Testimony by

JAMES COOPER

National Commander

AMERICAN EX-PRISONERS OF WAR

Before the
JOINT HEARINGS
of the
SENATE and HOUSE OF REPRESENTATIVES
COMMITTEES
on
VETERANS AFFAIRS

April 14, 2005

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Chairman Craig, Chairman Buyer, Ranking Member Akaka, Ranking Member Evans, Distinguished Members of the Senate and House Veterans Affairs Committees and Guests.

Your invitation to appear before you today to present concerns of former prisoners of war is, as always, sincerely and deeply appreciated.
I welcome the opportunity to come before your committees in the first session of the 109th Congress. I come to ask your help on behalf of all former POWs but my plea is most urgent for the 28,000 World War II and Korean POWs who are still alive.

Their average age is now 85 and they are dying at a very high rate. Undoubtedly this is your last chance to keep America's promise to provide this help.

For more than 50 years the National Academy of Sciences has been conducting scientific research to identify medical conditions that, beyond any doubt, are the direct consequences of the brutal conditions of captivity. We have repeatedly asked your committees to act on this information and that presented by other qualified researchers.

In September of 2004 Secretary Principi took action to administratively establish two major medical conditions, heart and stroke, as POW presumptives. As you know, the term "presumptive" simply means that, if present, those conditions are presumed to be the direct consequences of those inhumane conditions! We urge you to simply codify those two conditions into law without further delay.

We also urge you to correct your previous action establishing cirrhosis of the liver as a presumptive by re-labeling it as "chronic liver disease" as the National Academy of Sciences recommended, since it more accurately reflects their research findings. Cirrhosis is simply the final phase of liver damage caused by the POW experience.

Lastly, we urge you to establish the two remaining medical conditions resulting from the POW experience. These are osteoporosis and diabetes. The first is the result of calcium depletion from the bones to sustain life. The latter is the result of the permanent damage to the body's coping mechanism as a result of months and years of grossly inadequate diet as a POW.

There are no other conditions that have been shown to be the consequence of the POW experience than those previously acted on by congress or are discussed in my testimony today.

Today's conflict in Iraq is a tragic reminder of the sacrifices many generations of Americans made for their country in the past, as well as the present. We urge your prompt and compassionate action to enact these proposed presumptives into law.

PROMISES MADE

Promises Broken

Promises Forgotten

Charles A. Stenger, Ph.D
National Consultant
American Ex-Prisoners of War

The United States is recognized as the world's foremost protector of freedom and democracy. One major reason has been willingness of many generations of Americans to answer the call to arms whenever those principles were threatened – with the determination to prevail no matter the sacrifices involved.

Each time a grateful nation assured those veterans their wounds, injuries and long-term health consequences would be cared for. However, each time the concerns of the nation shifted to more current matters or future problems. While not intended, apathy toward those who served developed , nurtured by the assumption that the promise had been kept.

The reality, unfortunately, is a different story. "Out of sight, out of mind " has been all too true. While this failure to deliver on the promise impacts on many categories of servicemen and veterans this report will focus on one particularly deserving group - - those who became prisoners of war during World War II; 130,000 in all.

Despite the unanimous warnings of health care experts, returning prisoners of war (POWs) were simply permitted to become a part - - an invisible part - - of the millions of veterans returning from that war.

The captive experience, almost without exception, was brutal and inhumane. POWs lived under the constant threat of death or injury. They existed on starvation diets. Illnesses, rampant during confinement, went untreated as did wounds suffered at the time of capture. Little or no protection was provided against environmental extremes. On top of this, forced labor was common.

Thousands died under these conditions and those who survived were host to a wide range of health problems in later life. Of the 116,000 who survived, less than 30,000 are alive today. They are now dying at the rate of ten or more each day.

How has our nation met its obligation to Americans who lost their freedom for months and years while defending the freedom of others? Genuine compassion has always been expressed by Congress and the Department of Veterans Affairs, but far too little has been done to assure that the promise "to heal their wounds" has been kept.

For some 30 years VA adjudicators (those who assess disabilities) has literally nothing to go on to determine the relationship of existing health problems to the deprivations of the captive experience. They had to rely on service records that were grossly inadequate or totally lacking for those experiences. To complicate their task further, there was virtually no definitive information as to what those long term health consequences might be. As a result most POWs were simply denied benefits to which they should have been entitled.

By comparison, Canada, faced with the same problem, simply declared all their World War II POWs service connected at the 50% level, with higher ratings available based on individual evaluation. Congress, however, rejected this approach and let the established process, no matter its inadequacy, continue.

The Vietnam War, particularly the media attention to Americans held captive, stimulated a review of what had been "accomplished" on behalf of World War II POWs. As a result, Congress from 1981 to 1994 enacted a series of laws establishing specific medical conditions as "presumptive" for POWs. This means simply that it is presumed to have been caused by the captive experience. As a result, VA adjudicators were able to approve disability benefits for many POWs. Currently, many more POWs have now been service connected for one or more presumptive condition.

However, this still means that, after 50 years many other POWs exposed to the same extreme circumstances have not been favorably rated for their health problems even though common among those POWs. Those conditions have not been established by Congress as presumptives.

Why have additional medical conditions not been made presumptives for World War II POWs? Simply because Congress continues to require conclusive research proof that a specific causal relationship to the captive experience exists. This standard, though entirely appropriate for typical medical research, requires 95% proof that the research findings could not have occurred by chance. Anything less is totally rejected even though the data may show that far more POWs have the condition than other World War II veterans. Also, after 50 years it is extremely difficult to conduct studies that might be conclusive, or to do so in a timely manner.

What makes this position even less defensible is that Congress, in 1991, has accepted a far more reasonable standard for Vietnam Veterans presumably exposed to herbicides, such as Agent Orange. Rather than requiring conclusive proof, the criteria is simply that research data "suggest" the likelihood that a causal relationship may exist, i.e. an equal balance of evidence or better.
The American Ex-Prisoners of War endorse this more realistic standard for Vietnam veterans, and believe it is also appropriate for determining additional presumptives for POWs. Just as Vietnam veterans were exposed to the long term impact of herbicides, POWs were exposed to the long term impact of the captive situation. In both groups a wide range of subsequent health problems occurred!

We have asked Congress to recognize and correct this situation for POWs, and to do so expeditiously. However, an entirely different factor exists - - the priority for funding! While

given the fact that many POWs have already waited 50 years - - there is the very real possibility that this request will be denied even though the total cost is comparably small.

If World War II POWs and their widows continue to be denied benefits that are fully warranted, it is a tragic message to give to ALL AMERICANS as well as those POWs - - sacrifices in war are secondary to budgetary constraints. What you did for your country, no matter how justified, can simply be brushed aside or forgotten.

In October 2004 the Department of Veterans Affairs did act administratively to establish both heart disease and stroke as presumptive conditions. We are grateful for this important action that will benefit many POWs and /or their widows. We are asking Congress to simply codify this action and several other medical conditions demonstrated to be directly related to the brutal conditions of captivity as soon as possible.

While this brief review focuses on POWs from WWII, we are deeply concerned that all veterans, particularly those from Afghanistan and Iraq, will be sacrificed by the budget process. It is a tragic message to give to our newer veterans and their families - - SACRIFICES CAN SIMPLY BY BRUSHED ASIDE - - AND THEN FORGOTTEN.

Dr. Stenger was a combat medic in WWII, captured while seeking help from the Germans during the Battle of the Bulge. As a prisoner, he continued to provide medical attention to a small group of POWs in an Arbiet (Slave Labor) Camp in the outskirts of Berlin until hostilities ceased.