. Christopher "Scott" Bell, Program Analyst, Office of Survivors Assistance, VBA – Pension & Fiduciary (P&F) Services to the committee.

Mr. Bell introduces himself to the committee and discusses his position within the Veterans Benefits Administration.

Mr. Bell states if there are any questions he cannot provide resolution he will be glad to take it on to his colleagues and get the answer.

Mr. Bell goes over the benefits available to POWs, Veterans, and survivors / eligible dependents.

Mr. Bell completes his presentation and asks if there are any questions.

No questions.

Chairman Newsome thanks Mr. Bell for his presentation to the committee.

Discussion and Takeaways from Day 1, Advisory Committee Members

- The group was asked for any final questions or comments from the day.
    - Fraud against the VA for persons claiming to be POWs
    - Stolen Valor
    - A person may not be a POW but still entitled to benefits and care
    - Accountability of verification status when filing claims
    - DD214
    - Discrepancy in the amount of POWs being reported
    - Spouses/survivors receiving benefits
    - Recommendations
    - VA Directive 1650 – VHA receives data from VBA
    - VBA's verification process
    - DOD POW list is obtained from VBA – VBA says their list comes from DOD – it's a circle
    - Post Gulf War Veterans/POWs
    - DPAA must be contacted
    - Accurate count of living POWs
    - Each facilities report on the POWs they serve
- The group discussed the logistics of the meeting schedule.
- The committee needs to ensure that enough time is allotted for subcommittee meetings on the next meeting day.
- The schedule for Day 2 was reviewed

4:45pm Committee Meeting Adjournment for the Day

Advisory Committee on Former Prisoners of War (ACFPOW) Hybrid Meeting – Minutes

Date: Thursday, August 31, 2023

8:15am – Commute to Washington DC VA Medical Center (VAMC)

Time: 9am-5:00pm (EDT)

Overview of the FPOW Program – Roanoke and Baltimore Regional Offices: Claims Processing and Outreach, Bruce Voight, William Barksdale, & Matt Clarke

Mr. Wright addresses the committee and on their previous request of having the Regional Office and medical centers working together to meet the needs of POWs.

Chairman Newsome introduces the committee to the DC VA Medical Center and provides an overview of the Medical Center's Veteran population.

Mr. Wright introduces and turns the meeting over to Mr. Bruce Voight, Executive Director, and Mr. William Barksdale, Assistant Director Roanoke Regional Offices, Roanoke, Virginia

Mr. Voight introduces himself and staff to the committee. Mr. Voight explains that the Roanoke Regional Office is the Claims Processing Center for FPOWs in the Washington DC area and all of Virgina.

Mr. Voight turns the presentation over to Mr. Barksdale.

Mr. Barksdale greets the committee, provides an overview of the Roanoke Regional Office and comments that the Baltimore Regional Office is the "sister station" to Roanoke and assists with claims and providing outreach to Veterans and POWs.

- Roanoke Regional Office has 572 employees – 43% are Veterans
- The office paid out $4.8 million in FY22 to Veterans for compensation in Virginia and Washington DC
- There is 1 Regional Office and 3 Outbase Offices
    - The 3 Outbase Offices support by providing:
        - Veterans Service Center
        - VRE
        - Support Services Division
- The Roanoke and Baltimore FPOW Program conducts outreach in DC and Virginia
- Claims Center in Baltimore are for Maryland POWs
- Mr. Barksdale introduces the Staff which works within the FPOW Program

- The FPOW Coordinator duties for Roanoke and Baltimore are the same
- Personal Interviews of FPOWs
- Celebrations are held for FPOWs
- Work with VHA for FPOW Activities
- Work with local VSOs with POWs
- Main point of contact for POWs and their families
- Works directly with the FPOWs at the Medical Center and Vet Centers.
- We work directly with the FPOW Program Advocates at the VA medical centers and the Vet Centers
    - Each of the medical centers has an assigned a primary and typically an alternate at the four medical centers
        - Washington DC
        - Hampton
        - Salem
        - Richmond
- We work with the advocates closely to help the the FPOW community and then we also advise the FPOW community of any changes in benefits and services
    - Letter
    - Phone Call
    - Outreach Events
    - Serving on POW Boards at Medical Centers
- Roanoke, daily, scans its workload for FPOW – if one is found, it is expedited.
- Roanoke has a system in place to verify POW status
- A POW might be reluctant, but their spouse to continue receiving assistance is important
- Goal is to get every FPOW to 100%
- Mr. Barksdale opens the session to questions.
    - Question: (McGrath) The VA reports they are providing benefits to 799 FPOWs from Vietnam and 245 FPOWS from Desert Storm. Have you matched your numbers with DOD with what VHA states they have?
    - Response: (Barksdale) Sir I have not, but I will work with VA Central Office on this request.
    - Question: (Chair) How do you verify their POW status?
    - Response: (Barksdale) We go through DOD and there is a database we use and have used historically.
        - Question: (Chair) Are you aware what VHA does or CBOC?
        - Response: (Barksdale) I am not, but hopefully they look at the DD214 Member Copy 4.
        - Response: (Chair) The POW status is not listed on the DD214; only foreign service.
- Question: (Chair) Do you know If it is POWs which are receiving benefits or POW family members?
- Response: (Barksdale) That is a question for VHA. We would not be able to see if it is a spouse or dependent unless they come through us.
- Question: (Chair) Do you independently verify?

- Response: (Barksdale) We definitely verify. The person may claim to be a POW or claim to be a Veteran and will turn out not to be either. We must verify.
- Question: (T. Marshall) Do you have the number of POWs in the Baltimore office handy?
- Response: (Barksdale) I do not. Last year, Roanoke processed 15 POW claims received in about 12 days. These were total claims.

Mr. Matt Clarke provides an overview of how POW status is verified.

A discussion ensues on the accurate count of POWs which are in the system.

Ms. Natassia Guyton addresses the committee that numbers will be cross checked and referenced. The results will be provided to Mr. Wright and Mr. Marshall.

Mr. Clarke provides a story of a POW which was held during peacetime in Iraq in 1979.

The committee and Mr. Barksdale exchange salutations.

Overview of the Washington DC VA Medical Center (VAMC), Suzana Iveljic

Ms. Suzana Iveljic, Deputy Director, Washington DC VAMC introduces herself to the committee and requests the committee to please introduce themselves to her.

Ms. Iveljic provides the committee an overview of the medical center.

Ms. Iveljic provides an update to additions and changes the DC VA has made and has taken to better serve Veterans.

Ms. Iveljic thanks the committee for their time and service and closes her presentation.

VHA FPOW Program Advocate Roles and Responsibilities, Sandra Milivojevic

Ms. Sanda Milivojevic introduces herself to the committee and provides her professional background and history.

- Ms. Milivojevic gives an overview of the Social Work program at DC VA.
- Ms. Milivojevic states that the DC VA services 15 living POWs.
- Ms. Milivojevic gives an overview of the events held by Social Work and those catered specifically to FPOWs.
- DC VA Social Work Service collaborates with Baltimore, Richmond and Fort Belvoir for outreach events.
- Ms. Milivojevic opens the session for the committee's questions.
- Question: (Chair) How do you find out about new POWs that enroll at the DC VA?
- Response: (Milivojevic) Compensation and Pension will notify us if a person is a POW.

    - Question: (Chair) So this POW was already receiving benefits? They were not new to the VA. What about people that come in and say they are brand new? How are they verified?
    - Response: (Milivojevic) I do not know. That would be a question for VBA.
- *The second part of the question was answered by the Business Office, Ms. Annazette Nolan.
    - Response: (Nolan) A system known as VISS (Veterans Information Solution System). Every Veteran that is enrolled is verified through VISS.
    - Question: (Chair) Is there a designation if it is a family member or the actual Veteran during enrollment?
    - Response: (Nolan) The DC VA is one of the facilities that does not serve dependents. However, if the dependent is a family member, they will be listed as "collateral."
    - Question: (T. Marshall) Who enters the information into VISS?
    - Response: (Nolan) This information is received from DOD. The VISS is used by VHA and the military.
    - Question: (Dr. Albano) Have you heard of DPAA?
    - Response: (Nolan) No. We use VISS, Share, and VBMS (Veterans Benefits Management System)

The committee thanks Ms. Milivojevic and Ms. Nolan.

The Committee begins it's tour of the medical center.

The tours were amended due to time restraints.

10:30am – Committee Toured Washington DC VA Medical Center (VAMC)

10:55am - Lunch

12:15pm – Commute to VA Central Office

New Initiatives and Updates: VBA's Efforts to Assist FPOW Veterans, Family Members, Caregivers and Survivors, Mike Frueh

Principal Deputy Under Secretary for Benefits (PDUSB), Mr. Mike Frueh greets the committee members.

PDUSB states ACFPOW is his favorite advisory committed in the federal government because of their volunteering and continued service.

PDUSB provides his professional and personal background to the committee members.

- VBA used to have just over 12,000 employees and now has over 31,000.
- PDUSB sees VBA as the front door to benefits and care for Veterans.
- VBA helps Veterans with a barrage of areas: education, insurance, home loans, vocational training, rehabilitation, and job training among many other things.

- PDUSB provides an overview of the PACT Act, what VBA did proactively in comparing the presumptives to the likes of fire fighters and staying ahead of Congress.
- VBA hired new employees to prepare for the passing of the PACT Act.
- VBA wanted to immediately get claims approved to get Veterans their benefits, especially those from the Vietnam era.
- PDUSB provided an overview of how VBA conducts research.
- VBA uses data mining and other technology to reduce time needed to review claims.
- VBA received about 1.8 million claims last year and this year has seen 2.2 million claims filed and the FY is not over until the end of September.
- PDUSB discussed how record setting claims are being placed each year and how VBA is processing claims at a faster rate, and if the success rate continues, VBA will wipe out its backlog.
- 9,000 claims have been processed twice this year and 8,000 claims have happened almost 90 times. 7,000 claims a day is a regular occurrence.
- VBA is processing claims at a 16% increase from FY22. FY23 should reflect an even higher percentage.
- PDUSB has appointed an Under Secretary for Automation which takes paperwork and inputs into a database to make reviewing records and searching records faster.
- The automation technology saves 15 minutes per person which would be over 700,000 hours saved copying records. This 700,000 hours can now be used to continue filing and reviewing claims.
- The automation gives analysts the ability to review and scrub records quicker.
- PDUSB estimates VBA will have 2.4 million claims by the end of FY23.
- Everything done by VBA is to better serve Veterans.
- PDUSB opens the session for the committee's questions.
    - Question: (McGrath) For Vietnam Veterans who received orders, the orders simply said, "Southeast Asia" it doesn't specifically say Vietnam. However it would seem for the time frame it would be easy to determine the Veteran was obviously in Vietnam. How can Veterans with this issue overcome this?
    - Response: (PDUSB) We serve lots of Vietnam Veterans so if someone unfortunately encounters this situation this will need to be addressed to the local regional office leadership or VSO. Or get it to someone on this committee or the DFO/ADFO and we will ensure to have someone look into it because there are some very specific locations that need to be met for presumptives but there's always a way to rate on a direct basis if someone you know has a disability caused by service.
    - Question: (Chair) Sir I've been on the committee since 2018. The numbers of the reported POWs have continued to change. The numbers have gone from 2,730 in 2019 to 1,838; meaning about 1,000 had passed away. In VHA, only 176 were just receiving care. Now, yesterday the numbers were 1189 in VHA, meaning they gained 1,000 POWs. On the VBA side, the numbers went from 50 to 323. How could the numbers go from being 1,000 fewer overall to have a jump of almost 1,000?

    - Response: (PDUSB) There could be a push, because there is a huge push for enrollment right now. Although that is kind of weird with the FPOW numbers. Did you ask Dr. Elnahal about this?
        - Response: (Chair) We just left the DC Medical Center and we asked them how they conducted their enrollment and verification. What we are also seeing when we go to these locations is that the FPOW Coordinators are not having accurate counts of the POWs which are in their area. It would seem that a system needs to be put in place or a change in the directive which would appoint accountability over the POWs in a VISN or region.
        - Response: (PDUSB) We just started a program for the Medal of Honor recipients and I do not see why we can't consider doing this for FPOWs. There are also things we can do to escalate the data efforts.
    - Question: (Sherman) How do we go about establishing a presumption for long term memory or dementia regarding POWs.
    - Response: (PDUSB) I think this is an absolutely great question to bring up and research as a presumptive. Please consider making this a recommendation.
    - Question: (Chair) What can be done with some service members who have orders to one location, but then they are placed in another location but they do not have orders?
    - Response: (PDUSB) The great thing about technology is that the newer system allows for the service members to be tracked wherever they are. This does not help the older Veterans but for the future it is bright.
- PDUSB and the committee discuss verification and databases regarding accountability of POWs.
- The Chair shares a personal story of his personal experience regarding a VA appointment.
- PDUSB stated that scheduling is a continued process being worked on. There are over 3 million exams being scheduled for the FY.

PDUSB shares the regards of the Under Secretary for Benefits, Mr. Josh Jacobs. He thanks the committee for allowing him to speak with him and the pleasure he had with the group.

Sub-Committee Meetings

Break out into closed group sessions.

Session to discuss recommendation by sub-committee groups

The parent committee separated into the subcommittees - Chairman Newsome divided committee into sub-committees

The group discusses eligibility of POWs and Veterans claiming to be POWs.

Mr. McGrath states that VA needs to truthfully scrub their list to ensure the VA is not being frauded.

Mr. Newsome suggests the DFO/ADFO should look at prior recommendations to account for an accurate number of POWs in the VA system.

Mr. McGrath recommends VA work with the DPAA office within DOD. “Their records have not changed for 50 years.”

Mr. Newsome explains how the committee groups were formed and their statues.

The group discusses the specificity of what recommendations they should suggest, and if the recommendations should be combined or separate.

Mr. McGrath suggests reporting to the Office of Inspector General (OIG) and requesting an investigation for fraud, waste, and abuse. He states 661 individuals are receiving benefits fraudulently.

Mr. T. Marshall suggests to limit the verification to Vietnam and the Gulf War.

There is discussion on the data which reflected 799 POWs, which Mr. McGrath is adamant the number is wrong.

The group discusses should a recommendation be made to see if the “POWs” receiving benefits are Veterans or survivors.

A discussion is held on OIG.

Mr. McGrath reads a letter received from Congress.

Mr. Marshall reminds the group this is the Secretary of VA’s committee and the recommendation cannot be made to OIG.

Committee Discussion on Recommendations, Earl Newsome

Chairman Newsome asked Ms. Sherman to deliver the agreed recommendations of the group which will be presented to the Secretary.

Marion Sherman outlined the Committee’s 6 recommendations: 4 health and 2 benefits

- Proposed Recommendation 1: The committee proposes that the Department of Veteran Affairs establish a cognitive impairment as a presumption for FPOWs and report back to the ACFPOW by the 3rd quarter of 2024.
    - Reasoning: Research has shown FPOW Combat Veterans demonstrated increased cognitive impairment as compared to non-FPOW Combat Veterans by theater.

- Proposed Recommendation 2: The Care Management and Social Work Services Office would develop a web-based assessment tool for compliance with Directive 1650 and send it to (VA) medical centers by the second quarter of FY 2024. Additionally, this proposal would require quarterly reporting to the VISN and VACO by the 1st quarter of FY 2025.
    - Reasoning: The Directive does not monitor or measure implementation of the assigned responsibilities of the FPOW Advocate. (See/Use Minority Veteran Program Coordinators report as an example)
        - Chairman: The proposal suggests using the Minority Veteran Report as an example because the Minority Veteran Coordinator can sit at their desk and log/track "an X number of questions," such as: how many outreach activities they conducted, how many hours of outreach they completed, how many Veterans they contacted, etc. The social workers would look at those 6 tasks they had and the Directive for them and coordinate with the VBA representative quarterly and report if it was completed, date, how many Veterans were contacted; each of the six tasks would be reported as in the Directive of each task of the coordinator. The reports were web-based. The information would be input by the medical center and the Regional Office would also be able to view and input information. The coordinator's report would be signed off by the medical center director, which is then sent up to the Regional Office. The RO would review, and if there were no questions, send it back to Social Work Service and report here are the components of the Directive. Then, the RO would be able to report quarterly: the outreach conducted, number of Veterans (POWs) contacted, number of (POWs) claims were reviewed, any of the 6 tasks, etc. This report would be able to be calculated by facility, and nationally.
        - Question: What is the purpose of tracking this data?
        - Response: The request to capture this data is a basis to measure if these tasks are being done per the Directive which is a requirement of the Under Secretary for Health. There is a Directive requiring these tasks; however, there is no measurement to ensure or capture these tasks are being fulfilled. One of the tasks outlined is a VHA person will have contact with a VBA person – the requirement is outlined, but there is no proof this is being met. The Chairman explains how having this proposed report and from having worked on the suggested example (Minority Veteran Program Report) the multiple checks and balances in place would ensure each of the tasks of the Directive are being met and supervisors will ensure each task is met before being sent to the Medical Directors and the Regional Offices. This report can also potentially create a "best practice" method.
        - Marion Sherman: Every site visit, the Committee finds that the Directive is not being met, which included today in Washington DC. This proposed report provides a way to ensure the tasks of the

Directive are being met. The Directives are not being met, and it is not until the Committee convenes that some of the tasks are even attempted. The entire Nation is not monitoring the Directive 1650 requirements.
    - Question: Julian Wright: The numbers of POWs are low. How would the reporting system be reported out for areas which have low or no FPOWs?
    - Response: Marion Sherman: The station would report they have 0. The Chairman stated to report, No POWs assigned.
    - Question: E. Maquel Marshall: Where would that report go?
    - Response: The Component of the Social Work Office. If they are not reporting, then it would go up the chain: leadership tree, 10N – Operations Shop, VISN, Medical Center Director
    - This report could demonstrate use these questions/assessments assigned would Within the next (calendar year) the VA conduct a review of any Veteran recognized within the VA System with POW status, and compare that list with the DOD Defense POW/MIA Accounting Agency (DPAA- list of all military MIA/POWs in Southeast Asia-PMSEA) any Vietnam era POW found not to be on the PMSEA list be removed from VA POW status.
    - The PMSEA is the specific list.
    - The DOD list is different from VA's list.
    - Question of where the list came from; in which it will be searched to compare.
- Proposed Recommendation 3: Modify Directive 1650 to include dedicated hours for the FPOW Care and Benefits Team Advocate.
    - Reasoning: The Directive does not monitor or measure implementation of the assigned responsibilities of the FPOW Advocate. There are many duties the advocate must complete in Directive 1650 and there is no guarantee any time will be allotted to the person assigned to complete these duties. The Directive is deficient.
        - Logo to reflect the individual FPOW's branch of service for which they served. The committee is not asking for a major change to the POW logo, but a small acknowledgement for the Veteran's branch.
- Proposed Recommendation 4: Provide timely inpatient or residential care within a VA Medical Center or contracted for severely cognitively impaired FPOWs.
    - Reasoning: The VA does not have sufficient long-term memory care facilities and staff capacity to meet the need for cognitively impaired FPOWs. A rapidly aging cohort. This timeline would be required as of the 2nd quarter of FY 2024.
- Proposed Recommendation 5: Within the next calendar year, create a medallion which reflects the POW status and branch of service, and make it available to surviving family members of any deceased POW. The medallion shall be similar in style and size to the existing medallion.
- Proposed Recommendation 6: Within the next year, the VA conduct a review of any Veteran recognized within the system with POW status and compare that list

with the DOD Defense POW/MIA Accounting Agency (DPAA- list of all military MIA/POWs in Southeast Asia-PMSEA) any Vietnam era POW found not to be on the PMSEA list be removed from VA POW status. The Committee limited this request to Vietnam because that is the documentation which the Committee states can be validated. If documentation from the Gulf-Era can be provided and has the ability to be validated, the Committee would propose to write a similar request.

Public Comments, Julian Wright

Mr. Wright addresses the committee that further discussions will be held virtually.

Ms. Sherman was tasked with writing up the agenda for the future meeting to vote on the recommendations.

Before the meeting was adjourned, the Chair brought an administrative item to the Committee to closed recommendation #1 from the 2020 ACFPOW report. Consequently, the Committee voted to close recommendation #1 by unanimous decision. Recommendations #2 and #3 from the 2020 report have already been closed.

Recommendation #1: Status – Closed. *Office of Enterprise (OEI): The Department of Veterans Affairs, National Center for Veterans Analysis and Statistics (NCVAS), shall update the NCVAS Pocket Card with the "Estimated Number of American Former Prisoners of War," as of 9/30/2020, by the end of the third quarter of FY 2021, and subsequently update this information on an annual basis.*

Recommendation # 2: Status – Closed. *The Department of Veterans Affairs, National Cemetery Administration, shall add a specific check box termed "POW" in an appropriate placement on VA Form 40-1330, "Claim for Standard Government Headstone or Marker," for future inscriptions and include a POW headstone or marker in the illustrations, when the form is updated subsequent to its December 31, 2020, expiration.*

Recommendation #3: Status – Closed. *The Department of Veterans Affairs, Veterans Benefits Administration, shall develop an accurate demographic review of living Former Prisoners of War through collaboration with other departments (e.g., the Department of Defense (DoD), the Social Security Administration (SSA), etc.), which results in listing/count of living American Former Prisoners of War (FPOW) as of 9/30/2020. The review is to be provided by the end of the first quarter of FY 2021.*

Daily Closeout / Updates / Reminders, E. Maquel Marshall

Close out meeting: ADFO E. Maquel Marshall reminded the committee of the reception at the hotel -starts 6:00pm. Pickup tomorrow is at 8:15am. Bring your bags down, and they will be secured on the bus. Committee members will be transported to the airport.

Tomorrow is a closed session to discuss administrative items. Attire for meeting will be travel/casual.

ACFPOW Business Meeting Recess, Earl Newsome

5:13pm Committee Meeting Adjournment for the Day

Advisory Committee on Former Prisoners of War (ACFPOW) Hybrid Meeting – Minutes

Date: Friday, September 1, 2023

Start time 9:00am (ET)

Closed session meeting

E. Maquel Marshall – Alternate DFO, ACFPOW – Mr. Marshall gave a detailed financial briefing and discussed financial agreements, Committee Member stipend payments, vendor form, processing timeframe and notifications.

MEETING ADJOURNED - Julian Wright – DFO, ACFPOW closed the meeting with thanks to all.

Julian Wright

_____

Julian Wright, Designated Federal Officer (DFO)
Advisory Committee on Former Prisoners of War (FPOW)

Earl S. Newsome III

_____

Earl S. Newsome, III, Chairman
Advisory Committee on Former Prisoners of War (FPOW) Chairman Julian