

METHODOLOGY

STUDY ORGANIZATION

The Administrator assigned the responsibility for conducting this study to the Assistant Administrator for Planning and Program Evaluation in November, 1978.¹ A Steering Committee, composed of top level VA and Department of Defense representatives, was then formed to provide policy guidance, resources for the Task Force, an oversight function and top level coordination. The members of the Steering Committee are listed below:

Mr. Martin D. Carlin, Chairman (Thru February 29, 1980)

Mr. Raymond S. Blunt, Chairman (From March 1, 1980)

Assistant Administrator for Planning and Program Evaluation
Veterans Administration

Mr. John J. Leffler

Associate Deputy Administrator
Veterans Administration

Capt. Peter A. Flynn, MC, USN

Special Assistant for Professional Activities
Office of the Assistant Secretary of Defense for Health Affairs
Department of Defense

Dr. James C. Crutcher (Thru January 2, 1980)

Dr. Donald L. Custis (From January 2, 1980)

Chief Medical Director
Department of Medicine and Surgery
Veterans Administration

Miss Dorothy L. Starbuck

Chief Benefits Director
Department of Veterans Benefits
Veterans Administration

Mr Sydney J. Shuman
Chairman, Board of Veterans Appeals
Veterans Administration

Mr Guy H. McMichael
General Counsel
Veterans Administration

Mr. Conrad R. Hoffman
Controller
Veterans Administration

Mr. William R. Martin
Assistant Administrator for Data Management and Telecommunications
Veterans Administration

A Task Force, composed of members designated by Steering Committee representatives, was also established. The Task Force was the working level group, responsible for performing necessary study tasks and reporting to the Steering Committee on the study's progress. The members of the Task Force are listed below:

Mr. H. Raymond Wilburn, Jr., Project Manager
Mr. Alexander Havas
Mr. Burton L. Ziskind
Mr. Michael L. Norman
Office of Planning and Program Evaluation

Mr. Herbert B. Mars
Department of Veterans Benefits

Dr. Charles A. Stenger (Thru February 8, 1980)
Dr. Jack R. Ewalt
Department of Medicine and Surgery

Mr. Jan S. Donsbach
Board of Veterans Appeals

Mr. John H. Thompson
Mr. Ralph J. Ibson
Office of the General Counsel

Mr. Michael L. Facine
Office of the Controller

Mr. Wayne M. Sartis
Office of Data Management and Telecommunications

Mr. Doneld R. Howell
Office of Management Services

STUDY CONSTRAINTS

The relatively short time (14 months) allowed for this study limited the amount of data that could be collected and analyzed. This meant that data collection had to be restricted largely to VA computer systems and claims folders. Therefore, certain information, such as that contained in the Department of Defense disability retirement data system, was not used. Questionnaire surveys and clinical examinations of former POWs also could not be performed within the time frame allotted for this study. However, results of two questionnaire surveys of former POWs are expected to be available after the completion of this study. Congressman Norman Dicks of the State of Washington has conducted a survey of a sample of American Ex-POWs, Inc. members concerning their relationship with the VA and other aspects of their health and compensation status. This survey is supposed to be released to the Congress and the VA in early 1980.² A questionnaire survey of a randomly selected sample of former POWs has been planned as part of a new follow-up POW morbidity study by the National Academy of Sciences. It is expected that this new NAS/NRC study will take approximately three years to complete.³

Results of former POW clinical examinations should also be available after the completion of this study, in the form of a five-year follow-up study by the Naval Health Research Center of a sample of former Vietnam POWs and their matched controls.

Time limitations also prevented the analysis of some data that was collected. This was true of the nonservice-connected disabilities from the Compensation and Pension (C&P) system and the VA Patient Treatment File (PTF) information on VA hospital diagnoses for former POWs. However, it is very doubtful whether this data would have significantly contributed to the findings already presented in this report. This is because the nonservice-connected disability data includes

all disabilities which a former POW alleges, whether or not they actually are confirmed upon examination. Thus, any analysis of these nonservice-connected disabilities would fail to distinguish between those nonservice conditions which former POWs actually have and those which are claimed but not verified by examination. By contrast, the data on service-connected conditions include only those that are clinically diagnosed. Furthermore, the PTF only consists of VA hospital inpatient diagnoses for the past 10 years (1970-1979). Considering that most veterans receive medical treatment from other than VA sources and that the bulk of former POWs were repatriated approximately 35 years ago, it is very doubtful that the PTF reveals enough diagnoses to be truly representative of disabilities suffered, or health care benefits used, by former POWs.

STUDY ACTIVITIES

Several major actions were taken in order to accomplish this study. These included extensive background research, acquiring lists of former POWs, comparison of data contained in VA computer systems on POWs with non-POWs serving during the same periods, a review of a representative sample of former POW claims folders, and a review of the medical literature on the health problems of former POWs.

Background Research

Task Force members were in contact with many former POWs. These individuals provided useful historical, medical, and other background material for this report. The most frequent type of contact was letters from former POWs and their families, which provided case histories of the physical deprivations and psychological stress former POWs endured during their internment, as well as accounts of their post-repatriation adjustment difficulties. These issues are discussed in the chapters on repatriation procedures, types and severity of disabilities, and VA compensation and health care procedures. Correspondence was answered by the staff of the Assistant Administrator for Planning and Program Evaluation. Those letters requiring action as well as acknowledgement were sent to the appropriate VA department or staff office for reply.

Letters were also received from the governments of Great Britain, France, the Netherlands, West Germany, Australia, and Canada, in response to a request for information on their former POW programs. The basis for this request was Senate Report No. 95-1054, dated July 31, 1978, which indicated that the study should include foreign benefits information in the analysis of compensation and health care procedures.⁴ Foreign program information was also sought because many former POWs expressed interest in the benefits awarded former POWs in other countries. Correspondence was received from former American POW physicians, who provided their opinion of the repatriation physical examination and other repatriation procedures. Veterans service organizations also corresponded with the Task Force on the study.

Study team members acquired further information from Congressional hearings and meetings on POW matters to which they were invited as well as meetings with staff members of the Senate and House Veterans Affairs Committees. Library of Congress and National Archives staffs provided historical material and access to their collections of former POW records. Interviews were also held with staff of the Department of State (Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs) and Department of Defense (Office of POW-MIA Affairs). Task Force members visited the Naval Health Research Center, San Diego, California, and the Air Force School of Aerospace Medicine, San Antonio, Texas to interview POW research staffs and to obtain relevant POW data.

Attendance at various meetings, conventions, and ceremonies was another source of background information for this study. Representatives of various veterans organizations interested in POW matters -- e.g., American Ex-POWs, Inc., American Defenders of Bataan and Corregidor, Air Force Association -- visited with Task Force members to provide input into the study. In May, 1979, an inter-agency meeting on follow-up medical care for former Vietnam POWs involving representatives of the VA, the Department of Defense, and the National Academy of Sciences, was held at the Veterans Administration Central Office.

By Presidential proclamation, July 18, 1979 was declared National POW/MIA Recognition Day.⁵ On behalf of the Administrator of Veterans Affairs, the Assistant Administrator for Planning and Program Evaluation, accompanied by some of the Task Force members, attended the National Convention of the American Ex-POWs, Inc., held in Pittsburgh, Pennsylvania July 17-21, 1979. While at the convention, the VA representatives participated in POW/MIA ceremonies and attended a medical seminar on POW health related problems. Other Task Force members attended National POW/MIA Day ceremonies held at the National Cathedral, Washington, D.C., where the Administrator of Veterans Affairs was the featured speaker.

POW Listings

The initial study task was to obtain a list of former World War II, Korea, and Vietnam POWs in order to identify the population under study. This listing was essential to accomplishment of all portions of the study, except the medical literature review.

Information on former World War II POWs was found from punched cards containing data on repatriated European and Pacific Theater POWs. These cards are presently maintained in the Modern Military Records Branch, National Archives, Washington, D.C. The cards were produced during the war by the Prisoner of War Information Bureau, Office of the Provost Marshal General, United States Army, from Red Cross cables and other international messages concerning the

status of captured American servicemen. After World War II, these cards were placed in the custody of the War Claims Commission. The National Academy of Sciences used these cards to select a representative sample of World War II POWs for its mortality and morbidity studies.

The data on these cards includes: POW name, rank, service number, arm or branch (e.g., Infantry, Artillery), dates of capture and release, race, state of residence at induction, POW camps, and detaining power (i.e., Germany or Japan). However, complete data is frequently not available for each former POW. Data items often missing are length of internment and camp location. A total of 104,743⁶ cards were found for the 116,129⁷ World War II POWs who were reportedly repatriated. The difference between these two totals is due to the fact that the Red Cross could not visit all the POW camps to record data for all POWs. Furthermore, many repatriated POWs did not belong to any one particular camp, and were assigned to constantly mobile agricultural, industrial, or other labor details. Many escapees are also not identified on these cards. These cards constitute the most complete listing of former World War II POWs in existence.

Data for Korea POWs was obtained from typewritten lists maintained by each military service. The data on the Korea POW list includes: POW name, service number, Social Security number, dates of capture and release, and POW camp. Many of these data elements are missing for Air Force, Marine and Navy former POWs. This listing represents all of the 4,418 former POWs officially listed as being repatriated from Korea, but does not include certain escapees who were not officially classified as POWs.⁸

Information on Vietnam POWs was obtained from a computer tape provided by the Department of Defense. Data on Vietnam POWs includes: POW name, Social Security Number, dates of capture and release, and country of capture (North or South Vietnam). This listing represents all of the 651 repatriated Vietnam POWs as of May, 1979.⁹

A listing of Pueblo POWs was obtained from the Naval Health Research Center, San Diego, California. Data on the Pueblo POWs includes: POW name, rank, service number, Social Security Number, dates of capture and release, and place of captivity (North Korea). This list includes all of the 80 repatriated Pueblo POWs and two civilian internees.¹⁰ The compilation of the above lists was accompanied by publication of a records system notice in the Federal Register in order to comply with the Privacy Act of 1974.

Data Comparison

The abovementioned files of 109,841 POWs from World War II, Korea, and Vietnam were

compared with data on these POWs maintained in VA computer systems (the listing of Pueblo POWs was not received in time to be included in the computer match but Pueblo POWs have since been added for future research).¹¹ This comparison was undertaken to accomplish Section 305(a)(2), which calls for a review of the types and severity of former POW disabilities. The first such comparison was against the VA Beneficiary Identification and Records Location System (BIRLS), which contains basic identification, service verification, and claims folder information on any veteran who has dealings with any VA program, except loan guaranty. This comparison was performed on June 1, 1979, and resulted in a total of 93,168 of the 109,841 POWs being identified in BIRLS.¹² This rate (85 percent) was considered high enough so that mortality and morbidity conclusions drawn from it could be considered representative of the entire American POW population under study. The BIRLS comparison was used to produce the following demographic and mortality data on POWs of each theater: number of deaths since repatriation, average number of years after repatriation deaths occurred, number of living POWs and their current average age, average age at capture and release, and average length of internment.

A second comparison was made of those former POWs in BIRLS and those identified in the VA Compensation and Pension (C&P) System. This comparison, which was performed on September 12, 1979, produced a total of 36,241 former POWs who were on the Compensation and Pension rolls as of June 1, 1979.¹³ The BIRLS/C&P comparison produced the following compensation data on POWs of each theater: number of POWs currently receiving service-connected compensation grouped by percent of disability, number of POWs in unemployable and special award categories; number of service and nonservice-connected disabilities for POWs in each length of internment category (e.g., 0-3 months, 4-6 months, etc.) and POW service-connected and nonservice-connected disabilities expressed as a percent of all former POW disability diagnoses.

The data collected through these computer data comparisons were statistically analyzed. The results of this analysis are discussed in the chapters on repatriation procedures, and compensation and health care procedures. Findings presented as "significant" in those chapters mean that there are statistically significant relationships at the level, $p < .05$.

Folder Review

Another major study task was to review a randomly selected sample of VA claims folders belonging to former POWs. This review was undertaken to accomplish Section 305 (a) (1), which calls for a description of repatriation procedures, and Section 305(a)(3), which calls for an analysis of the statutory and regulatory procedures used to determine former POW eligibility for VA health care and disability compensation benefits.

A random sample of 316 VA claims folders was selected by computer from those former World War II and Korea POWs in BIRLS. This sample was stratified to select 106 folders from the European Theater, 105 from the Pacific Theater, and 105 from Korea. The sample was intended to be representative of the entire World War II and Korea POW population. Vietnam Era POWs were not included as there are not yet enough VA claims folders belonging to Vietnam Era POWs to make up a statistically valid sample, as most are still on active duty and have military rather than VA records. The number of former POW claims folders actually retrieved and reviewed was 305: 104 from the European Theater, 99 from the Pacific Theater, and 102 from Korea.

The retrieved VA claims folders were reviewed for disability compensation information by a team of legal consultants from the VA Department of Veterans Benefits and attorneys from the Board of Veterans Appeals. The purpose of this review was not to "second guess" decisions reached previously or to reopen already adjudicated cases. Rather, in accordance with Section 305 (a) (3), its purpose was to determine how fairly former POW disability compensation cases are adjudicated. The team of legal consultants and attorneys spent several weeks during August and September, 1979, inspecting claims folders.

After the disability compensation review was completed, the claims folders were reviewed for repatriation physical examination and subsequent medical information by a team of three physicians. This team was composed of an internal medicine specialist, a psychiatrist, and a surgeon. These doctors were retired members of the VA and/or military health care systems, hired by the VA as special consultants for this project. In addition to extensive clinical experience, these physicians held senior-level health care policy-making positions in the VA and military services. The physicians reviewed only that portion of the VA claims folder which contained former POW medical records. POW medical records maintained by VA Medical Centers, military hospitals, and private sources were not used in the medical review. This portion of the folder review was accomplished in September, 1979. The data collected were keypunched and statistically analyzed. The results of this statistical analysis are discussed in the chapters on repatriation procedures and disability compensation/health care procedures.

Medical Literature Review

A review of the medical literature on the health related problems of former POWs was undertaken to accomplish Section 305 (a) (4). A comprehensive, computerized list of POW-related medical literature was obtained from the Naval Health Research Center, San Diego, California. Selected references from this list were retrieved, reviewed and summarized by the Chief, Mental Health and Behavioral Sciences Service, Department of Medicine and Surgery. These summaries were then used to write the review of the medical literature as it relates to former POWs.

Findings presented in the medical literature review as "significant" mean that there was a statistically significant relationship at the level, p .05. The sources used in this medical literature review, as well as other references used in this report, are contained in the Bibliography.

Study Files

Correspondence, memoranda for the record, and other material on the above study activities are contained in the study files and working papers presently maintained in the Office of Planning and Program Evaluation.

FOOTNOTES

- ¹ Administrator of Veterans Affairs, Letter to Assistant Administrator for Planning and Program Evaluation, November 13, 1978, p. 1.
- ² VA, Studies and Analysis Service, Memorandum for the Record, November 30, 1979, p. 1.
- ³ Gilbert Beebe and Robert Keehn, "Proposal for Morbidity Survey of POWs from World War II, the Korean Conflict, and the Vietnam Era," National Academy of Sciences-National Research Council, Medical Follow-up Agency, Washington, D.C., July 5, 1979, p. 7.
- ⁴ U.S. Congress, Senate, Committee on Veterans Affairs, Report to Accompany S.2828: Veterans Disability Compensation and Survivors Benefits Act of 1978, Report No. 95-1054, 95th Cong., 2nd Session, July 31, 1978, p. 35.
- ⁵ Congress Joint Resolution, "National POW/MIA Recognition Day, 1979," August 18, 1978, p. 1.
- ⁶ National Archives, Modern Military Records Branch, Letter to Studies and Analysis Service, August 30, 1979, p. 1.
- ⁷ Charles Stenger, "American Prisoners of War in World War I, World War II, Korea, and Vietnam: Statistical Data", Veterans Administration Central Office, Washington, D.C., June 30, 1979, p. 1.
- ⁸ Ibid., p. 1.
- ⁹ Ibid., p. 1.
- ¹⁰ R. C. Spaulding, "The Pueblo Incident: Medical Problems Reported During Captivity and Physical Findings At the Time of the Crew's Release," Military Medicine, September, 1977, p. 681.
- ¹¹ VA, Studies and Analysis Service, Memorandum for the Record, July 27, 1979, p. 1.
- ¹² Ibid., p. 1.
- ¹³ Ibid., p. 1.