

Chairman Brown and Members of the Subcommittee on Benefits

Thank you for the opportunity to comment on behalf of the American Ex-Prisoners of War on legislation, H. R. 348, Prisoner of War Benefits Act of 2003 and H. R. 2206, the Prisoner of War/Missing in Action National Memorial Act.

There is an urgency - a great urgency - to take action on legislation affecting POWs. Most are WWII or Korean Conflict veterans and now dying at a rate greater than ten per day. Legislation delayed is legislation denied.

Long term damage to health of POWs has been exhaustively studied for more than 50 years by the National Academy of Sciences and other appropriate bodies. They have documented beyond any reasonable doubt that there are long term health consequences. Presumptives simply takes the burden off the individual POW of trying to prove the connection of his condition to the POW experience. They have made it possible to gain service connection for conditions shown by research to be causally related to the captive experience. H. R. 348 would add five such conditions.

Last July 10, 2003 Daniel L. Cooper, Under Secretary for Benefits, testified before the Senate Committee on Veterans Affairs. He stated that the extreme adversities common to the POW experience did have long term health consequences. He indicated that, on merit, VA could support those same presumptives under consideration by the Senate. He emphasized that VA is committed to properly compensating POWs for their long term health consequences.

H. R. 348 would add heart disease, stroke, liver disease to the presumptive list; also osteoporosis and adult onset diabetes. Osteoporosis results from the fact that under severe malnutrition, the human body takes calcium from the bones. To a large degree calcium lost cannot be replaced. A greater vulnerability to diabetes is also a consequence of the severe stress and extreme malnutrition common to the POW experience.

While the VA administratively - PL 108-183 - legislatively added "cirrhosis of the liver" to the presumptive list, the designation "chronic liver disease" more accurately reflects NAS findings.

We urge the Committee to add all the conditions specified in H. R. 348 to the presumptive list. They are unquestionably warranted by the evidence - and long overdue. It is likely the CBO overestimated the cost of this legislation by not considering the increasing mortality of current service connected POWs dying and taken off the compensation rolls as an off set against the cost. However even if there may be some additional cost, our Nation has an absolute obligation to these veterans who sacrificed health as well as freedom for their country. They have waited 50 years for their conditions to be made presumptive and should not be held hostage to the budget process!

Note: We call your attention to our testimony of March 25, 2003 before the Joint Hearings of the Senate and House Veterans Affairs Committees.

Thank you. We will now receive any questions you may have.