

AMERICAN EX-PRISONERS OF WAR
NATIONAL MEDICAL RESEARCH COMMITTEE

CLAIM INFORMATION

Packet 1



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"WE EXIST TO AID THE MAN WHO CANNOT HELP HIMSELF"

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CLAIM INFORMATION PACKET IS DEDICATED TO
MEMORY OF

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NATIONAL SERVICE OFFICERS ADVISOR

AND

PETER CONNACHER

NATIONAL SERVICE OFFICER

AMERICAN EX-PRISONERS OF WAR

BOTH WHO GAVE SO MUCH TO HELP SO MANY!

OUR SINCERE APPRECIATION TO KENNETH L. JONES, DIRECTOR NATIONAL SERVICE OFFICERS WHO CONTRIBUTED MANY LONG HOURS TO MAKE THIS UPDATE POSSIBLE

INTRODUCTION

The purpose of this Packet is to inform the former prisoner of war or his survivors of the various benefits they may be entitled to, and how to apply for these benefits.

The veteran or his survivors should never attempt to file a claim for any benefit without seeking the assistance of a certified national service officer. The name and addresses of American ex-POW national service officers are listed in the back inside cover of the ex-POW Bulletin. In the event you cannot locate an ex-POW service officer near you, contact the Director of National Service Officers and request his assistance. You may also contact the national service officer of the Disabled American Veterans, American Legion, Veterans of Foreign Wars, or other veteran's organizations. These service officers can be located at Veterans Administration Regional Offices, and at most VA Medical Centers. Also, many States have county veteran service officers who are qualified to assist. There is no charge for their service and all national service officers are required to assist any veteran with claims regardless of whether he belong to a veteran organization or not.

The American ex-POWs, the DAV, VFW, and American Legion have been cooperatively working together very successfully for many years. Without their support we would not have many of the benefit now available to the former prisoner of war. In addition to the listing of service officers, you will find a listing of States with whom the ex-POWs has a reciprocal service program in operation. The State Claims Officers listed are prepared to represent all former prisoners of war and are fully qualified to do so. For information on appeals, contact the National Service Director or the National Service Advisor listed in the ex-POW Bulletin.

All of our national service officers are volunteers. All are covering a large area. They may use an answering machine to maintain office contact with the ex-POW claimant, when you call and hear the message, please leave your name and phone number. You will be contacted at the earliest possible time. Please do not hang up your phone without leaving your name and phone number.

If any former prisoner of war has a problem with the service rendered, do not hesitate to contact the National Service Director and inform him of the problem. It is preferred that any complaint be in writing and backed up with facts. If you wish to commend a particular service officer, please do the same. All like to know they are doing a good job which is often under difficult conditions. The National Claims Service is in operation to serve all former prisoners of war, their survivors, and regardless of membership, theater of incarceration, color, or creed.

PREFACE

SPECIAL INSTRUCTIONS TO ALL FORMER PRISONERS OF WAR

from your

NATIONAL CLAIMS SERVICE

Your National Service Director, Advisor, Appeals Officer, and Service Officers are dedicated to helping you. Most were prisoners of war for as long and perhaps longer than you, and have an exceptional understanding of your problems.

All of our National Service Officers are accredited by the Veterans Administration General Counsel, and are trained to assist you in all matters pertaining to a transaction with the Veterans Administration. At times it may seem we are adversaries with the Veterans Administration, the opposite is true; the VA wishes to help the former prisoner of war to obtain their legal rights and benefits. However, they must function in accordance with laws and specific regulations. The service office must be aware of those laws and regulations and apply them to your best interest. To do this, they must have your fullest cooperation. They will also need all the old documentation you may have accumulated over the post-repatriation years. They need copies of old medical records and statements from as many physicians as possible who have treated you since your release from internment as a POW. Above all, they need you to be willing to be patient in a long and arduous claims processing and adjudication period. It often takes many months and sometimes years from the start of a claim until final action. NEVER GIVE UP. The service officer is your advisor and friend, and when necessary, your quasi-legal representative with the Veterans Administration. DO NOT ABUSE your service officer, and above all, give them all the facts. To do otherwise could result in legitimate claims being denied. All information given to a service officer is CONFIDENTIAL, except that information that must be used to process your claim.

The Veterans Administration wishes to inform you of IMPORTANT LEGISLATION which could AFFECT you as a FORMER PRISONER OF WAR.

Effective October 1, 1981, disabilities resulting from a number of specified disease may now be considered service connected if the former POW was held for at least 30 days. Prior to this, a six month detention was necessary for this presumption of service connection. The diseases include the following: avitaminosis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including associated optic atrophy), pellagra, and any other nutritional deficiency, psychosis, and any of the anxiety states.

The law also liberalizes hospital and outpatient care to former POW's. It provides outpatient care services for any disability. POW's with disabilities not rated as service connected will receive priority treatment ahead of other veterans with non-service connected disabilities.

This legislation is of great importance in establishing service connection in disability claims. Former POW's who have been turned down in the past should consider reopening their claims. PLEASE CONTACT YOUR SERVICE OFFICER FOR MORE INFORMATION.

NEW PRESUMPTIVE DISEASES -

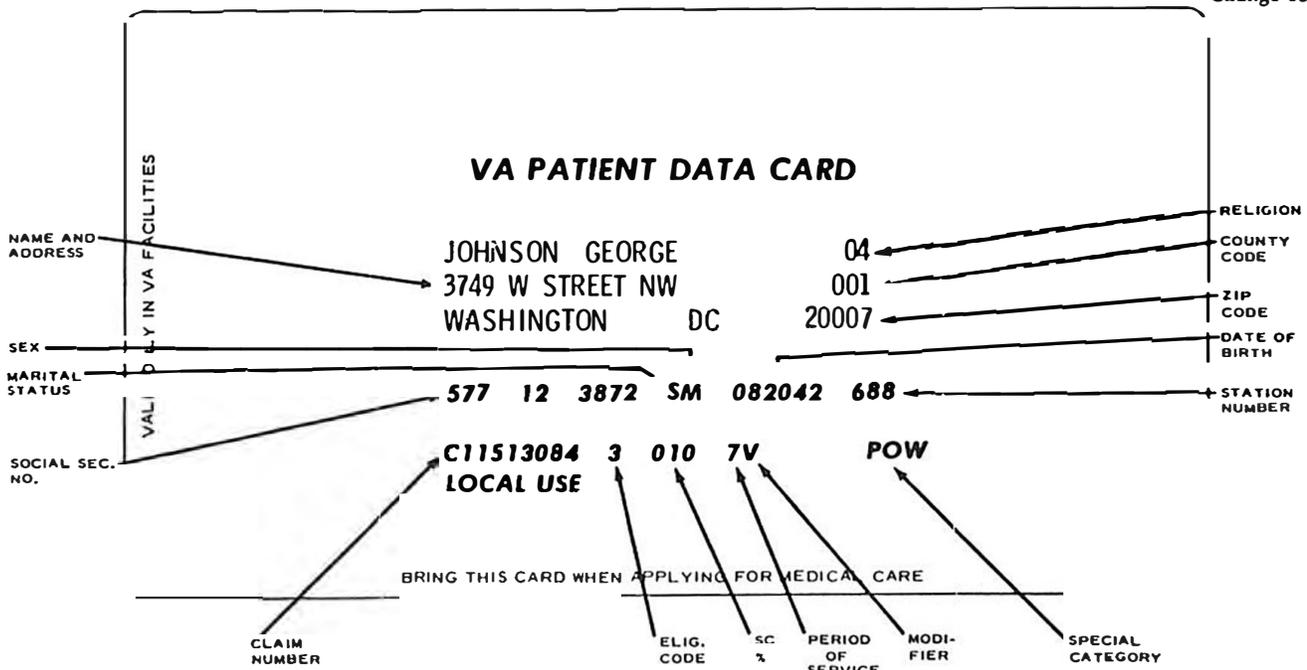
DYSTHYMIAC DISORDER (or DEPRESSIVE NEUROSIS) - Added by Public Law 98-233, effective 10-1-83.

RESIDUALS OF FROSTBITE and POST-TRAUMATIC OSTEOARTHRITIS - Added by Public Law 99-576, effective 10-28-86.

March 10, 1986

PATIENT DATA CARD INFORMATION SHEET

M-1, Part I
Chapter 1
APPENDIX 1B
Change 13



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"PRISONERS OF WAR ARE SOLDIERS, SAILORS, AIRMEN, MARINES OR CIVILIANS. THEY ARE NOT WAR CRIMINALS. THEY ARE VETERANS OF THE MILITARY SERVICES OR CIVILIAN AGENCIES. AS MEN OF HONOR THEY REPRESENT AN UNFORTUNATE GROUP, VICTIMS OF ENEMY CAPTURE, TAKEN WHILE FIGHTING FOR THEIR COUNTRY. IT MUST NEVER BE THAT THEY ARE STRIPPED OF THEIR SELF RESPECT, THEIR DIGNITY OR THEIR INHERENT RIGHTS AS HUMAN BEINGS OR AS VETERANS OF THEIR COUNTRY'S COMBAT FORCES. IT IS IMPOSSIBLE TO RELIEVE THEIR HARDSHIPS AND SUFFERING THEIR LONELINESS, THEIR PHYSICAL AND MENTAL ILLNESSES AND DISORDERS, OR TO EVEN REASSURE THEM WITH RESPECT TO THEIR FAMILY AND LOVED ONES.

THEY HAVE NOT BEEN FORGOTTEN - THEY MUST NEVER BE FORGOTTEN.

by Raymond W. Murray, M.D., Medical Consultant, V.F.W.

V.A. OWES ALL EX-POWs SERVICE CONNECTION

by Stan Allen (Disabled American Veterans, 1969)

(SAYS DEATH MARCH MEDIC, DR. LESLIE CAPLAN. Dr. Caplan is now deceased)

Service-connection by the Veterans Administration should be automatic for any GI ex-Prisoner of War who, even at this late date may develop one of a host of ailments common to the hardships and conditions of war-time imprisonment.

WHO SAYS SO? DR. LESLIE CAPLAN of Minneapolis, for one. He ought to know. Dr. Caplan is a noted psychiatrist and former army flight surgeon in World War II. He himself survived the eighty-six-day "DEATH MARCH" of six thousand POWs from Germany's Stalag Luft IV in the brutal winter of 1945.

It wasn't quite as gay or lighthearted as some movies and television would have you believe. "We left a trail of slime and blood across Germany," he recalls, "So horrible that conditions cannot be evaluated by customary medical criteria."

But practically all POWs, he says suffered some degree of malnutrition, gastritis, dysentery, respiratory disease, skin diseases, arthritis, frost-bite, exposure and nervous conditions.

"Every POW should automatically be service-connected for these ailments or any ailments related to them," says Dr. Caplan. "All he should have to do is prove he was a prisoner of war. Medical records showing he might have been treated in a camp are practically impossible to produce in any case."

Dr. Caplan has suited this action to his deeply-held convictions, having provided over the years much documentation for ex-POWs seeking medical evidence to sustain their claims, including veterans represented by DAV national service officers.

* * *

Despite his own psychiatric practice, Dr. Caplan has maintained his interest in veterans welfare through service as a part-time consultant in psychiatry at the VA Hospital in Minneapolis. In fact, immediately

after WW II he was the hospital's resident in psychiatry. Thus, he has interviewed literally hundreds of veterans with a problem, including many former POWs. At present Dr. Caplan is also associate clinical professor of psychiatry at the University of Minnesota College of Medicine. He knows whereof he speaks.

This is the nub of his argument: ordinary standards of medicine are not applicable to former POWs because the conditions and hardships they endured were so extreme that U.S. medical text books simply don't apply.

Dr. Caplan's illustrations are endless. He cites one Minnesota study for example, which proves that the after-effects of nutritional injury alone—that is, the residue of excessive fatigue, weakness, underweight, and other ills due to improper diet—may last for months or even years in men who were formerly healthy.

Among the continuing effects, studies show, are inability to maintain proper weight, general nervousness, excessive sweating, visual defects, optic atrophy, hernias developed during periods of emaciation, cardiac, and gastro-intestinal complaints and bone defects.

He points to additional medical evidence that malnutrition may also influence the susceptibility to, or the course of, such important diseases as arteriosclerosis, hypertension, neoplasms, allergies, cirrhosis of the liver, peptic ulcer, and certain of the anemias.

* * *

A NORWEGIAN NEUROLOGIST who has specialized in the later effects of imprisonment recently stressed, as have other experts, that the life span can be shortened by the rigors of POW life and that the average incidence of disability is greater than average.

Many former POW's, for example, show degrees of systemic disability that are not objectively in evidence on the basis of ordinary physical examinations or laboratory tests. In other words, former POW's are OFTEN DISABLED yet according to ordinary medical standards no proof of disability can be adduced.

Dr. Caplan cited the case of one man - a western rancher - who developed dysentery during the big march of 1945 on a diet of about 800 calories a day. This means he said, that we had little protein or vitamins which, coupled with dysentery, resulted in the loss of precious fluids, blood, electrolytes, and minerals.

"Rapid weight loss, weakness, and emaciation are also frightening in themselves, making the malnutrition far more severe and the possibility of a delayed disability even greater."

He pointed out also that the tremendous strain and trauma of just staying alive under dire circumstances can theoretically exhaust the adrenal glands. Dr. Caplan theorizes that the late President Kennedy's own PT boat accident and the heroic efforts that followed may well have contributed to adrenal depletion later in life - and the need for cortisone or its equivalents.....

WHY SHOULD I? BECAUSE IT IS FOR MY OWN GOOD!

In several areas those who work to aid you in your dealings with the VA, have given you advice on how to prepare a 'statement' for your file. Now, we are going to cease to 'nudge' you; we want you to do it NOW!

Some may say, "I have all I need" or "Why should I?" In order to get the job done properly, you should start now! WHY? Because it should not be done quickly. It should be done and redone before you put it in final form.

The average man goes to the VA and says, "Here I am, do right by me." He gets something, perhaps only a "thank you for asking." Others establish a contact with a SO (service officer), one who is certified by a recognized veterans service organization, who is required to take your case, whether or not you are a member. (We all know he would like it better, and perhaps work harder, if you are a member.) There are VSO's (VA service officers), NSO's (service organization national service officers) and service officers who represent a state organization, department or chapter.

The second man may get more, and we wonder why, we also wonder why he does not get all that he hoped for. Could it be that he did not give his SO the 'AMMUNITION' which would have permitted a better rating? How can you ask him to do his very best, if you don't care enough to help him by doing your very best?

Your 'BEST' is demonstrated by your preparation. You must tell him all the facts, 'TOOLS' and the 'AMMUNITION', to aid him to do more for you. He cannot do a job which will make him proud if you do not give him every fact he needs. Old military records, war claims, questionnaire copies, telegrams, hospital records, letters to your parents or wife, etc are often useful.

Let us consider just what we hope to gain; what we want someone to know; what understanding we wish to create. Then let us consider the people who will read your 'statement'. They are people who are pushed for time so we must reduce our statement to brief statements of fact.

FIRST, you must state your case. SECOND, you must select your SO - you must select one who is willing to work and is knowledgeable in the ex-POW area to build up an ex-POW file. THIRD, you must carefully read the medical research packets so that you can aid him by giving him extracts of studies which relate to your problems.

It is understandable that the VA should assume that each man has been completely healthy if he did not take advantage of a VA hospital. They know that it may be a long trip from home to a VAMC and that it was cheaper and quicker to go to a private physician and pay for his time and medicine, than it is to take a full day off from work and travel to the VAMC. This is why you should have statements of treatment from all of the doctors who have treated you through the years.

We forget things, later we remember things, which is why we tell you to do your statement, put it away for a week and then recheck it. Don't wait until you are ready to go to the VA - DO IT NOW!

Let your wife read this and ask her assistance - she will remember things you have forgotten. A statement from her in her own wording is very valuable.

In the entries for your VA hospital contacts, enter under 'comments' the problems you told the VA about on each visit. Remember, there are readily available records so your statement and those of others is all the VA and SO have to go on. Do not attempt to use sympathy, or statements of your heroic acts. Only factual medical information presented logically and methodically can be used. The VA rating boards, adjudication officers and BVA must follow regulations.

CLAIMS - DOCUMENTS - INFORMATION - FORMS

No two claims for VA benefits are the same but all require that the veteran or their survivors use certain prescribed VA forms, furnish certain documents and information. Documents must be the original or certified copies. Notarized copies are not acceptable. Photocopies will be accepted for documentary evidence establishing birth, marriage, divorce or adoption. To be accepted by the VA, photocopies will have to be certified by certain officials as genuine and unaltered. Certification will be accepted from military members designated by installation commanders, VA employees authorized to administer oaths, officials or educational or rehabilitative institutions who certify enrollment, or a representative of a veteran's service organization accredited by the VA (national service officers). The person certifying the accuracy of the copy must view the original document or a notarized copy to determine it is accurate.

CLAIMS FOR COMPENSATION OR PENSION

Forms prescribed or required:

VA Form 21-526, Veterans Application for Compensation or Pension.

VA Form 21-527, Income-Net Worth and Employment Statement to be submitted with VA Form 21-526, if applying for nonservice disability pension.

VA Form 23-22, Appointment of Veterans Service Organization as Claimant's Representative.

21-4138, Statement in Support of Claim.

21-4142, Authorization for Release of Information.

Documents required to support claims for compensation or pension:

Original or certified copy of discharge, separation, or release from military, naval or air service. (Notarized copies of these documents are not acceptable).

If married, original, certified or photocopy of marriage license.

Birth certificate original, certified or photocopy of minor children, children over 18 attending school, or seriously disabled prior to age 18.

Adoption decree of any minor children.

Divorce decree of any previous marriages of veteran or spouse may be required.

Any military medical records the veteran may have in their possession or medical records from doctors, etc., who have treated the veteran for disabilities claimed since release from service.

If applying for pension, Statement of Award or Denial from the Social Security Administration.

Information required but not indicated on veteran's discharge, separation or release from military, naval or air service.

Social Security account number of veteran, spouse or minor children.

Date of birth of spouse or minor children.

Number of times veteran or spouse has been married, date and place of previous marriages, name of former spouses, how marriages terminated, date and place.

Name and address of someone to be notified in case of an emergency.

Nature of sickness, disease or injury for which the claim is being filed and date each began.

Record of treatment while in service if filing for compensation.

Record of treatment for any service-connected disability being claimed since discharge from service.

Any other information that might support the claim. VA claim number, etc.

PENSION ONLY, if filing for total disability:

Employment record, date last worked, name and address of employer, including self employment, for one year before becoming totally disabled.

Net worth of veteran, spouse or minor children, including stocks, bonds, bank accounts, savings accounts, CDs, interest or any other income such as Social Security monthly payments including medicare, all other annuities, retirement, SSI, and all other income.

Name and address of doctors, hospitals, etc., where the veteran has been treated during the past twelve months.

CLAIMS FOR DEPENDENCY AND INDEMNITY COMPENSATION OR DEATH PENSION
by a Surviving Spouse or Child.

Forms prescribed or required:

VA Form 21-534, Application for DIC or Death Pension.

VA Form 23-22, Appointment of Veterans Service Organization.

VA Form 21-4138, Statement to Support Claim.

Documents required to support claim:

Original or certified copy of veteran's discharge, separation, or release from the military, naval or air service.

Original, certified or photocopy of marriage license.

Original, certified or photocopy of veteran's death certificate.

Original, certified or photocopy of birth certificate of minor children.

Copy of invoice for funeral expense.

Information required:

Number of times veteran and spouse have been married, date and place of each marriage, name of former spouse, how marriage terminated, date and place.

Social Security account numbers of veteran, spouse & minor children.

PENSION ONLY - Widow's pension:

Net worth of spouse and minor children. This includes stocks, bonds, bank deposits, CDs, interest, real estate (except residence), other property. Social Security, (including award letter), any earnings, annuities, retirement, dividends, interest, SSI, life insurance, and all other income.

A list or copies of unreimbursed expenses of the veteran's last illness, burial, and veterans just debts paid by the spouse.

Common-law marriages, Forms required: Both forms are self-explanatory.

VA Form 21-4170, Statement of Marital Relationship.

VA Form 21-4171, Supporting Statement Regarding Marriage.

APPLICATION FOR HEADSTONE OR MARKER

Forms required:

VA Form 40-1330, application for Standard Government Headstone or Marker. (Note - Funeral homes normally apply for the family. Form is self-explanatory.

Documents required:

Original or certified copy of veteran's discharge, separation or release from military, naval or air service.

Original, certified or photocopy of veteran's death certificate.

APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

Funeral homes normally furnish flag if requested.

Documents required:

Original or certified copy of veteran's discharge, separation or release from military, naval or air service.

Original, certified or photocopy of veteran's death certificate.

CLAIM FOR ONE SUM PAYMENT, GOVERNMENT LIFE INSURANCE

Forms required:

VA Form 29-4125, Claim for One Sum Payment.

VA Form 23-22, Appointment of Veterans Service Organization as Claimant's Representative.

Documents required:

Insurance policy or policy number.

Original, certified or photocopy of veteran's death certificate.

APPLICATION FOR BURIAL BENEFITS

Forms required:

VA Form 21-530, Application for Burial Benefits. Funeral homes usually apply for this benefit.

Documents required:

Original or certified copy of veteran's discharge, separation or release from military, naval or air service.

Original, certified or photocopy of veteran's death certificate.

Copy of funeral invoice.

Additional VA forms and their use will be explained under the various headings in this packet.

POWER OF ATTORNEY - VA FORM 23-22

A veteran, their dependents or survivors, are entitled to the services of all service officers of organizations recognized by the VA. These services may be obtained by the veteran, their dependents or survivors, executing VA Form 23-22, "Appointment of Service Organization as Claimant's Representative", designating any recognized organization which has been given the authority to represent veterans.

Chapter 59 of Title 38, U.S.C., contains the requirements for recognition of organizations. Under Title 38, U.S.C., organizations approved by the Administrator of Veterans Affairs may be recognized in the presentation of claims under the laws administered by the VA when proper officers thereof make application for recognition on the form prescribed and furnished by the VA, and as part of such application, agree and certify that NEITHER THE ORGANIZATION NOR ITS REPRESENTATIVES WILL CHARGE OR ACCEPT ANY FEE OR GRATUITY WHATSOEVER for service rendered a claimant.

Before an organization may be recognized in an individual claim, the veteran or dependent MUST EXECUTE VA FORM 23-22, naming a recognized organization as their representative, (a list of organizations recognized by the VA is printed on the back of the form) which gives authority to any accredited representative of that organization to review the veteran's file. The power of attorney must be submitted to the VA office concerned to be filed in the veteran's file. Any accredited representative of that organization may inspect the file upon the condition that the information contained therein WILL NOT be disclosed to anyone unless the claimant further authorizes such disclosure. In executing VA Form 23-22, the claimant is required to indicate, by checking in the appropriate block, WHETHER OR NOT they are authorizing the accredited representative to disclose information from their file to the local representative. If the veteran checks in the affirmative, the accredited representative may furnish certain information from the claimant's file to the local representative to assist the latter in developing the claim. Only such information that would not be injurious to the physical or mental health of the claimant may be disclosed to the local representative.

The power of attorney (VA Form 23-22) must be signed by the claimant or by the guardian, if any, or, in the case of an incompetent without guardian, by spouse, parent, or other near relative, or manager of hospital in which the claimant is maintained.

Upon receipt of VA Form 23-22, the organization named therein shall be recognized as the SOLE agency for the presentation of the claim and no other organization, agent, or attorney shall be recognized in the presentation of that claim or any phase thereof. The power of attorney may be revoked by the claimant at any time and a subsequent power of attorney substituted, designating another organization, agent or attorney. A subsequently executed VA Form 23-22, shall constitute a revocation of any existing power of attorney.

The power of attorney (VA Form 23-22) is essential in the work of a Service Officer. If a power of attorney is not executed and submitted to the VA designating one of the recognized organizations as the

claimant's representative, the Service Officer CANNOT represent the claimant before the VA. It is to the individual's distinct advantage to designate a representative who is trained and experienced in handling claims. BE SURE TO CHOOSE A SERVICE OFFICER WHO IS KNOWLEDGEABLE IN POW AFFAIRS AND WHO IS INTERESTED AND WILLING TO WORK ON YOUR CLAIM.

As stated, the power of attorney may be revoked at any time by the submission of a new VA Form 23-22. However, it is not wise or desirable to revoke a power of attorney and appoint another organization when a claim is in the appeal process unless there is a compelling reason.

Veterans or their dependents should not let the term "Power-of-Attorney" bother them. By executing VA Form 23-22 the claimant authorizes an organization to represent them and to assist them with their claim and nothing else.

CLAIMS - SERVICE-CONNECTED

The proper form used to file an ORIGINAL CLAIM for service-connected disabilities is VA Form 21-526, "Veteran's Application for Compensation or Pension."

Filling out required forms is a procedure that requires painstaking care of all questions are to be answered fully and correctly. A review of the required forms and instructions should make a veteran or his dependents aware that they need the assistance of a certified Service Officer. They are entitled to this service and there is no cost or fee.

Prior to applying for service-connected compensation, the veteran should contact a service officer to determine the documents and information they will be required to furnish. All documents must be the original or a certified copy. Notarized copies are not acceptable. If birth certificates of minor children are required they should indicate the name of the father and mother. The veteran should try to obtain copies of any medical records indicating treatment, dates of treatment, etc., for any disability they are claiming if they have been treated since release from active service. If treatment was in the service or in a VA medical facility, medical records are usually not required. However, if the veteran has copies of their service medical records, they should submit copies of these with their claim.

The term "service-connection/connected" means establishment to the satisfaction of the VA of the incurrence of injury or disease, or aggravation of a pre-existing injury or disease resulting in disability coincidentally with the period of active service in the Armed Forces. Disability must have been incurred in line of duty and must not be due to willful misconduct.

A disability may be either (1) service-connected by direct occurrence, (2) service-connected by aggravation of a pre-existing disability, or (3) service connected by presumption for certain chronic and tropical diseases becoming manifest to a degree of 10% or more within certain time limits following release from active service in the Armed Forces. There are no time limits on those disabilities or disorders presumed to have been the result of prisoner-of-war experience. SERVICE-CONNECTED by DIRECT OCCURRENCE means that a disease, injury, wound, etc., actually incurred while a veteran was on active duty.

Direct occurrences are conditions resulting from wounds, accidents, etc., and disease leaving residual disability. Service-connected by aggravation may be allowed in the case of an individual who had a condition prior to entering active duty which became worse (aggravated) as a result of such service. This might be an old knee or ankle injury which was not found sufficiently disabling on induction examination to cause a person's rejection. For the purpose of determining entitlement to war-time disability every veteran shall be deemed to be in GOOD HEALTH when accepted for service except as to defects or disorders noted at the time of examination, or when clear and unmistakable evidence demonstrates that the injury or disease existed before acceptance in the Armed Forces and was not aggravated by such service. Under Public Law 98-542 service-connection may be established for veterans who served in the Republic of Vietnam and who have either chlorace or prophia cutanea tarda (PCT, a liver condition), which became manifest within one year after the date of the veteran's departure from Vietnam. The law provides a limited two year period for compensation.

In submitting medical evidence to prove service-connection by PRESUMPTION it is not as important to furnish a diagnosis made by a physician, as it is to state each and every symptom, both subjective and objective. SUBJECTIVE SYMPTOMS are those which the veteran is aware of but which may not be apparent to the physician. Pain is definitely a subjective symptom. OBJECTIVE symptoms are those which may be found or verified by a physician. The VA requires a complete statement of tests made, if any, and the signs and symptoms which may support a diagnosis, as well as the corresponding dates thereof. If lay evidence (Buddy statements) is used, it should describe the material and relevant facts as to the veteran's disability OBSERVED by the person making the statement.

COMPENSATION is defined as that monetary benefit paid by the VA to the veteran because of disability resulting from disease or injuries incurred in or aggravated by active service in the Armed Forces. Generally speaking, any person not dishonorably discharged from a period of active service, who is suffering from a wartime or peacetime service-connected, incurred or aggravated disability, may be entitled to compensation. Unless the disease or disorder is one of the presumptive causes covered by law, the veteran must prove to the satisfaction of the VA that the disability was incurred or aggravated during active service. To receive compensation the veteran must be rated 10% or more service-connected. Veterans rated 30% or more service-connected disabled may be entitled to an additional allowance for spouse and minor children. There are additional benefits for the spouse and minor children of veterans rated 100% service-connected disabled.

When a claim is filed based on a disease or injury which occurred several years prior to the time the claim is filed, the VA usually asks for evidence to establish "continuity of symptoms". In other words, evidence to show disability is traceable to the disease or injury suffered in service and not to an intercurrent disease or injury. The best evidence would be statements from physicians who have treated and/or examined the veteran during the period between the onset of the condition and the date of the claim. Such statements should show the date which the physician first treated the veteran, their findings at that time, and a report of any subsequent examinations or treatments.

In absence of this type of desirable evidence, it is possible to establish continuity through the submission of lay or buddy statements of friends and associated having knowledge of the existence of the condition in question. Such affidavits should include mention of the reason why the person making the statement recalls the incidents in question.

BUDDY or LAY STATEMENTS should recite, as clearly as possible, the points on which they have definite knowledge. The statements should be stated in terms consistent with the education of the person executing the statement. Statements consisting of conjecture or personal opinion are of questionable value. It is not necessary, nor even desirable, for a buddy statement to be written in legal or medical terminology. Statements from members of the medical profession should always indicate whether the information being furnished is from records or memory. Whenever possible buddy statements should be submitted on VA Form 21-4138, "Statement in Support of Claim." If the form is not used, statements may be either in the form of a jurat executed by a notary public or other person authorized to administer oaths or by the simple expedient of including, at the end of the statement and over the signature of the person making the statement, a sentence to the effect that the information contained therein is true and correct to the best knowledge and belief of the person making the statement. This holds true regardless if it is a lay statement or a statement by a member of the medical profession. Where the statement consists of an extract or quotation from the records of an individual or of an institution, a similar statement should be included, attesting to the fact that the statement represents a true copy or abstract of the records in question.

Buddy or lay statements may be submitted by service buddies, spouse, children, parents, near relatives or anyone else having knowledge of the condition on which the claim is based. Statements should always identify the person making the statement and their relationship to the claimant. Statements from former service persons should state the reason they remember the veteran, where and when the injury or disease occurred, etc. They should indicate the military service number, social security number, and current address. Statements should be factual, truthful, brief, and to the point.

There may be instances where it is desirable to submit an INFORMAL claim. VA regulations define an informal claim as any communication or action indicating an intent to apply for one or more benefits under laws administered by the VA, from a claimant, his duly authorized representative, Members of Congress, or some person acting as friend of a claimant who is not physically or mentally capable of acting in their own behalf. Such informal claim must IDENTIFY THE BENEFIT sought. Upon receipt of an informal claim, if an informal claim has not been filed, an application form will be forwarded by the VA to the claimant for their completion. If the completed formal application is received by the VA WITHIN ONE YEAR from the date it was sent to the claimant, it will be considered filed as of the DATE OF RECEIPT of the informal claim. Generally, benefits to which the claimant is found to be entitled would be payable effective from date of receipt of the informal claim by the VA. If it appears that considerable time will be consumed in gathering evidence needed to support a claim, an informal claim may be prepared for the particular benefit sought, and thereby gain

advantage of a full year which may be devoted to securing the additional evidence needed to establish entitlement. The informal claim should be prepared for the signature of the veteran and should be accompanied by VA Form 23-22, signed by the veteran, executed in favor of the organization which the veteran chooses as his representative.

A veteran may REOPEN a claim at any time. Once a formal claim for benefits has been received by the VA, claiming benefits under laws currently in force, it is not necessary to later file another formal claim. Receipt by the VA of a VA examination; report of hospitalization at VA expense; evidence from a private physician or layman relating to the existence or increase in severity of a disability; or report from a recognized hospital, will serve as a claim for increased benefits (or as a claim to reopen a previously disallowed claim).

When the VA receives an original claim or a claim for increase, action is taken to notify the claimant of any additional evidence which may be required in connection with the claim. In those instances where such is in order, the physical examination of the veteran is scheduled by the VA. Where the claimant fails to submit the additional evidence requested, or when the veteran fails, without adequate reason, to respond to an order to report for a physical examination within one year from date of request, the claim for benefits will be considered ABANDONED. In such instances, a new claim, formal or informal, is required before benefits may be subsequently paid.

The correct VA form to file for total disability rating based on UNEMPLOYABILITY of the veteran is VA Form 21-8940. Total disability ratings for compensation purposes, either wartime or peacetime, may be assigned without regard to the specific provisions of the rating schedule when the disabled veteran is, in the judgement of the rating agency, unable to secure or follow a SUBSTANTIALLY GAINFUL OCCUPATION as the result of their disabilities; provided that, if there is only one disability, this disability shall be ratable at 60% or more, and if there are two or more disabilities, there shall be at least one disability ratable at 40% or more, and sufficient additional disability to bring the combined rating to 70% or more. (CFR 4.16 (a) (5) multiple disabilities incurred as a prisoner of war.)

In determining the question of unemployability, it is necessary for the VA to consider such factors as age, the nature of the disability, the industrial and vocational background of the veteran, the educational level and the present constitutional defects. A veteran may be considered as unemployable upon termination of employment which was provided for them on account of their disability, or in which special consideration was given on account of the same, when it is satisfactorily shown that he is unable to secure further employment. With amputation, disability resulting from fractures and other residuals of injury shown to a static character, a showing of continuous unemployment from date of incurrence, or the date the condition reached the stabilized level, is a general requirement in order to establish that the present unemployability is the result of the disability. However, consideration is to be given to the circumstances of employment in individual cases, and, if the employment was only occasional, intermittent, try-out or unsuccessful, or eventually terminated on account of the disability, present unemployability may be attributed to the static disability.

On REOPENED CLAIMS the veteran should exercise caution and consult with an accredited service officer prior to requesting re-evaluation. When a claim is re-opened for an increase in compensation, the VA has complete authority to determine if the original service-connection is proper. If it is determined that it is not, the VA may discontinue payments. There is protection for veterans who have been rated at or above any evaluation for 20 years or more. The basic protection is to prevent a reduction below a level of compensation that has been received twenty (20) or more CONSECUTIVE years.

An additional monthly benefit is provided for some seriously disabled veterans if they meet the necessary requirements. To qualify for HOUSEBOUND benefits, the veteran must have a 100% service-connected disability or disability independently ratable at 60% or more, or have service-connected disability or disabilities rendering the veteran permanently housebound. A 100% service-connected veteran with severe service-connected disability may be entitled to a special rate of monthly compensation when there is demonstrated the need for REGULAR AID AND ATTENDANCE of another person. Such need exists when the veteran is unable to feed himself, dress or undress himself, or keep himself ordinarily clean and presentable. Eligibility may also be shown when the veteran is unable to attend the wants of nature; or incapacities, physical or mental, which require care or assistance on a regular basis to protect the veteran from hazards or dangers incident to their daily environment. A veteran who is permanently bedridden because of service-connected disabilities also meets the requirement for aid and attendance benefit.

Title 38 U.S.C., Chapter 39, authorizes the VA to provide financial assistance in PURCHASING AN AUTOMOBILE or other conveyance to certain severely disabled veterans. The VA is authorized to pay \$5,000 toward the purchase of an automobile or other conveyance. The VA also is authorized to pay for certain adaptive equipment in addition to the automobile allowance, equipment which will enable the disabled veteran to more safely operate the vehicle. Adaptive equipment is not authorized for more than one automobile to any one person. However, the equipment may be repaired, replaced, or reinstalled in another automobile or conveyance which the veteran may subsequently acquire. To qualify for assistance in purchasing a conveyance, a veteran must be entitled to VA compensation for disabilities incurred in, or aggravated by, active service, and resulting in the loss or permanent loss of use of one or both feet; loss or permanent loss of use of one or both hands; and complete loss of sight in both eyes, resulting in total blindness.

Application for automobiles or other conveyance is made on VA Form 21-4502, and should be submitted in duplicate to the VA office having custody of the veteran's records. No veteran may receive more than one automobile or conveyance under the provision of the law.

Blind veterans entitled to compensation for service-connected disability may be furnished a trained SEEING EYE OR GUIDE DOG. In addition, they may be supplied the necessary travel expense to and from their place of residence to the point where adjustment to the seeing dog or guide dog is available and meals and lodging during the period of adjustment, provided they are required to be away from their usual place

of residence during the period of adjustment. Application for this benefit is made by letter to the VA office having custody of the veteran's records. Necessary medical care and treatment of dogs by veterinarians, at fees not in excess of those charged the general public, may be authorized. Dogs lost without negligence on the part of the veteran may be replaced, provided eligibility thereto still exists. Furnishing of MECHANICAL AND ELECTRONIC equipment considered as aiding in overcoming the handicap of blindness, is also authorized by law. Approved aids which may be furnished by the VA include, but not restricted to, the following: Braille writers, board pencils, canes, slates, Braille desks, watches, alarm clocks, typewriters, talking books, talking book records, book of Braille, artificial eyes, radios, and electronic recording machines. Repair and replacement of such articles, necessitated by fair wear and tear and not by the veteran's willful neglect, will be authorized by the director of the VARO concerned. To obtain aids, the veteran should submit a written request to the VA, over his own signature, giving their name, address, VA claim number, Social Security number, what equipment is desired and their need for such equipment.

The VA is authorized to assist veterans who suffer from certain specified service-connected disabilities in acquiring a SUITABLE HOUSING UNIT with special fixtures or movable facilities made necessary by the nature of the veteran's disability. Assistance is also available in procuring necessary LAND for the housing unit. A veteran is entitled to this assistance if he is permanently and totally disabled from service-connected disability due to loss, or loss of use, (by reason of amputation, ankylosis, progressive muscular dystrophy or paralysis) of both lower extremities; or they are permanently and totally disabled from service-connected disability which includes (A) blindness in both eyes, having only light perception, plus (B) loss or loss of use of one lower extremity, and such total and permanent disability is such as to preclude locomotion without the aid of a wheelchair. The law authorizes the VA to pay not more than 50% of the total cost of buying or building a specially adapted home, not to exceed a maximum of \$35,000 for any one eligible veteran. This grant of up to one-half of the cost of such a home applies when the veteran is purchasing a specially constructed home and the land which it is located on, or when the veteran is purchasing the land and will have the home constructed.

The law also provides a SPECIAL HOUSING GRANT of up to \$6,000 for veterans with service-connected blindness in both eyes (5/200 visual acuity or less), or with the anatomical loss or loss of use of both hands. This grant will not be made if the veteran previously received a grant for specially adapted housing from the VA. Application for the benefits should be made on VA Form 26-4555, "Veterans Initial Application in Acquiring Specially Adapted Housing."

Any veteran who is entitled to receive compensation for a service-connected compensable disability for which they wear or use one or more prosthetic or orthopedic appliances, including a wheelchair, which the VA determines tends to wear out or tear clothing, may be entitled to an ANNUAL CLOTHING ALLOWANCE. Application for this allowance is made on VA Form 21-8678 and if approved need not be resubmitted each year.

Veterans rated 100% service-connected are eligible for a MILITARY IDENTIFICATION CARD which allows them unlimited use of military commissaries or exchanges. This card does not entitle them to medical treatment in military medical facilities.

Veterans rated 100% service-connected disabled or 100% service-connected unemployable should contact the nearest military installation and request assistance to obtain the card.

Remember, all benefits must be applied for and none are granted automatically. The veteran should never attempt to file a claim without the aid and assistance of a trained service officer.

RECOMMENDED PROCEDURES FOR FILING V.A. CLAIM

STEP NO.1: Fill out FORMER POW MEDICAL HISTORY, VA Form 10-0048. We can not stress enough the importance of this form nor the necessity to take your time and fill it out properly. Some 'tips' to help you are on page 60, followed by the History Form.

STEP NO.2: At all times, it is wise to make at least three copies of anything on paper which pertains to you, your examinations or to your circumstance. One copy always should be included in the file you maintain in your home, one to your POWER OF ATTORNEY (NSO), and the originals to the VA Regional Office; keep one as a spare.

STEP NO.3: It is good policy to begin immediately requesting and securing as many NOTARIZED AFFIDAVITS and SWORN STATEMENTS as possible to bolster your claim. These statements need not be confined to your experiences in prison camps, they may reflect any portion of your life. REMEMBER: you are building a file, case, and a contention which you wish to present for consideration. It is therefore just as important for to prove you were well prior to capture as to prove subsequent hardship which is the basis for your claim. Concerning those affidavits prepared by you POW Buddies - ask that they include all observations (no matter how seemingly trivial or insignificant they may seem), request especially they include changes of attitude, mental outlook and personality changes (each are as important as physical deterioration; although not professional, their opinions carry value), request that they sign these statements and include their serial number, social security number, and C-number. This is testimony of their good faith and intent to be of help to you.

STEP NO.4: Your family doctor must have your permission in writing to release information concerning yourself when requested by the VA. The VA has and will furnish RELEASE OF INFORMATION FORMS (most Veteran Service Organizations have these forms).

STEP NO.5: POWER OF ATTORNEY FORMS (VA Form 23-22) is discussed on pages 8 and 9. The VA will allow a claimant to represent himself and act on his own behalf. We strongly urge that all claimants appoint an ex-POW or other service representative to act in their behalf. In addition to service organization representatives or attorneys, a spouse or close blood relative may represent a claimant in which instance they usually appear as an agent.

STEP NO.6: Request of anyone from whom you require information that in event their reply is directed to the VA that eye-catching red block letters be placed on the envelope indicating "NOT TO BE OPENED IN MAIL ROOM - PRIVACY ACT" Normally an address will be furnished as to where the mail should be directed and if it should be an individual, we want to insure that he--and only he--gets it. (It is preferable to send it only to your service representative who will forward it to the VA.)

STEP NO.7: Any mail from you addressed to the VA MUST include full, name, C-number, and social security number. (Although not specifically required, your former rank, any and all serial numbers and any or all numbers which you may have had in prison camp may be included in your statement.

STEP NO.8: Through the efforts of the Columbia River Chapter of the American Ex-Prisoners of War and one of its members, a Micro-file Index has been secured and compiled. We strongly recommend that you secure these Micro-file Indexes, this is an essential document in your case. Many times an ex-POW may trace his POW history from the date he was captured to date of his release. Information such as wounds, injuries, and diseases you had in POW camp may be contained in these files. Copies are available through National Headquarters. Please see ad in the Bulletin. (Number 6 - Japanese, Number 7 - European)

STEP NO.9: ATTENTION SPOUSES: You may write to the VA asking for VA Form 21-4138 on which to record your observations concerning the life of your POW. This form does not list any special format, nor is a knowledge of medicine essential. As a matter of fact, plain, simple, and direct language is best. Discuss this POW openly and very frankly; you need not fear any type of compromise because of this document becomes privileged information at your request. Begin by discussing the POW whom you married and carry it through--CHANGE--BY--CHANGE--and bring it up to date by discussing the man to whom you are still married and living with. List his strong points and show how, year by year, his health has deteriorated and his outlook on life has changed. Your observations may prove to be very important. (Please check the listing at the end of this statement for help in locating signs and symptoms.)

STEP NO.10: REMEMBER: ALL COMMUNICATIONS ADDRESSED TO YOU MUST BE ANSWERED AS PROMPTLY AS POSSIBLE. Unnecessary delays may result in having your case dropped in which event you begin all over.

Should you receive 100% disability, you are urged to check with your nearest Social Security Office, in many instances total disability entitles you to Social Security.

The following "SIGNS & SYMPTOMS" (although not all-inclusive) are added to help jog your memory. You may feel that you have suffered these ailments at one time and that they may not be important now; do not eliminate any ailments you may have had. You are not a doctor and you have no way of determining what ailment of the past has had an effect on your present state of health and mobility. When questioned, do not fall into the trap which has victimized us in the past. For instance, when the doctor asks how often you had aches, pains, and ailments, do not reply with something so vague as "Oh, once month", or "I never kept a diary", or "So often all I want to do is forget about it". Above all

never say "Oh, about once a year". Please be very specific if you can and again the importance of listing a personal history is emphasized. With help from your spouse and POW buddies you can build a very accurate case for yourself. You can also remind the VA doctor that you have it on paper if he will take time to read you submission. PLEASE DO NOT TAKE THIS LIST IN AND SAY YOU SUFFER FROM ALL SIGNS AND SYMPTOMS UNLESS IT IS THE TRUTH, ONLY YOU WILL BE THE LOSER.

1. DIFFICULTY IN BREATHING AFTER SLIGHT EXERTION
2. FLUTTERING IN CHEST
3. BLOOD PRESSURE NOT STABLE
4. TINGLING SENSATION IN LEGS AND ARMS
5. CHARLIE-HORSE (ESPECIALLY AT NIGHT)
6. RECOLLECTIONS OF JAUNDICE (ALMOST ALL POWs IN PACIFIC HAS THIS)
7. SIGHT DETERIORATION (KALEIDESCIPIC SIGHT) AT NIGHT; ESPECIALLY HOW BRIGHT LIGHTS BOTHER YOU. DIFFICULTY IN ACCEPTING BRIGHTLY COLORED LIGHTS.
8. NUMBNESS IN TIPS OF EXTREMITIES
9. NUMBNESS IN TOES AND LOWER PART OF LEGS
10. COLDNESS IN FINGERS (OR ENTIRE HAND)
11. COLDNESS IN FEET (EVEN IN HOT WEATHER)
12. SHARP, SHOOTING PAINS IN LEGS
13. CRAMPS IN TOES (WAKE UP AT NIGHT WITH PAIN)
14. CRAMPS IN HANDS (WAKING AT NIGHT WITH PAIN)
15. MARKED LIMITATIONS OF FORWARD BENDING
16. EXTREME SPASMS IN FORWARD BENDING
17. PERSISTENT SWELLING OF FEET AFTER MINIMAL WALKING (BERIBERI)
18. ECZEMA (DRYNESS OR SCALING) OF FEET
19. PAINS OR CRAMPING OF HANDS OR FEET (AFTER RUNNING LAWN MOWER?)
20. HEADACHES (PERSISTENT FROM BACK TO FRONT OF HEAD)
21. DIZZINESS (AFTER SLIGHT EXERTION)
22. INSOMNIA
23. NIGHTMARES (ALWAYS ABOUT WAR OR PRISON CAMPS?)

24. IRRITABILITY (NO REASON AT ALL)
25. EXCESS FATIGABILITY
26. IMPAIRED ABILITY TO EXECUTE SKILLED MOVEMENTS SMOOTHLY
27. DISTURBANCE OF LOCOMOTION
28. ARTHRITIS (ANYWHERE--SEEMING TO GET WORSE?)
29. SHRAPNEL WOUNDS ACTIVE IN DAMP WEATHER (STRESS STRONGLY)
30. PLANTAR SURFACE (BOTTOM OF FEET) PAINFUL, TENDER, SENSITIVE TO TOUCH
31. MALARIA (HOW OFTEN IN PHILIPPINES OR MEDITERRANEAN AREA; HOW OFTEN IN STATES)
32. CHRONIC INDIGESTION (FOLLOWED BY ABDOMINAL CRAMPS? BY DIARRHEA? BY CONSTIPATION? ANY SET SCHEDULE? OFF AND ON?)
33. NASAL STUFFINESS (SINUSES - SINUS HEADACHE?)
34. NAUSEA (GASEOUS DISTENTION? BLOATING? NO MATTER WHAT IS EATEN?)
35. SWEATING OF HANDS AND/OR FEET (MOIST DERMATITIS)
36. LOSS OF ERECTILE POWER
37. PAINFUL URINATION (DIFFICULTY IN STARTING?)
38. RECTAL PROBLEMS (GAS PROBLEMS? LOSS OF CONTROL OVER PASSING GAS? PAINFUL AT TIMES?)
39. FATIGUE AND PAIN IN LEGS AND ARMS AFTER PROLONGED EXERTION
40. MUSCLE SPASMS OF ANY NATURE (VITAMIN DEFICIENCIES)
41. DIZZINESS (PARTICULARLY IMMEDIATELY FOLLOWING CHANGE OF BODY DIRECTION)
42. BLACKOUTS (AFTER SUDDEN BENDING OR RISING FROM STOOPED OVER POSITION.
43. SIGHT ORIENTATION (PARTICULARLY AFTER LOOKING AT RADIATED SUN-LIGHT, SUCH AS FROM CHROME ON CARS). DIFFICULTIES
44. COORDINATION IMPAIRMENT (KNOCKING OVER ARTICLES INADVERTENTLY WITH HANDS)
45. FINGERNAIL DISCOLORATION
46. PHLEGM IN EYE AREAS (WHITE MATTER IN CORNERS OF EYES)

HATS OFF TO; PNC ART BRESSI, AMERICAN DEFENDERS OF BATAAN & CORREGIDOR, HIS WIFE, ANN, AND NSO PETER CONNACHER (AMER. EX-POWS) WHOSE JOINT EFFORTS COMPILED THESE PROCEDURES FOR THE USE OF ALL OUR MEMBERS.

EFFECTIVE DATES

INITIAL AWARDS FOR COMPENSATION, INCREASES, PENSIONS, ETC.

Where an initial claim for compensation is filed within one year from discharge or release from active duty, the effective date of the award of compensation will be the first day of the calendar month following the date on which entitlement is established. Usually, the effective date would be the date following discharge from active service. This would mean the compensation award would commence effective the first day of the next calendar month.

A formal application (VA Form 21-526) for increased disability compensation is not required. An informal application or request, when accompanied by EVIDENCE of a changed physical condition, will suffice. When the evidence of increased disability consists of an official VA physical examination or hospitalization report or record of treatment, the effective date of the increased award will be the first day of the month following the date on which entitlement is established. When the evidence of increased disability consists of reports from hospitals, doctors, etc., the effective date of any increased award will generally be the first day of the calendar month on which entitlement is established.

A veteran who is rated 30% or more service-connected disabled is ENTITLED to an additional allowance for a spouse, dependent children, or dependent parents. The monthly amount of the additional allowance depends upon the percentage of the service-connected rating. In those instances where additional allowances are applicable, the payment of such amounts is effective from the first day of the calendar month following the date on which entitlement is established.

The effective date of an original or reopened award for DISABILITY PENSION shall be the date of receipt of claim. The award may be retroactive for a period of one (1) year prior to the date of the claim (but not earlier than the date the veteran became permanently and totally disabled), provided certain conditions are met.

A rating of TOTAL DISABILITY or permanent total disability which has been made for compensation, pension, or insurance purposes under laws administered by the VA, and which has been continuously in force for TWENTY YEARS or more, shall not be reduced thereafter, except upon a showing that such rating was based on fraud.

NONSERVICE DISABILITY CLAIMS

A nonservice disability pension is based on need and the veteran must be a wartime veteran. Title 38, U.S.C., provides for the payment of a PENSION to certain wartime veterans who meet specific eligibility requirements concerning service, disability, and income. A veteran meets the service requirements for pension if they served in the active military, naval or air service:

(A) For 90 days or more during any of the wartime periods. Active duty during more than one wartime period may be combined to meet the 90 day requirement.

(B) Where active service extended into or beyond the period of wartime, the veteran must have had 90 days or more continuous active duty. If they have less than 90 days of active duty, they may be eligible for pension if they were discharged earlier because of a service-connected or aggravated disability. The veteran must have been discharged from an appropriate period of wartime service under conditions "other than dishonorable". The disability or disabilities on which the claim is based must not be the result of the veteran's own willful misconduct or vicious habit. Effective December 1, 1986, the improved pension program provides for annual rates, generally payable monthly, ranging from \$5,963 annually for a single veteran to \$11,387 for a veteran with one dependent receiving an aid and attendance benefit.

The annual payment is REDUCED by the amount of the annual countable income of the veteran, and if applicable, a spouse and dependent children. Example: a single veteran could be eligible for a monthly pension of \$496. He receives \$200 per month from social security. He would be eligible to receive \$296 monthly from the VA.

The veteran must be totally and permanently disabled. For the purpose of determining entitlement to nonservice-connected disability pension, a veteran shall be considered to be PERMANENTLY and totally disabled if they are suffering from (1) any disability which is sufficient to render it impossible for the average person to follow a substantially gainful occupation, but only if it is reasonably certain that such disability will continue throughout the life of the veteran; or (2) any disease or disorder determined by the VA to be of such nature or extent as to justify a determination that the veteran suffering therefrom, is permanently and totally disabled. A determination by Social Security that the veteran is disabled has no effect on a VA determination.

A rating of permanent and total disability for INSURANCE purposes will have no effect on ratings for either compensation or pension. The VA considered the following conditions to be totally and permanently disabling:

The permanent loss of the use of both hands,

or of both feet

or of one hand and one foot,

or of the loss of sight of both eyes,

or becoming permanently helpless or permanently bedridden.

For the purpose of determining whether or not a veteran is permanently and totally disabled, rating for service-connected disabilities may be combined with ratings for nonservice-connected disabilities. When a veteran is found to be entitled to nonservice-connected disability pension, and is entitled to compensation for a service-connected disability, the VA shall pay them the greater benefit. In some instances where the veteran has a LOW SERVICE-CONNECTED disability rating (10%-20%) it may be to their advantage to apply for a nonservice-connected disability pension if they have a limited income.

Accepting a nonservice-connected pension in lieu of compensation does not have a bearing on the service-connected disability. The veteran will still be rated service-connected and will not lose their service-connected rating.

Veterans OVER AGE 65 are considered unemployable for pension purposes and may be eligible for a nonservice-connected pension if they have a limited income. No medical evidence is necessary.

The proper forms to use in applying for nonservice-connected disability pension are VA Forms 21-256 and 21-257, "Income-Net Worth and Employment Statement."

In addition to the information and documents required for service-connected disability, the veteran will be required to furnish:

- (a) their net worth, including net worth of spouse and minor children. (stocks, bonds, bank deposits, real estate other than residence, all other property, total debts and total net worth)
- (b) income from all sources, veteran, spouse and minor children. This includes social security benefits, annuity or retirement benefits, endowment insurance, earnings for the present and for the following year, dividends and interest, etc., and all other income regardless of the source.

Prior to filing a claim for a pension the veteran, if they, spouse, or minor children, are receiving social security benefits should obtain a certificate from the Social Security Administration indicating the amount of monthly benefit, including supplemental security income.

Veterans under 65 years of age must furnish medical proof of disabilities and unemployability. Medical evidence is not required for veterans 65 YEARS OF AGE OR OLDER. For VA purposes they are considered unemployable. Veterans under 65 years of age should furnish a statement from their doctor indicating the extent of their disabilities, if they are housebound, or if they require the aid and attendance of another person. Veterans who are patients in nursing homes will be required to furnish a statement signed by an official of the nursing home indicating date of admission, level of care, rates, etc. Higher pension rates are payable to veterans who are housebound or who need the aid and attendance of another person.

DEPENDENCY AND INDEMNITY COMPENSATION

Prior to January 1, 1957, death compensation was payable to the surviving spouse, dependent children or dependent parents of veterans who died as result of service-connected disabilities. In the case of veterans dying in service, in the line of duty, Servicemen's Indemnity was payable to a limited class of beneficiaries. These two benefits were combined by Congress to provide for dependency and indemnity compensation. This benefit (DIC) is payable to qualified dependents of veterans who died on or after January 1, 1957, as the result of SERVICE-CONNECTED disabilities, and also payable to those beneficiaries who are entitled to receive death compensation and who elect to receive DIC.

DIC is payable upon application thereof (VA Form 21-534) to the spouse, dependent children, and dependent parents of a veteran who died on or after January 1, 1957 from disease or injury incurred in line of duty while on active duty or active duty for training in the Armed Forces; from injury incurred or aggravated in line of duty while on inactive duty training; or from a disability for which compensation is payable under laws administered by the Veterans Administration.

Basic entitlement to DIC is established if the above conditions are met. DIC is not payable to the survivors of any deceased veteran who died on or after January 1, 1957, after separation from the Armed Forces, unless the deceased veteran was discharged or released from the Armed Forces under conditions other than dishonorable.

To determine eligibility for DIC the following terms are applicable:

The term widow or widower means the legal spouse of the veteran at the time of their death; before the expiration of 15 years after the termination of the period of active duty. Active duty for training, or inactive duty for training in which the injury or disease causing the death of the veteran was incurred or aggravated; for ONE YEAR or more; or for any period of time if a child was born of the marriage or born before the marriage.

It must be shown that the spouse and the veteran lived together continuously from date of marriage to date of death, unless a separation occurred through no fault of the spouse. The spouse, one established as the legal widow or widower, may later REMARRY and the benefit will be TERMINATED. In the event such marriage is later terminated by death or divorce the former spouse may RETURN to the VA rolls upon proper application for DIC.

The widower of a female veteran is eligible for VA benefits on the same basis as the widow of a male veteran. It makes no difference whether the widower is disabled or whether they were dependent upon the veteran prior to her death.

The term "child" means a person who is unmarried; under age 18, who before attaining age 18 became permanently incapable of self-support; who after attaining age 18 and until completion of education or training, up to age 23 when attending an approved school; or who is the legitimate child, a legally adopted child, a step-child who is a member of the veteran's household or was at the time of his death, or an illegitimate child who is shown to be a child of the veteran.

If the surviving spouse legally ADOPTS a child within TWO YEARS after the veteran's death, such child is a dependent for VA purposes.

Under current laws, each military rank and pay grade provides entitlement for specific monthly payments of DIC to an eligible widow or widower. At present payments range from \$498 to \$1,274 monthly depending on the rank or pay grade of the veteran at the time of their discharge or release from the Armed Forces.

A surviving spouse who is eligible to receive DIC is also entitled to an additional monthly benefit for each eligible child of the veteran.

The spouse may also be eligible for an additional monthly benefit if they are a patient in a nursing home or is helpless or blind, and is in need of aid and attendance of another person. If they are housebound and confined to their home they may be eligible for a monthly housebound benefit if they are not eligible for aid and attendance benefit.

The law provides that DIC may be paid to some survivors even though the veteran's death is not shown to be service-connected. Eligible are the surviving spouses of veterans who were rated 100% service-connected disabled at the time of death, and such rating was in effect for TEN continuous years or more. Payment of DIC in such cases DOES NOT indicate a service-connected death, but rather that DIC can be paid. NONE of the other benefits, such as the larger burial allowance, etc., normally provided in service-connected death would be available. To be eligible under this provision of the law the spouse is eligible for DIC payments only if they and the veteran were married for TWO YEARS or more immediately prior to the veteran's death.

DIC is payable to eligible dependents of a veteran if it is shown that the PRINCIPAL cause of death was a service-connected disability, disease or injury. Service-connected death benefits are also payable if it can be shown that the service-connected disability, disease or injury MATERIALLY CONTRIBUTED to the veteran's death. It must be shown that there was a connection between the service-connected disability and death.

Usually, minor service-connected disabilities will not be held to have contributed to death where the death resulted for a condition not related to the service-connected disabilities. An example would be if a veteran who died of a heart attack and was service-connected for arthritis. There would be no connection between the heart condition and arthritis of a knee.

A spouse and children eligible for monthly DIC payments may be eligible for Civilian Health and Medical Program of the VA (CHAMPVA). Under this program the VA helps pay for medical services and supplies obtained from civilian sources by eligible dependents and survivors of certain veterans. The surviving spouse is usually eligible for this benefit until they attain age 65.

Under Chapter 35, Title 38 U.S.C., children of service persons who died or were killed while on active duty are eligible for educational assistance. Also eligible are children of veterans whose deaths were service-connected, and children of veterans who are rated permanently and totally disabled because of service-connected disabilities. The spouse of service-connected permanently and totally disabled veterans are also eligible, as are the spouses of a service persons who died on active duty and veterans whose DEATH IS SERVICE-CONNECTED.

Eligible persons are normally considered to have entitlement to 45 months of training. An eligible spouse has a period of TEN YEARS from the date the veteran dies to complete the training. While training the law provides for payment of a VA training allowance, which is in addition to DIC payments. The spouse may apply for educational assistance by completing VA Form 22-5490W and eligible children by completing VA Form 25-5490.

PENSION - WIDOWS AND CHILDREN

Public Law 95-588 "Veterans' and Survivors' Pension Improvement Act of 1978 provided a new pension program for veterans and their survivors. This program went into effect Jan. 1, 1979, and any claim for benefits received on or after that date will come under Public Law 95-588.

The basic eligibility for survivors of veterans under the improved program is essentially the same as that for earlier pension programs. The veteran must have served in the Armed Forces for 90 days or more during a wartime period and must have been discharged or released under conditions other than dishonorable.

Under earlier laws survivors could receive a pension if their annual income was within prescribed limits. The new improved program provides benefits by using maximum income. The simply means that a person will be guaranteed a maximum annual income, REDUCED dollar for dollar by whatever accountable income a person may receive from all other sources of income other than the VA. Example: at present a widow's pension is \$333 monthly. If the widow receives \$200 monthly from Social Security, the VA pension would be \$133. ($\$333 - 200 = 133$)

There are allowances for dependent children under age 18 or until 23 if attending an approved school.

A surviving spouse who is a patient in a nursing home or otherwise determined to be in need of regular aid and attendance of another person, or is permanently housebound may be entitled to higher income limitations or additional benefits.

Remarriage following the veteran's death makes the surviving spouse ineligible for a pension. If the remarriage is annulled or terminated by divorce or death, the surviving spouse may reapply for pension benefit.

The proper form to apply for a pension is VA Form 21-534. Those receiving a pension are required to report all income once a year.

There are a few survivors still receiving a pension under one of the earlier laws. The amount of their pension has been frozen since 1978. In some instances it might be to their advantage to elect to receive a pension under Public Law 95-588. Prior to making a final decision persons under one of the earlier laws should contact a service officer for advice. Once the change has been made and the first check negotiated, a person may not elect to change back to one of the earlier pension plans.

BURIAL BENEFITS

The VA assumed jurisdiction from the Army on September 1, 1973, and is now responsible for burials in all active national cemeteries, with the exception of Arlington National Cemetery, Washington, D.C.

Title 38 U.S.C. Section 1002 states the following persons may be buried in any open national cemetery:

ANY VETERAN (which for the purposes of burial in a national cemetery includes a person who died in active military, naval or air service.)

Any member of a Reserve component of the Armed Forces, and any member of the Army or Air National Guard, whose death occurs under honorable conditions while he is hospitalized or undergoing treatment at the expense of the government, for injury or disease contracted or incurred under honorable conditions while performing active duty or inactive duty.

Any member of the Reserve Officer Training Corps of the Army, Navy, or Air Force, whose death occurs under honorable conditions while they are attending an authorized training camp or practice cruise; performing authorized travel to or from such camp or cruise; or hospitalized or undergoing treatment, at the expense of the U.S. Government, for injury incurred under honorable conditions.

Any citizen of the United States who served with any of the allies of the United States during any war period, and whose last period of service terminated under honorable conditions.

A SURVIVING SPOUSE, minor child, and, at the discretion of the Administrator of Veterans Affairs, an unmarried adult child of any person listed above.

Such persons or classes of persons as may be designated by the Administrator of Veterans Affairs.

The SPOUSE of an eligible veteran or service member MAY BE buried in a national cemetery if space is available.

When burial in a national cemetery is desired, contact should be made with the Superintendent of the national cemetery. This is usually done by the funeral director at the request of the family. If grave space is available, the Superintendent WILL INFORM the funeral director of the date and time of burial.

There is NO CHARGE for grave space when an eligible person is buried in a national cemetery, nor is there a charge for OPENING and CLOSING the grave. The expense necessary for preparation of the remains and purchase of the casket must be at no cost to the government. The cost of transporting the remains to the national cemetery must be borne by the next of kin or others, unless the death occurred while the veteran was a patient in a VA hospital. The VA may pay the transportation costs from the hospital to the nearest national cemetery with available grave sites.

As soon as possible after the death of the veteran or dependent, the funeral director should make contact with the Superintendent of the national cemetery where burial is desired. At the time of contact the following information must be furnished: name, VA claim number, service serial number, social security number, dates of latest period of active military service, and character of discharge. If the person deceased is a dependent of a veteran the above information must be provided as well as the full name of the deceased, date of birth and death, and relationship to the veteran.

The date and time of burial will be determined by the Superintendent and the body of the deceased should not be delivered until approval is given by the Superintendent.

Interment in the Arlington National Cemetery, which is under the jurisdiction of the Army, is limited to the following:

1. Persons dying on active duty in the Armed Forces.
2. Retired military personnel.
3. Recipients of the Medal of Honor, Distinguished Service Medal, Air Force Cross or Navy Cross, Silver Star, and Purple Heart.
4. Persons otherwise eligible by reason of honorable military service who have also held an elective office in the U.S. Government or served on the Supreme Court or in the Cabinet, or in an office compensated at Level II under the Executive Salary Act.
5. Former members of the Armed Forces separated for physical disability of 30% or greater prior to Oct. 1, 1949, who served on active duty and who would have been eligible for retirement under provisions of 10 USC 1201 had that statute been effect on the date of separation.
6. The spouse, minor children, and dependent adult children of persons listed in 1 through 4 above and of persons already buried in Arlington National Cemetery.

Individual making funeral arrangements should contact the office of the Cemetery Superintendent as soon as possible after the death of an eligible person.

Under no circumstances should the remains be shipped to Arlington National Cemetery or should specific dates or times be announced until burial is specifically authorized and details confirmed by the Superintendent of the Cemetery.

Headstones or grave markers are furnished without charge for eligible persons buried in national cemeteries.

The VA may furnish a government HEADSTONE or GRAVE MARKER to mark the grave of a veteran who is buried in a private cemetery. The government marker may be requested by completing VA Form 40-1330, "Application for Headstone or Marker." The marker is furnished free by the VA, and there are no shipping charges. Once the marker arrives at its destination someone must pay for any installation charges.

When a veteran is buried in a private cemetery, and the family desires to place a non-government marker on the grave, there is a provision for the VA to REIMBURSE the person who purchased the non-government marker for a portion of the cost. Request for reimbursement is made on VA Form 21-8834, "Application for reimbursement of Headstone or Marker Expense." The amount of reimbursement is equal the amount that the VA pays for the government marker.

The VA will issue a FLAG to drape the casket of an eligible deceased veteran and to be presented to the next of kin after burial. The deceased veteran must have been discharged under conditions other than dishonorable, and must have been either a wartime veteran; or had served at least one enlistment; or had been discharged or released from

active service for a disability incurred or aggravated in line of duty; or served after January 31, 1955.

The VA is authorized to furnish a flag upon behalf of an eligible veteran, after burial, where "circumstances existing at time of burial prevented the securing of a flag to drape the casket." This would be in those instances in which the next of kin certifies they had no knowledge of the availability of a flag for draping the casket.

Application for burial flag is made by completion of VA Form 90-2008. Flags for burial purposes can usually be obtained at U.S. post offices.

Title 38, U.S.C. provides authority for the VA to pay allowances toward FUNERAL EXPENSES of certain eligible veterans. The burial allowance may be paid when the veteran's death is determined to be service-connected; or if death is not due to service-connected disabilities, the burial allowance will be paid only if the veteran was, at time of death, in receipt of disability compensation or pension, or died while properly admitted as a patient in a VA hospital. If a veteran is not in receipt of benefits at time of death, but a claim was pending and it is later established that evidence was sufficient to show entitlement at time of death, VA burial allowance of \$300 may be paid. Active military service of veteran must have been during a designated period of WARTIME, and discharge or release from the Armed Forces must have been under conditions other than dishonorable.

When the veteran's death is caused by a service-connected disability, the VA will authorize a MAXIMUM PAYMENT of \$1,100. This payment is in lieu of the \$300 burial allowance and the \$150 burial plot allowance.

In nonservice-connected death cases, the burial plot allowance of \$150 may be paid even though the \$300 burial allowance is not authorized.

Claims for VA burial allowance must be received within two years after PERMANENT burial or cremation of the body of an eligible veteran. Claim for burial allowance is made by completing VA Form 21-530, "Application for Burial Allowance."

A lump sum death payment of up to \$255 is also payable by Social Security to eligible survivors of veterans. The payment of this allowance is in addition to any allowance received from the VA.

INSURANCE CLAIMS

The VA issues and/or administers six different insurance programs. The three that are of interest to most veterans are: National Service Life Insurance (NSLI) issued to veterans during World War II and during the early part of the Korean Conflict. These policies, designated by the letter "V" preceding the policy number, are participating (pay dividends). Other policies designed by the letter "H" were issued only in 1945-46 to those veterans who were severely disabled because of service-connected disabilities which were incurred during WW II service. Service-Disabled Veterans Insurance (SDVI) is designated by the letters "RH" before the policy number and is available only to those veterans with service in the Armed Service ON OR AFTER April 25,

1951, and who are now discharged or released from service and have a service-connected disability. When these veterans file a claim, they are given ONE YEAR from the date the VA notifies them of award of compensation in which to apply for this type of insurance. Veterans Reopened Insurance (VRI) was issued for a period of one year, May 1, 1955 to May 2, 1956, to allow WW II and Korean veterans with minor service-connected disabilities to obtain low cost insurance coverage. Also eligible were veterans with serious conditions which were not service-connected. Premiums for this insurance were extremely high.

The insured veteran under U.S. Government Life Insurance has the RIGHT AT ANY TIME, and from time to time, and without the consent or knowledge of the beneficiary, to change the beneficiary. A change in beneficiary must be made by written notice (VA Form 29-336) to the VA over the signature of the insured veteran, and shall not be binding on the VA unless received and endorsed on the policy by the VA.

The VA will make payments ONLY to the beneficiary of record. It is important that a veteran insure that the beneficiary is current and that the proceeds of their policies will be paid to the person intended. NO change of beneficiary may be made by a last will and testament.

Effective October 1, 1981, beneficiaries may elect to receive one-sum payment if the insured made no optional settlement prior to death. Application for lump-sum payment is made by submitting VA Form 29-4125 and a copy of death certificate. Claims for monthly payments are made on VA Form 29-4125a and copy of death certificate. To speed up the payment and to insure the claim is handled properly a VA Form 23-22, "Power of Attorney" designating a service organization as representative of the claimant should be submitted with the application for payment.

All policies provide for the WAIVER of payment of premiums during continuous TOTAL disability of the veteran for SIX or more consecutive months commencing before their 65th birthday. Total disability is determined on the facts of each claim. It is possible for an insured veteran rated less than 100% for compensation purposes to be considered totally disabled for insurance purposes. Also, a veteran may be rated 100% for compensation purposes and at the same time considered not totally disabled for insurance purposes.

Application for waiver of premiums is made on VA Form 29-357c, "Statement of Claim for Waiver of Premiums or Continuation of Waiver of Premiums". Information on disability waiver can be found in VA Pamphlet 29-3.

National Service Life Insurance policies have a total disability income provision, which provides that if the veteran becomes totally disabled before the anniversary date of their policy nearest their 65th birthday and remains so disabled for at least six consecutive months, there will be paid to the veteran from the first day of the seventh month of continuous total disability, and for as long as the total disability continues, a monthly income of \$10 for each \$1,000 of face amount of the policy covered by the provision, and payment of the premiums for the provision as well as the policy will be waived from the date the

first monthly premium became due after the start of total disability.

An application for total disability income provision is made on VA Form 9-1606, "Application for Total Disability Income Provision." A remittance, sufficient to cover the first monthly payment, should accompany the application. If the remittance for the first premium payment is mailed separately and apart from the application, then the remittance should be accompanied by a properly executed VA Form 29-352a, "Supplemental Application."

DOMICILIARY CARE - HOSPITALIZATION - OUTPATIENT TREATMENT

The VA furnishes two general types of inpatient care to disabled veterans; hospital treatment and domiciliary care. These two types of treatment are briefly:

DOMICILIARY CARE provides the veteran a place to live, and with incidental medical treatment and care when necessary and indicated by medical supervision.

HOSPITAL CARE means the constant medical supervision and treatment with attendance by physicians, nurses, and hospital attendants for acute or chronic conditions where hope of cure or improvement prevails. This includes mental disorders in VA institutions maintained for mental and nervous diseases exclusively.

Public Law 99-272, effective July 1, 1986, states the VA SHALL PROVIDE HOSPITAL CARE TO THE FOLLOWING GROUPS OF VETERANS:

- (1) Veterans for service-connected disabilities;
- (2) Veterans discharged or released from service for disability incurred in or aggravated in line of duty, entitled to admission for any condition;
- (3) Veterans disabled as a result of VA medical treatment or vocational rehabilitation, entitled to treatment for any condition;
- (4) Service-connected veterans rated 50% or more, entitled to treatment for any condition;
- (5) Veterans who have a service-connected disability (including those evaluated at 0%), entitled to treatment for any condition.
- (6) Veterans who are FORMER PRISONERS OF WAR, entitled to treatment for any condition;
- (7) Veterans exposed to certain herbicides (Agent Orange, etc.) or ionizing radiation, entitled to treatment for any condition;
- (8) Veterans of the Spanish-American War; Mexican Border Service or WW I, entitled to treatment for any condition;

- (9) Nonservice-connected disabled veterans meeting certain income criteria.

The provision of previous law allowing veterans 65 or older to receive VA hospital care has been repealed and is no longer in effect.

The Means test of ability to pay DOES NOT APPLY to FORMER PRISONERS OF WAR or any of the above. The means test applies only to nonservice-connected veterans. Under the law the VA retains the authority to provide needed hospital care to nonservice-connected veterans by utilizing eligibility criteria based on the veteran's annual income. Under the law and VA regulations, a nonservice-connected veteran will be considered as being unable to defray the costs of needed hospital care if their annual income is not more than \$15,000 for a single veteran or \$18,000 for a veteran with a dependent, plus \$1,000 for each additional dependent. By focusing on the truly needy veterans the VA may furnish hospital care, to the extent that facilities and resources are available to nonservice-connected veterans with incomes above \$15,000, but not to exceed \$20,000, for single veterans, and \$18,000, but not to exceed \$25,000, for veterans with a dependent, plus an additional \$1,000 for each additional dependent.

The provision of Public Law 99-272 as pertains to nonservice-connected veterans is too lengthy to explain here. (See you NSO)

Application for admission to a VA medical facility or domiciliary is made by completing VA Form 10-10, "Application for Medical Benefits." However, the quickest way is to go to the nearest VAMC and request treatment. WHEN USING VA FORM 10-10 it should be accompanied by VA Form 10-10m, "Medical Certificate" or other medical evidence showing conditions needing hospital care. The completed VA Form 10-10 must be signed by either the veteran or someone who represents him. The form does not require the signature or certification of a notary.

The veteran may take VA Form 10-10m to his family physician for completion, paying for any fee if one is charged. The Form 10-10m is only the medical portion of the application for hospitalization and must be forwarded to the nearest VA medical facility with VA Form 10-10. The purpose of the 10-10m is to show that the veteran needs to be hospitalized. The examining physician should be advised that emphasis should be placed on the condition or conditions which require hospitalization and any other disabilities needing medical attention should be mentioned in the examination report.

All of this takes time and unless the veteran lives a long distance from a VA hospital or is unable to travel, the quickest method for those who reside near a VA hospital or clinic is to go to the hospital or clinic and request an examination to determine need for hospitalization.

Under current VA regulations, there are a number of priorities established controlling the admission of veterans to VA hospitals. Persons under bonafide medical situations are always admitted to VA hospitals under priority one. Such admissions can be for nonservice-connected veterans and even non-veterans.

Public Law 97-37
97th Congress

An Act

To amend title 38, United States Code, to improve certain benefit programs of the Veterans' Administration for veterans who are former prisoners of war, and for other purposes.

Aug 14, 1981
[H.R. 1100]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) this Act may be cited as the "Former Prisoner of War Benefits Act of 1981".

Former Prisoner
of War Benefits
Act of 1981.
38 USC 101
note.

(b) Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 2. (a) Chapter 3 is amended by inserting after section 220 the following new section:

“§ 221. Advisory Committee on Former Prisoners of War

38 USC 221.

“(a)(1) The Administrator shall establish an advisory committee to be known as the Advisory Committee on Former Prisoners of War (hereinafter in this section referred to as the ‘Committee’).

Establishment.

“(2) The members of the Committee shall be appointed by the Administrator from the general public and shall include—

Membership.

“(A) appropriate representatives of veterans who are former prisoners of war;

“(B) individuals who are recognized authorities in fields pertinent to disabilities prevalent among former prisoners of war, including authorities in epidemiology, mental health, nutrition, geriatrics, and internal medicine; and

“(C) appropriate representatives of disabled veterans.

The Committee shall also include, as ex officio members, the Chief Medical Director and the Chief Benefits Director, or their designees.

“(3) The Administrator shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Administrator, except that the term of service of any such member may not exceed three years.

“(b) The Administrator shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits under this title for veterans who are former prisoners of war and the needs of such veterans with respect to compensation, health care, and rehabilitation.

“(c) Not later than July 1, 1983, and not later than July 1 of each second year thereafter, the Committee shall submit to the Administrator a report on the programs and activities of the Veterans' Administration that pertain to veterans who are former prisoners of war. The Committee shall include in each such report an assessment of the needs of such veterans with respect to compensation, health care, and rehabilitation, a review of the programs and activities of the Veterans' Administration designed to meet such needs, and such recommendations (including recommendations for administrative and legislative action) as the Committee considers to be appropriate. The Administrator shall immediately submit such report to the

Report.

Report to
Congress.

- Report
summary.
38 USC 214.
- Congress with any comments concerning the report that the Administrator considers appropriate. The Committee may also submit to the Administrator such other reports and recommendations as the Committee considers appropriate. The Administrator shall submit with each annual report submitted to the Congress pursuant to section 214 of this title a summary of all reports and recommendations of the Committee submitted to the Administrator since the previous annual report of the Administrator submitted to the Congress pursuant to such section.”.
- (b) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 220 the following new item:
- “221. Advisory Committee on Former Prisoners of War.”.
- 38 USC 101.
- SEC. 3. (a) Section 101 is amended by adding at the end the following new paragraph:
- “Former prisoner
of war.”
- “(32) The term ‘former prisoner of war’ means a person who, while serving in the active military, naval or air service, was forcibly detained or interned in line of duty—
- “(A) by an enemy government or its agents, or a hostile force, during a period of war; or
- “(B) by a foreign government or its agents, or a hostile force, during a period other than a period of war in which such person was held under circumstances which the Administrator finds to have been comparable to the circumstances under which persons have generally been forcibly detained or interned by enemy governments during periods of war.”.
- 38 USC 612.
- (b) Clause (7) of section 612(b) is amended to read as follows:
- “(7) from which a veteran who is a former prisoner of war and who was detained or interned for a period of not less than six months is suffering; or”.
- 38 USC 312.
- SEC. 4. (a) Section 312 is amended—
- (1) by striking out subsection (b); and
- (2) by redesignating subsection (c) as subsection (b) and amending such subsection to read as follows:
- “(b) For the purposes of section 310 of this title and subject to the provisions of section 313 of this title, in the case of a veteran who is a former prisoner of war and who was detained or interned for not less than thirty days, the disease of—
- “(1) avitaminosis,
- “(2) beriberi (including beriberi heart disease),
- “(3) chronic dysentery,
- “(4) helminthiasis,
- “(5) malnutrition (including optic atrophy associated with malnutrition),
- “(6) pellagra,
- “(7) any other nutritional deficiency,
- “(8) psychosis, or
- “(9) any of the anxiety states,
- which became manifest to a degree of 10 per centum or more after active military, naval, or air service shall be considered to have been incurred in or aggravated by such service, notwithstanding that there is no record of such disease during the period of service.”.
- (b) The amendments made by subsection (a) shall take effect on October 1, 1981.
- SEC. 5. (a) Section 610(a) is amended—
- (1) by striking out “and” at the end of clause (3);
- (2) by redesignating clause (4) as clause (5); and
- (3) by inserting after clause (3) the following new clause:
- Effective date.
38 USC 312 note.
38 USC 610.

“(4) a veteran who is a former prisoner of war; and”.

(b) Section 612(f) is amended—

38 USC 612.

(1) by striking out “and” at the end of clause (1);

(2) by striking out the period at the end of clause (2) and inserting in lieu thereof a semicolon and “and”; and

(3) by inserting after clause (2) the following new clause:

“(3) to any veteran who is a former prisoner of war.”.

(c) Section 612(i) is amended—

(1) by redesignating clause (4) as clause (5); and

(2) by inserting after clause (3) the following new clause:

“(4) To any veteran who is a former prisoner of war.”.

(d) The amendments made by this section shall take effect on October 1, 1981.

Effective date.
38 USC 610 note.

SEC. 6. (a) Not later than ninety days after the date of the enactment of this Act and at appropriate times thereafter, the Administrator shall, to the maximum extent feasible and in order to carry out the requirements of the veterans outreach services program under subchapter IV of chapter 3 of title 38, United States Code, seek out former prisoners of war and provide them with information regarding applicable changes in law, regulations, policies, guidelines, or other directives affecting the benefits and services to which former prisoners of war are entitled under such title by virtue of the amendments made by this Act.

Information to former war prisoners.
38 USC 301 note.
38 USC 240.

(b)(1) The Administrator shall, for not less than the three-year period beginning ninety days after the date of the enactment of this Act, maintain a centralized record showing all claims for benefits under chapter 11 of such title that are submitted by former prisoners of war and the disposition of such claims.

Centralized record.

(2) Not later than ninety days after the end of the three-year period described in paragraph (1), the Administrator shall, after consulting with and receiving the views of the Advisory Committee on Former Prisoners of War required to be established pursuant to section 221 of such title, submit a report on the results of the disposition of claims described in such paragraph, together with any comments or recommendations that the Administrator may have, to the appropriate committees of Congress. The Administrator may also submit to such committees interim reports on such results.

38 USC 301 *et seq.*
Report to congressional committees.

(c) For the purposes of this section, the term “former prisoner of war” has the meaning given such term in paragraph (32) of section 101 of title 38, United States Code (as added by section 3(a) of this Act).

Approved August 14, 1981.

LEGISLATIVE HISTORY—H.R. 1100 (S. 468):

HOUSE REPORT No. 97-28 (Comm. on Veterans' Affairs).

SENATE REPORT No. 97-88 accompanying S. 468 (Comm. on Veterans' Affairs).

CONGRESSIONAL RECORD, Vol. 127 (1981):

June 1, 2, considered and passed House.

June 4, considered and passed Senate, amended, in lieu of S. 468.

July 30, House agreed to Senate amendments with amendments; Senate concurred in House amendments.

SUMMARY TABLE OF BENEFITS AND ELIGIBILITY

	PL	CATEGORY	OP TREATMENT	DENTAL	PROSTHETICS	FEE BASIS	GLASSES	REHAB MEDICINE	EMER PRIVATE HOSPITAL	VAMC INPT HOSP	PERIOD OF SERVICE	
100% SC	91-102	A	All	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Any	
50% or more SC	94-581 93-82	A	All	See #1	Yes	Yes	Yes	Yes	See #2	Yes	Any	
Less than 50% SC		A	SC cond. or cond. Adjunct to SC cond	SC only or cond. Adjunct to SC cond	SC only	SC only	-----	-----	-----	Yes	Any	
A&A/ Housebound	96-22 91-500	A	All	No	Yes	Yes	Yes	Yes	No	Yes	Any	
WWI, Span. Amer. War, Mexican Border, Russian Period	96-151	A	All	No	Yes	Yes	Yes	Yes	No	Yes	See Table Below	
NSC w/o other entitlement		A,B,or C dep/income	As resources permit	No	No	No	No	No	No	Yes	Any *see below	
NSC in receipt of Pension		A	As resources permit	No	No	No	No	No	No	Yes	Any *see below	
Female	Same as male, except for private hospitalization in some instances											
Humanitarian -	Ineligible - Will be billed for all services rendered, VAMC Admission only under emergent conditions											
POW	97-37	A	All-only	Yes	Yes-if	No	Yes-if	Yes-if	No			
AgentOrange	96-22	A	at VA	181 or	RX by		RX by	RX by				
Ionizing Radiation	97-72	A		more days as POW	VA MD		VA MD	VA MD				
Following a period of hospitalization, patients are eligible for services deemed necessary by the physician to complete treatment, if discharged OPT-NSC. OPT-NSC status valid up to 1 year unless extended by treating M.D.												
DENTAL ADJUNCT CONDITIONS - Dilantin for prophylaxis; peptic ulcer, active; diabetes; enteritis problems, i.e., Crohn's disease, regional enteritis; acute pulmonary TB; ulcerative colitis; rheumatic valve disease. Adjunct determination is dependent on physician review at time of each application.												
VOCATIONAL REHABILITATION (or Chapter 31) - Voc. Rehab. cases are considered the same as PL 91-102; they are considered 100% SC until the termination date of their training. They can be put on Fee Basis I.D. until their termination date, dependent on type of treatment and location of residence.												
FEE BASIS TREATMENT - Should have OPT treatment authorized up to \$75.00/month for medical conditions. Eligibility for Fee Basis status listed in above table.												
FEE PHARMACY TREATMENT - Veterans are only entitled to have prescriptions filled from their private physician if they are on Fee Basis I.D. card status, unless they are PL 96-22 or PL 91-500 (A&A or Housebound) Prescriptions filled in private pharmacy on emergency basis only with appropriate certification from private physician and pharmacist.												
Periods of Service:	Spanish American War (1898-1902)				WorldWar II (9/6/40-7/25/47)							
	Russian Period (11/12/18-4/1/20)				Korean Conflict (6/27/50-1/31/55)							
	World War I (4/6/17-11/11/18)				Viet Nam Era (8/5/64-5/7/75)							
#1.	Individual Unemployable or SC for dental condition/condition adjunct to SC condition.											
#2.	Individual Unemployable or SC for condition/condition adjunct to SC condition.											
*	NSC veterans who entered service on or after 9/7/80 must have 2 conseq. years of service with honorable discharge											

Occasionally a veteran in need of hospital treatment for a SERVICE-CONNECTED disability will be found to be a medical emergency but cannot travel to a VA facility because a delay or time of travel would be detrimental to them. In such (service-connected) the veteran's physician should wire or phone the VA Medical Center and request authorized for the veteran to be admitted to a local hospital. Such request must be made not later than 72 HOURS after the emergency admission to enable the VA to pay the bill. The private physician should be prepared to state the symptoms and all findings, and make a definite diagnosis. The VA may then determine whether authorization may be given. Authority for admittance in cases such as this will be given ONLY IF the condition is SERVICE-CONNECTED.

What might be considered as an EMERGENCY by the veteran or their dependents is NOT NECESSARILY an emergency within the meaning of VA regulations. An emergency can be defined as a condition or circumstance that will not permit delay in treatment without endangering the life or health of the veteran, or the safety of the community. It must be established to a reasonable degree of certainty that the veteran requires immediate hospitalization because of their condition. Professional judgement should always be exercised in determining a medical emergency. CHRONIC cases are not classed as medical emergencies; however, chronic cases might become acute, and therefore, be classed as an emergency.

Veterans and their dependents should always obtain authorization in ADVANCE from the VA for any authorization for travel. At the VA hospital, the proper authority is the Admitting Doctor and at the VA clinic level it is the Chief, Outpatient Service. The veteran, their dependents, or whoever else is making travel arrangements, should be certain that there is a clear understanding on travel authorization before any travel is performed. It is always a good policy to obtain the name and title of the VA physician or other person authorizing the travel. This is especially true in emergency cases. If an AMBULANCE is needed to transport a veteran to a VA hospital, it MAY BE authorized providing it is requested and justified from a medical standpoint. In cases of this nature it is most desirable that the veteran's private physician call or speak directly to the Admitting Physician at the VA hospital. If for some reason this is not possible, the veteran's doctor should indicate on the medical report the reason that ambulance transportation is required.

When calling the VA hospital concerning the admission of a veteran the person making the call should be certain they have SUFFICIENT evidence to identify the veteran and to establish their basic entitlement to VA care. Usually a copy of the veteran's discharge or release from service is sufficient to establish eligibility, and should be readily AVAILABLE for the use of anyone who might be requesting admission of a veteran to a VA hospital.

VA regulations stipulate that a bed be obtained within FIVE days for a veteran requiring hospitalization for a SERVICE-CONNECTED disability. If the VA hospital is unable to obtain a bed with the time limit, they will contact other VA hospitals and the Chief Medical Officer within the area to obtain a bed.

DOMICILIARY care may be provided to veterans of ANY WAR, or since January 31, 1955, with an honorable discharge, who swears he is unable to defray the expense of hospital or domiciliary care and who is suffering from a disability, disease or defect which is disabling to such a degree and of such probable persistency as will prevent them from earning a living for a prospective period. There are additional requirements such as being able to dress themselves, make their beds, feed themselves, etc.

The proper form to use to apply for domiciliary care is VA Form 10-10, "Application for Medical Benefits", and if possible accompanied by VA Form 10-10m, "Medical Statement."

OUTPATIENT FEE BASIS treatment may be authorized at government expense to any veteran for a SERVICE-CONNECTED disability. It makes no difference whether the service-connected disability is compensable or non-compensable. Any veteran with wartime service who is rated 50% or more service-connected disabled is eligible for outpatient treatment at government expense for any medical condition. Any veteran who is in receipt of increased pension or compensation based on aid and attendance or housebound is also eligible for outpatient care at VA expense. Outpatient care includes any necessary drugs, medications, and certain supplies and appliances. This DOES NOT include dental outpatient treatment. Certain pensioners of nations allied with the U.S. during a war period are entitled to outpatient treatment at VA expense when duty authorized by their governments. Charges will be made for treatment and the bill for services forwarded to the appropriate Federal agency or foreign government.

Application for outpatient medical or dental treatment is made by completing VA Form 10-10, "Application for Medical Benefits." However, the best way is to go to the nearest VA medical facility and request treatment.

All veterans using OUTPATIENT FEE BASIS treatment must have a FEE BASIS CARD. You may apply for this at your VA Medical Center. This Fee Basis card authorizes up to \$75.00 a month for medical care/treatment. If you are to exceed the \$75.00 amount, your PHYSICIAN MUST GET PRIOR AUTHORITY. Eligibility Fee Bases status listed above. There is no special eligibility for former prisoners of war.

DENTAL CLAIMS

Dental care may be afforded to any veteran who is rated 100% service-connected in VA facilities, or who was a PRISONER OF WAR for six months or more. Hopefully, this time limit will be changed by Congress. Veterans who were prisoners of war six months or more are eligible for outpatient dental care at VA EXPENSE through privates dentists.

Any veteran who wishes to apply for dental care at VA expense may do so by SUBMITTING VA FORM 10-10, "Application for Medical Benefits." If the VA APPROVES the request they will AUTHORIZE a certain amount to pay for examination and a summary of dental care needed. NO dental TREATMENT is AUTHORIZED until the results of the examination and the estimated cost of the treatment is APPROVED by the VA. When approved, the VA will

authorized treatment. Veterans are cautioned NOT TO have any dental care performed until final approval is received from the VA. To do so could result in the VETERAN BEING LIABLE for the cost of treatment not authorized by the VA.

When a veteran is a patient in a VA hospital, they may receive dental care if their dental condition is such that it either aggravates or hinders treatment for his medical condition. When dental care is so justified and commenced while a veteran is hospitalized, and they are discharged prior to completion, they may be recalled to complete their dental care.

VOCATIONAL REHABILITATION FOR WW II, KOREAN, POST-KOREAN, VIETNAM,
AND POST-VIETNAM ERA VETERANS - Title 38, U.S.C., Chapter 31

Public Law 96-466, The Veterans Rehabilitation & Education Amendments of 1980 restructured and expanded rehabilitation programs for veterans with service-connected disabilities. The program is designed to provide for all services and assistance necessary to enable service-disabled veterans to achieve maximum independence in daily living and, to maximum extent feasible, to become employable and to obtain and maintain suitable employment.

Services and assistance which may be provided include the following:

Evaluation to determine potential for rehabilitation;

Payment of tuition, books, fees, tools, and supplies;

Subsistence allowance;

Vocational and other training service;

No interest loans;

Treatment, care, and services;

Work-study allowance;

Counseling and Placement Services;

Prosthetic appliances, eye glasses;

Personal adjustment and work;

Services to a veteran's family as necessary for the effective rehabilitation of such veteran;

Travel expenses;

Special services related to blindness and deafness;

Services necessary to enable the veteran to achieve maximum independence on daily living; and other incidental goods and services determined by the VA to be necessary to accomplish rehabilitation.

A veteran is eligible for rehabilitation if he has a compensable service-connected disability incurred on or after September 16, 1940, and has other than a dishonorable discharge, and is determined to be in the need of rehabilitation services because of an employment handicap. Generally a veteran must complete the program within a 12 year period from the date of notification of entitlement to VA compensation. This period may be extended if the veteran was unable to train for a period of time because of medical conditions. Also, the 12 year period may be extended to complete the training program if the veteran is determined to have serious employment handicap.

Up to 48 months and more of training, education, and other supporting rehabilitation services may be authorized in colleges and universities, apprentice, on-the-job and on-farm training sites, as well as in special rehabilitation facilities or in the veterans home if necessary. Veterans with serious disabilities may receive services under an extended evaluation program to improve their training potential. For veterans whom a vocational goal is not feasible, the veteran may be furnished services needed to improve their capacity for independent living in the community where they live. In addition to any VA training provided, veterans who have completed a vocational rehabilitation program and other eligible veterans may receive job counseling, placement, and adjustment services.

The proper form to make application is VA Form 28-1900, "Disabled Veterans Application for Vocational Rehabilitation." Upon receipt of the form the VA will schedule the veteran to report for vocational rehabilitation counseling service, furnished and presided over by VA personnel with the proper educational background and experience to enable them to assist the veteran in making an important decision as to the field of training they will enter.

* * *

Jerry L. Pettis Memorial
Veteran's Hospital
Loma Linda, California
March 19, 1982

HOSPITAL MEMORANDUM

122-9

PRIORITY OF TREATMENT FOR FORMER PRISONERS OF WAR

I. PURPOSE: On October 1, 1981, Public Law 97-37 was enacted which expanded entitlement for VA medical services to former prisoners of war (POW). Major findings of a recent intensive VA study reveal that as prisoners of war these veterans were subjected to extremely harsh medical and psychological experiences. This memorandum, therefore, defines responsibilities and procedures to insure that ex-POW's are afforded the services to which they are entitled in a timely, courteous and empathic manner.

II. POLICY: The VA and this hospital fully support the new priority treatment of the former POW. These veterans are now eligible for VA outpatient care in VA facilities for any disability ahead of all other veterans with nonservice-connected disabilities. Because of the unique treatment needs of ex-prisoners of war, certain key personnel have been designated POW Specialists to insure success of the program. These

specialists will work cooperatively within a team-like network on behalf of each veteran.

III. RESPONSIBILITIES: Every employee will share and cooperate in the sensitive effort we are extending to former POWs.

- A. MEDICAL COORDINATOR: The ACOS/Ambulatory Care, or his designee is responsible for the coordination of comprehensive medical service for the former POW, including the assignment of a POW Primary Care Physician. The Medical Coordinator or the Primary Care Physician will be responsible for requesting consultation from other hospital-based specialists, such as Internal Medicine, Psychiatry, Psychology, and others.
- B. POW SPECIALIST: The POW Specialist will be responsible for the overall coordination of a comprehensive community resource identification program and insure that these resources are fully integrated with available hospital services to meet the broadest range of needs of the POW. These responsibilities will include:
 - 1. Ensuring that each POW is offered the opportunity for broadbased assessment to evaluate in addition to his medical needs, an assessment of his financial status (including an assessment of potential eligibility for increased VA financial benefits). This assessment will include an evaluation of each POW's financial and cultural situation, housing, transportation, education, vocational, and avocational needs.
 - 2. Evaluating each POW's willingness to accept and utilize services that may be available.
 - 3. Providing assistance to each POW, either as an individual or in groups with other POWs, to identify potential sources of services from within the VA hospitals, the VA Regional Offices, services provided by State and City Governments and private sources of community-based services.
 - 4. POWs asking to see the POW Physician in person or by telephone will be given a scheduled appointment with the POW Physician.
 - 5. POWs seeking medication only, prescribed by a private physician, will be referred to the POW Physician and an appointment with the POW Specialist will be offered.
- C. Medical administration service will assist the former POW to insure continuity of administrative services with other VA facilities.
- D. Former prisoners of war are eligible to receive outpatient treatment for any disability (except dental care) without regard to the individual's ability to defray the expenses of the care required. These individuals are not entitled to Fee Basis solely on their status as former POWs. In

addition, former POWs of World War I, World War II, the Korean Conflict or the Vietnam era who were interned 180 days or more may be furnished any needed dental care.

- E. Inasmuch as a high percentage of POWs suffer from some type of psychiatric or emotional disorder, those POWs evidencing such symptoms during medical treatment or assessment will be referred to the Mental Hygiene Clinic for further evaluation and possible intake for ongoing treatment of such conditions.

IV. REFERENCES: Circular 10-80-7; M-1, Part I, Chapter 19, Handbook for Veterans Benefits Counselor, H-27-73-1 (September 1980, POW Study, Office of Planning and Program Evaluation, May 1980; M-1, Part 1, Chapter 4, Paragraph 4.65; current library material provided by the American Ex-POWs, are available at this hospital; Public Law 97-37.

V. RESCISSION: NONE

VI. DISTRIBUTION: A,X, (all service organizations) 35 copies to 122.

VII. REVIEW DATE: March 1984

VIII. ATTACHMENTS: A - designated POW specialist list

	signed	signed
	Chief of Staff	Hospital Director
Medical Coordinator		ACOS/ Ambulatory Care
Social Work Service POW Specialist		XXX XXXXX, MSW Staff Social Worker Mental Hygiene Clinic
POW Primary Care Physician		XXXXX XXXXX, M.D. Chief, General Medicine Clinic Medical Service
POW Liaison Officer		Chief, Medical Administration Service

* * *

1310 (S3.310) PROXIMATE RESULTS, SECONDARY CONDITIONS

(A) GENERAL. Disability which is proximately due to the result of service-connected disease or injury shall be service-connected. When service-connection is thus established for a secondary condition, the secondary condition shall be considered a part of the original condition. (August 22, 1979)

(B) CARDIOVASCULAR DISEASE. Ischemic heart disease or other cardiovascular disease developing in a veteran who have a service-connected amputation of one lower extremity at or above the knee or service-connected amputations of both lower extremities at or above the ankles,

shall be held to be the proximate result of the service-connected amputation or amputations. (38 U.S.C. 210(c), 310,331) (Aug. 22, 1979)

1311 (cancelled, May 1, 1974)

1312 (S3.312) CAUSE OF DEATH

(A) GENERAL. The death of a veteran will be considered as having been due to a service-connected disability when the evidence establishes that such disability was either the principle or a contributory cause of death. The issue involved will be determined by exercise of sound judgment, without recourse to speculation, after a careful analysis has been made of all the facts and circumstances surrounding the death of the veteran, including, particularly, autopsy reports. (February 24, 1961)

(B) PRINCIPAL CAUSE OF DEATH. The service-connected disability will be considered as the principal (primary) cause of death when such disability, singly or jointly with some other condition, was the immediate or underlying cause of death or was etiologically related thereto. (February 24, 1961)

(C) CONTRIBUTORY CAUSE OF DEATH.

(1) Contributory cause of death is inherently one not related to the principal cause. In determining whether the service-connected disability contributed to death, it must be shown that it aided or lent assistance to the production of death. It is not sufficient to show that it casually shared in producing death, but rather it must be shown that there was a causal connection.

(2) Generally, minor service-connected disabilities, particularly those of a static nature or not materially affecting a vital organ, would not be held to have contributed to death primarily due to unrelated disability. In the same category there would be included service-connected disease or injuries of any evaluation (even though evaluated as 100% disabling) but of a quiescent or static nature involving muscular or skeletal functions and not materially affecting other vital body functions.

PHYSICIAN'S STATEMENT

The physician's statement should be set forth as follows:

(1) The statement should be on HIS OWN OFFICE STATIONERY and clearly identify the veteran. If the Claim Number is known, it should be included.

(2) BRIEF HISTORY: The doctor should be asked to furnish the date he first examined the veteran and where he conducted the exam. He should be asked to give a history of the veteran's complaint(s) and disabilities furnishing as much information as possible.

(3) SYMPTOMS: Ask the doctor to furnish the FINDINGS AND FACTS. The FACTS on which the doctor's diagnosis was based are more VALUABLE than the actual diagnosis.

(4) PHYSICAL FINDINGS: should be furnished IN DETAIL. THEY ARE IMPORTANT. A clear, complete record of the symptoms and physical findings is essential to permit the VA Rating Board to see the relative functional loss resulting from the disease or injury and permit the VA TO EVALUATE THE DISABILITY IN TERMS OF PERCENTAGE.

Physicians should refrain from recording their estimates of the percentage of the disability. Instead, they should relate their clinical findings as MILD, MODERATELY SEVERE, OR SEVERE.

(5) DIAGNOSIS: If the present diagnosis differs from an earlier one, the doctor should be asked to show:

- a. Progress of the disability
- b. Nature and extent of the disability
- c. Any confinement caused by the disability (i.e., bedridden, incapacitated for work)
- d. Dates to show duration of such disability
- e. Nature of treatment
- f. Length of treatment and dates

The statement should be signed by the physician.

NOTE; If the veteran is 65 years of age or older, A MEDICAL STATEMENT IS NOT REQUIRED. However, if the claim is made for special monthly pension (housebound or aid & attendance (A&A) on a veteran of any age, THE MEDICAL STATEMENT IS NECESSARY.

HEARING LOSS VETERANS ADVISED TO REOPEN DISABILITY CLAIM

The VA schedule for rating disabilities has been amended and now permits the VA to assign a separate 10% disability evaluation for tinnitus. The amendment does REQUIRE that the VETERAN MUST HAVE ACQUIRED THE HEARING LOSS AS A RESULT OF ACOUSTIC TRAUMA (loud noises, i.e. bomb blast, artillery fire, firing range, radio operator, airplane engine noise, concussion, etc.)

Symptoms of tinnitus are usually described as a hissing, ringing, buzzing, thumping, whistling or roaring noise of the inner ear. Whatever their nature most people agree it is very annoying. Tinnitus may be constant or intermittent and is often accompanied by hearing loss.

The criteria for the compensable 10% evaluation does not differentiate as to the severity (mild, moderate, or severe). The criteria does require that the tinnitus be persistent and not on an intermittent basis. In other words, if you have already established service connection for hearing loss caused by acoustic trauma and you have a constant symptom of tinnitus you should consider reopening your claim for an additional compensable evaluation. (FILE EVEN IF YOU ARE NOT NOW CONNECTED FOR A HEARING LOSS IF HAVE ONE. Stan)

YOUR DAY IN COURT from DAV

All too often we hear, "I DIDN'T HAVE A CHANCE," or "THEY DON'T UNDERSTAND," from disabled veterans whose claims have been denied by the VA. Even more alarming to us is the veteran who complains, "I DIDN'T KNOW I WAS ENTITLED TO A HEARING!"

Let's clear the air now by serving notice, not only to veterans, but all persons claiming benefits from the VA of their legal rights to appear at a hearing before a Rating Board to explain personally, and in their own words, the reason for and circumstance of their claim.

The widow of a veteran claiming service-connected death benefits can tell the Board why she feels her late husband's service-connected disability contributed to his death. The disabled veteran claiming service-connection for a disability, or increased evaluation, can explain when it started hurting, why it hurts, and where it hurts.

We believe that a disabled veteran should have that chance to try to make the VA understand, and an opportunity to "TELL IT LIKE IT IS".

Although no necessarily restricted to claims involving disability or death benefits, a hearing is an integral part of that which is called DUE PROCESS OF LAW. This means that a claimant has the absolute legal right to meet with and face the VA officials charged with the responsibility of rendering a decision upon the issues involved, to explain, perhaps for the first time for the record, the personal side of the case.

Questions may be asked for the expressed purpose of producing oral testimony, under oath, from the claimant and witnesses. However, a hearing is not an adversary procedure, and a "HARD LINE" cross-examination, or any effort to distort the meaning or purpose of a claimant's testimony, will not be permitted.

The VA constantly reminds its Board Members to offer every assistance, and to make recommendations regarding the type of evidence necessary to support the claim.

Before requesting a hearing, we urge and insist on consultation with a DAV National Service Officer, who will not only discuss thoroughly the hearing process, and its advantage or disadvantage, but will also accompany, represent, and support the claimant at such a hearing.

As the designated, accredited representative, the NSO will clearly state the issues involved, and assist the claimant in offering verbal testimony by seeking response to leading questions. Testimony will normally be restricted to the issues being considered, although there may be introduced any evidence or statement that the claimant, or the duly authorized representative, considers material.

After all available evidence and testimony have been presented, the NSO conclude with a summation and final argument in behalf of the claimant, based on the entire record. Including the new and additional evidence and testimony brought to light during the hearing. During the hearing, however, the NSO, and the Board Members, will give the claimant every opportunity to "TELL IT LIKE IT IS".

The three Board Members, one of whom is a doctor, may direct additional questions to the claimant for the purpose of further clarifying the issues. But it is to this Board that convincing argument must be made.

It is during this hearing and before this Board that a veteran should not hesitate to disrobe, when requested, and if necessary, to demonstrate a disability resulting from gunshot or shrapnel wound. The medical member of the Board will usually, or upon request, record his observations for the record.

Hearing will not be conducted in an atmosphere of formality; there are no hard and fast rules to be followed. However, all testimony is recorded, then transcribed, and a copy of the proceedings are made to permanent part of the record. Upon request, the VA will supply the claimant with a transcript of the hearing.

An immediate decision will not usually be made at the conclusion of the hearing, as the Board now has valid reason to again review the entire record, including the hearing transcript. Before arriving at a final decision, the Board may authorize another VA examination, or additional medical reports may be requested. Every issue must be carefully explored and developed, particularly when the Board, in its judgment, contemplates denying the benefits claimed.

A "NOTICE OF DISAGREEMENT" with an unfavorable decision following a hearing at the local VA Office may be filed with the NSO. He or she will not only advise the claimant of the RIGHT OF APPEAL to the Board of Veterans Appeals, but also of the RIGHT TO ANOTHER PERSONAL HEARING, this time before the APPEALS BOARD.

A hearing may be requested at any time, and will be conducted at the VA office closest to Claimant's home. Hearings before the BOARD OF VETERANS APPEALS are conducted in Washington, D.C., except those cases heard by a TRAVELING SECTION OF THE APPEAL BOARD, when sitting at local VA office. VA is not authorized to pay travel expense to any hearing, AND THIS WILL HAVE TO BE BORNE BY THE CLAIMANT.

In this country, every person is entitled to HIS DAY IN COURT, and the disabled veteran is no exception. The law of the land provides for DUE PROCESS, which the VA interpreted to mean that a claimant has the RIGHT TO APPEAR, IN PERSON, to give sworn, verbal testimony, as well as to present witnesses and new evidence to substantiate a claim.

Testimony given at a hearing can mean the difference in a case, particularly when the issues are involved and complex. We do, however, again urge that you seek the assistance of a DAV NSO to accompany and represent you at a hearing.

While the primary effect of a hearing is to win the case, its purpose will have been served for the claimant who has had the chance to "TELL IT LIKE IT IS". THAT CLAIMANT WILL HAVE HAD HIS OR HER DAY IN COURT.

* * *

IMPORTANT - DVB CIRCULAR 21-81-9 REVISED DEC. 6, 1983 - THE POW PHYSICIAN COORDINATOR CAN EXPRESS HIS OR HER OPINION ABOUT WHETHER THE DIAGNOSED DISEASES MAY BE RELATED TO OR WERE CONTRIBUTED TO BY THE POW EXPERIENCE.

APPEALS

Applicable laws and regulations require that the VA inform a veteran and his dependents of their right to appeal any determination made by a VA regional office or medical center which they believe is unfavorable. They will also be informed of the time within which the appeal must be submitted, the right to a personal hearing, and the right to representation. Most, but not all, field determinations are appealable and will be decided upon by the Board of Veterans Appeals, Washington D.C.

EXAMPLES OF DETERMINATIONS WHICH MAY BE APPEALED ARE:

- Compensation for service-connected disability
- Disability and death pension
- Dependency and Indemnity Compensation
- Educational assistance
- Burial benefits
- Government life insurance
- Loan guaranty
- Unauthorized medical expense
- Vocational rehabilitation .
- Waiver of overpayments
- Character of discharge or release
- Forfeiture of rights, claims or benefits for fraud

VA field determinations which CANNOT be appealed are medical determinations concerning the need for or appropriateness of a specific type of medical care, such as, whether a particular drug should be prescribed or whether a specific type of physiotherapy should be ordered.

An appeal is initiated by filing a "NOTICE OF DISAGREEMENT." This notice is any document in which the veteran, his dependents, or the veteran's representative expresses dissatisfaction with a determination concerning an award of VA benefits, and requests appellate review. There is NO special form prescribed for this purpose and a simple letter or statement will suffice. It is suggested that VA Form 21-4138, "Statement in Support of Claim" be used to file a Notice of Disagreement. The individual who files the notice is known as the APPELLANT.

Except in the case of a contested claim, a claimant has ONE year from the date of the letter from the VA notifying him, his dependents, or his representative of the determination concerning a claim was mailed by the VA within which to file a Notice of Disagreement. The VA letter is presumed to have been mailed on the date typed or stamped at the top

of the letter. A CONTESTED claim arises in situations where the award of a benefit to one claimant results in the award of lesser, or no benefits to other claimant and a NOTICE OF DISAGREEMENT is filed by one or more claimants as a result of the award. In these cases a Notice of Disagreement must be filed with 60 days.

The VA office which made the determination upon the receipt of a Notice of Disagreement will furnish the appellant a "STATEMENT OF THE CASE." The Statement of the Case will set forth the issues, facts, applicable law and regulations, and the reasons for the determination. This document should be complete enough to allow the appellant to determine the basis for the VA's action so they can make a decision about whether or not to complete the appeal by filing what is know as a "Substantive Appeal."

The filing of the Substantive Appeal is the last action that the law requires the appellant to make to complete the appeal. A Substantive Appeal normally consists of a properly completed VA FORM 1-9, "Appeal to Board of Veterans Appeals." While this form is preferred, some other document containing the necessary information may be accepted by the VA. Information on how to complete the appeal may be found on the back of VA Form 1-9. However, in the majority of cases the assistance of a certified NSO should be requested. The appellant should specifically identify the benefit or benefits they feel have been wrongfully withheld.

The appeal should set out specific arguments as to error of fact or law, related to the issues. The VA does not expect technical legal agruments from the appellant but the appeal should identify which statements in the Statement of the Case the appellant feels are inaccurate, why the appellant feels they are entitled to the benefits which they are seeking under the applicable laws and regulations set forth in the Statement of the Case. Appeals which fail to allege specific error of fact or law in the determination being appealed may be dismissed. If the appellant takes no exception with any statement of fact contained in the Statement of the Case, it is presumed that they are in agreement that it is true.

It is VERY IMPORTANT to the appellant that a Notice of Disagreement or Substantive Appeal be filed within the time allowed by law. Once the time allowed has passed without the required documents being filed, the determination which the appellant disagrees with becomes FINAL. It is very difficult and almost impossible to overturn a final determination. Unless the appellant can show that the determination was clearly and unmistakably erroneous, it cannot be overturned.

Even after a decision has become final a claim may be reopened by submitting new and material evidence concerning the claim to the agency of original jurisdiction.

A personal hearing will be granted at any stage in the appeal proceeding if the appellant and/or a representative expresses a desire to appear in person. The appellant, the authorized representative, any witness and Members of Congress and their Staff may appear and present arguments and testimony in support of the appeal.

A hearing requested before a Notice of Disagreement has been filed is normally held before members of a Rating Board or appropriate Department of Medicine & Surgery personnel at the local level. A hearing requested at the time of, or after, the filing of a Notice of Disagreement may be held in one of the following places at the option of the appellant.

Before a Traveling Section of the Board of Veterans Appeals at a nearby VA office, provided the Traveling Section is scheduled to hold hearings at that office within a reasonable period of time and space on the hearing docket is available.

Before members of a Rating Board or appropriate Department of Medicine and Surgery personnel at a VA local facility acting as agents of the Board of Veterans Appeals.

In Washington, D.C. before members of the Board of Veterans Appeals.

The VA DOES NOT reimburse appellants for costs incurred in attending personal hearings. Decisions by the Board of Veterans Appeals are FINAL.

An appellant or their representative may ask the Board to reconsider a decision, but the Boards WILL NOT reverse the decision unless it can be shown that the decision was based on an obvious and material error of fact or law. Any reconsideration of a decision is BASED EXCLUSIVELY on the evidence which was in the record at the time the decision was made.

It is not appropriate to submit new evidence to the Board when requesting reconsideration. If the appellant acquires NEW evidence, the proper procedure is to submit that evidence to the agency of original jurisdiction and request that the claim be reopened.

On reviewing POW APPEALS by the Administrator's Advisory Committee on Former Prisoners of War, it was noted that you had a 15% better chance to win your appeal if it went before the Traveling Section of the Board of Veterans Appeals than if it went before the Board of Appeals in Washington, D.C.

LATER EFFECTS OF IMPRISONMENT AND DEPORTATION

International Conference Organized by the World Veterans Federation-The Hague-Nov. 20-25, 1961. LIBERATION AND THE FOLLOWING YEAR - by Charles Richet of "Academie de Medicine" Paris.

MYOCARDITIS, TUBERCULOSIS, AND DENUTRITION, WHEN THESE ARE UNTREATABLE DISORDERS OR LESIONS, CONTINUED TO DESTROY.

From 1947 to 1955 -- THE STAGE OF EARLY AFTER-EFFECTS

All the organs affected: myocarditis, stomach ulcers, PSYCHIC DISTURBANCES, rheumatism, tuberculosis, the latter, it is true, being already less frequent. In this period, MORBIDITY AND MORALITY were higher than among our contemporaries.

TODAY, WE ARE LIVING IN THE PERIOD OF DELAYED AFTER-EFFECTS. The present Conference expounds the teaching of the Oslo Meeting which demonstrated that ALL SYSTEMS, ALL ORGANS AFFECTED IN THE PAST WERE STILL AFFECTED SIXTEEN YEARS LATER.

Before going into detail let us mention the three main factors which have turned the deportee into a constantly ailing person.

1. Job fatigue DOES NOT appear at the beginning of old age, but in adults who are still young.
2. Old age is PREMATURE.
3. Early death occurs.

The CARDIOVASCULAR and NERVOUS systems, although not the only ones to be IMPAIRED, are more often those to be affected and this always leads to serious developments.

I do not wish to anticipate the reports which will be submitted to you but I trust I may be permitted to mention the most important points.

The NERVOUS SYSTEM is disturbed in the case of more than half of our comrades. The commonest sign, so common that we now regard it as normal, is FATIGUE. This appears after any slightly long walk, as a result of going out in the evening, getting up too early, or any overwork. HYPERSOMNIA IS INVARIABLE: lengthy daytime rests are essential.

The Norwegian and French experts at Oslo emphasized PSYCHIC disturbances. They are studying them again today and the opinion of these psychiatrists - Osvik, Rogan, Eitinger, Strom, Gronvik, Lonnum, Targowla, Raveau - is of the greatest value. Psychic and characterial functions often cease to be normal. CARDIOVASCULAR DISORDERS ARE VERY FREQUENT Our friend Inbona shows the development of myocarditis cases since 1944 which continue to advance. They lead to those delayed deaths due to the heart disease which Mans and I emphasized, death through sclerosis of the myocardium, of the coronaries, of the aorta or by senile myocarditis.

FOLLOWING ARE THE CONCLUSIONS AND FINAL RECOMMENDATIONS OF 48 DELEGATES, WHO ARE EXPERTS ON THE LATER EFFECTS OF IMPRISONMENT AND DEPORTATION.

"In conclusion, the Conference was of the opinion that there exist ailments and disabilities which appear long afterwards among personas who were interned or imprisoned in concentration camps.

These effects can become manifest at any time after liberation, and no time limit can be set for their appearance. Similar effects can be observed among persons who lived under dangerous and stress conditions as a result of their fight against Nazism. These effects can also be FOUND AMONG FORMER PRISONERS OF WAR who lived under exceptional conditions of stress.".....

"The Conference was of the opinion, on the basis of the above medical conclusions, that it is necessary:

1) To ELIMINATE for the persons concerned, ALL LEGAL TIME LIMITS for submitting application in connection with disability.

2) To have them BENEFIT from the presumption of origin and aggravation, with time limit, which excludes any provision tending to reduce the disability rate on the grounds of the applicant's age or because of the time when application for pension was made."

WITHOUT PREJUDICE to more favorable or similar legal provisions, the Conference recommends in particular the following measures:

1) Granting to deportees who were subjected to the concentration camp system an out-right disability percentage intended to compensate for special physical and psychic diminution suffered by the persons concerned as a result of the exceptionally severe conditions of their internment, this percentage to be granted in all cases and possible to be added arithmetically, to the disability rate already recognized for specific ailments.

2) Creation of commissions established solely in connections with the medical examination of former deportees.

3) Possibility of applying for early retirement and payments of the entire salary and for all other possible advantages, which would be guaranteed until the legal pension age.

4) Completely free medical care, both preventive and curative.

The Conference requests the World Veterans Federation to call upon all governments and upon the medical profession to promote specialization in post-concentration camp pathology. It urges that the conclusions of the studies that have already been pursued in this field and that new medical knowledge resulting there from be widely publicized.

PATHOLOGY OF THE CAPTIVITY OF THE PRISONERS OF WAR

Tome II, Works of the International Medical Conference Brussels
November 1-4, 1962

by Charles Richet (of the "Academie de Medicine" Paris)

The two most important medical points amongst deportees are on the one hand, their mortality in the camps, and on the other, the existence of sequels amongst many of them. Mans and ourselves have stressed the frequency of this and have indicated the clinical and pathologic features thereof. They are admitted by all the European Clinicians. This notion of sequels is of particular interest to you in your capacity as doctors of prisoners of war. We have classified these sequels into PRECOCIUS SEQUELS, occurring 1 to 12 months after the return of the prisoners, (Tuberculosis, enterities, etc: SEMI-RETARDED SEQUELS, appearing between the 1st and 8th years (Tuberculosis, rheumatism, stomach ulcer, etc): RETARDED SEQUELS, occurring sometimes after 15 years, the two most important of which - as they often involve death - are cardiac and nervous accidents.

The pattern amongst former deportees is, or was, very frequently as follows:

- a) Diminution in occupational work capacity
- b) Premature senescence (muscular, articular, cardiac, nervous, etc.).
- c) Death, on the average, premature. We encounter confirmation of this latter point in Ellenbogen's statistics: in 1961, he lists only 0.7% over the age of 70 amongst former deportees.

DAVID-DOCTEUR EN MEDICINE--BELGIUM: It is obvious to anybody that certain disease occur more frequently in former war-prisoner than in other people. I have, personally, been able to ascertain a greater frequency of the following diseases:

1. Digestive diseases, more in particular gastro-intestinal ulcers, sometimes cancerized in its chronical form.
2. Cardio-vascular disease, mainly of coronarian type.

Moreover, although my personal experience does not permit a valid statistic to be made up, I am firmly convinced, that one should add to this list T.B. mainly belated, and psychoneurotic troubles.

* * *

Department of Veterans Benefits
Veterans Administration, Washington D.C. 20420

DVB Circular 21-82-7
May 3, 1982

POST-TRAUMATIC STRESS DISORDER RATINGS

1. The purpose of this circular is to clarify the REQUIREMENTS FOR THE ESTABLISHMENT OF SERVICE-CONNECTION for PTSD (post-traumatic stress disorder) and to POINT out problem areas we have encountered in our Review of Claims. Five points will be covered.

a. OBJECTIVE EVIDENCE OF A STRESSOR IN SERVICE

(1) A considerable number of claims reviewed showed lack of objective evidence of identifiable stressors. These claims contained only the veteran's own statements, given usually many years after service and without concrete evidence in the claims folders to substantiate the statements.

(2) Objective evidence of a stressor includes, but is not limited, official service records indicating medals or commendations awarded for combat; wounds suffered as a result of enemy action or for acts of valor; duty assignment in a grave registration unit; medical or paramedical duties on a burn ward; or EXPERIENCE AS A PRISONER OF WAR.

b. ACCEPTABLE DIAGNOSIS OF PTSD FOR RATING PURPOSES; Many of the claims reviewed had unacceptable diagnosis of PTSD. Generally, the diagnosis was unacceptable because the symptomatology described did not support such a diagnosis; an identifiable stressor was not shown or was not adequately described; or prior reports or history identified a type of mental disorder which could not support a diagnosis of post-traumatic Stress Disorder.

c. RECONCILIATION OF CONFLICTING DIAGNOSIS OR CONFLICTING PSYCHIATRIC REPORTS. A large number of the claims reviewed a diagnosis of PTSD, but the file contained conflicting evidence (either in the service records or in medical reports or examinations) with no attempt to reconcile the evidence with the diagnosis. Some claims contained conflicting diagnosis (e.g., PTSD and anxiety neuroses, unstable personality disorder) with no request made to the VAMC to reconcile the discrepancies in the diagnosis.

d. CONFUSION ABOUT THE APPLICABILITY OF DSM-III, PROGRAM GUIDE PG 21-1, SECTION 0-12, AND INFORMATION CONTAINED IN EXAMINATION OF PTSD

(1) Several stations have inquired as to what constitutes a stressor and whether it is to be limited to an immediate life-threatening experience.

(2) Stressors include, but are not limited to, immediate life-threatening experiences. Examples of stressors which are not immediately life threatening include grave registration, nursing duties in a burn war, and POW EXPERIENCES. Both DSM-III and PG 21-1, Section 0-12, are applicable. Stressors include incidents of armed conflict or enemy action, natural disasters, and man-made disasters (both accidental and deliberate, which occurred while on active duty.

e. LACK OF CONTINUITY. In PTSD cases, continuity is not a requirement. PTSD, as the Program Guide and DSM-III point out, may be established as service-connected, even though a considerable period of time may have lapsed between the stressor and its chronic manifestations.

2. To summarize, three basic requirements must be met to establish service-connection for PTSD:

- a. Objective evidence of a life-threatening stressor in service;
- b. A diagnosis of PTSD acceptable for rating purposes; and
- c. Adequate findings in the clinical examination describing stressor and symptoms or manifestations. PG 21-1, Section 0-12, DSM-III provide standards and guidelines.

3. A history of a stressor as related by the veteran is, in itself, insufficient. Service records MUST show the veteran was wounded as a result of enemy action and/or was in combat against the enemy, WAS A POW, or must otherwise substantiate a stressor of sufficient gravity to evoke symptoms in almost everyone, as required by DSM-III.

4. If supportive evidence is not in file, the Service Department should be requested to furnish information as to duty assignments, units to which assigned, combat unit duty, Purple Heart as well as other combat medals, decorations or commendations. The veteran may also be asked to furnish any evidence in his/her possession.

5. RESCISSION: This Circular is rescinded April 1, 1983.

DOROTHY L. STARBUCK
Chief Benefits Director

(NOTE: REGARDLESS OF THE RESCINDING DATE THIS CIRCULAR HAS BEEN INCLUDED IN THIS PACKET AS IT INFORMS US OF THE FEELING OF THE VA CONCERNING POST-TRAUMATIC STRESS DISORDERS.)

GUIDELINES FOR PERFORMING AUTOPSY EXAMINATION ON FORMER POWS

(VA Professional Services letter, June 18, 1982, signed by
Carl W. Hughes, M.D., Ass't Chief Medical Director)

States in part - "The wide range of diseases, deficiencies, and disabilities to which all POWs were exposed, emphasized the importance of extending the medical follow-up in these patients whenever possible. Obtaining permission for autopsy examination on former prisoners of war is therefore strongly encouraged. Autopsies performed on former POWs should be in accord with the routine autopsy procedures, morphologic study should be made of tissue samples from peripheral nerves including sections of skeletal muscle, dorsal root ganglia, spinal cord at several levels including cervical widening, medulla at the level of the hypoglossal nucleus, midbrain, hypothalamus including mammillary bodies and wall of 3rd ventricle, thalamus, hippocampus, optic nerves, and cortex from each cerebral lobe. Sections from the nervous system should be stained for myelin and axons in addition to the hematoxylin and eosin stains. Further recommendations include taking specimens from the testes, prostate, bladder and kidney. Half of each testis should be fixed. Material from the prostate should include the capsule and the urethra. Sections from the bladder should include obvious lesions. If none, sample should include the trigone. Sections from the kidney should include the cortex and pelvis. Most importantly, attention should be directed toward the search for an identification of diseases and disorders not expected in the autopsy of a non-military patient. Familiarity with the spectrum of diseases likely to affect former prisoners of war will enable the pathologist to render a more complete medical assessment of patients in the select group."

"All Pathological material (surgical, cytologic and autopsy) from POWs will be examined and reported in the customary manner at each medical center. In addition, a duplicate set of slides, blocks, and representative wet tissue will be forwarded to the AFIP. All material for shipment to AFIP will be packaged in the usual manner and addressed to the Director, Armed Forces Institute of Pathology, ATTENTION FORMER POW REGISTRY. The packaged specimens may be further identified by affixing a POW label (VA Form 10-5558)."

VA REGULATIONS COMPENSATION AND PENSION--Trans. Sheet 554

(1) History of preservice existence of conditions recorded at the time of examination does not constitute a notation of such conditions but will be considered together with all other material evidence in determinations as to inception. Determinations should not be based on medical judgment alone as distinguished from accepted medical principles, or on history alone without regard to clinical factors pertinent to the basic character, origin and development of such injury or disease. They should be based on thorough analysis of the evidential showing and careful correlation of all material facts, with due regard to accepted medical principles pertaining to the history, manifestations, clinical course, and character of the particular injury or disease or residuals thereof.

(2) History conforming to accepted medical principles should be given due consideration, in conjunction with basic clinical data, and be accorded probative value consistent with accepted medical and evidentiary principles in relation to other competent evidence. All material evidence relating to incurrence, symptoms, and course of the injury or disease, including official and other records made prior to, during or subsequent to service, together with all other lay and medical evidence concerning the inception, development and manifestations of the particular condition will be taken into full account. (February 24, 1961)

(3) Signed statements of veterans relating to the origin, or incurrence of any disease or injury made in service if against, his (her) own interest is of no force and effect if other data do not establish the fact. Other evidence will be considered as though such statement were not of record. (10 U.S.C. 1219) (September 19, 1974)

(C) DEVELOPMENT. The development of evidence in connection with claims for service-connection will be accomplished when deemed necessary but it should not be undertaken when evidence present is sufficient for this determination. In initially rating disability of record at the time of discharge, the records of the Service Department, including the reports of examination at enlistment and the clinical records during service, will ordinarily suffice. Rating of combat injuries or other conditions which obviously had their inception in service may be accomplished pending receipt of copy of the examination at enlistment and all other service records. (February 24, 1961)

(D) COMBAT. Satisfactory lay or other evidence that an injury or disease was incurred or aggravated in combat will be accepted as sufficient proof of service-connection if the evidence is consistent with the circumstances, conditions or hardships of such service even though there is no official record of such incurrence or aggravation. (38 U.S.C. 354 (B)) (February 24, 1961)

(E) PRISONERS OF WAR. Where disability compensation is claimed by a former prisoner of war, omission of history or findings from clinical records made upon repatriation is not determinative of service-connection, particularly if evidence of comrades in support of the incurrence of the disability during confinement is available. Special attention will be given to any disability first reported after discharge, especially if poorly defined and not obviously of intercurrent origin. The circumstances attendant upon the individual principles in determining whether disability manifested subsequent to service is etiologically related to the prisoner of war experience. (Feb. 24, 1961)

1305 (§3.305 DIRECT SERVICE-CONNECTION--PEACETIME SERVICE BEFORE January 1, 1947.

(A) GENERAL. The basic considerations relating to service-connection are stated in VA Regulation 1303. The criteria in this paragraph apply only to disabilities which may have resulted from service other than in a period of war before Jan. 1, 1947. (May 1, 1974).

(B) PRESUMPTION OF SOUNDNESS. A peacetime veteran who has had active, continuous service of 6 months or more will be considered to

have been in sound condition when examined, accepted, and enrolled for service, except as to defects, infirmities or disorders noted at the time thereof, or where evidence or medical judgment, as distinguished from medical fact and principles, established that any injury or disease preexisted service. Any evidence acceptable as competent to indicate the time of existence or inception of the condition may be considered. Determinations based on medical judgment will take cognizance of the time of inception or manifestation of disease or injury following entrance into service, as shown by proper service authorities in service records, entries or reports. Such records will be accorded reasonable weight in consideration of other evidence and sound medical reasoning. Opinions may be solicited from VA medical authorities when considered necessary. (March 15, 1963)

(C) CAMPAIGNS & EXPEDITIONS. In considering claims of veterans who engaged in combat during campaigns or expeditions satisfactory lay or other evidence of incurrence or aggravation in such combat of an injury or disease, if consistent with the circumstances, conditions, or hardships of such service will be accepted as sufficient proof of service-connection for such injury or disease may be rebutted by clear and convincing evidence to the contrary. (February 24, 1961)

1306 (S3.306) AGGRAVATION OF PRESERVICE DISABILITY

(A) GENERAL. A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease. (38 U.S.C. 353) (February 24, 1961)

(B) WAR SERVICE. Clear and unmistakable evidence (obvious or manifest) is required to rebut the presumption of aggravation where the preservice disability underwent an increase in severity during service. This includes medical facts and principles which may be considered to determine whether the increase is due to the natural progress of the condition. Aggravation may not be conceded where the disability underwent no increase in severity during service on the basis of all the evidence of record pertaining to the manifestation of the disability prior to, during and subsequent to service.

(1) The usual effects of medical and surgical treatment in service, having the effect of ameliorating disease or other conditions incurred before enlistment, including post-operative scars, absent or poorly functioning parts or organs, will not be considered service-connected unless the disease or injury is otherwise aggravated by service.

(2) Due regard will be given the places, types, and circumstances of service and particular consideration will be accorded combat duty and other hardships of service. The development of symptomatic manifestations of a preexisting disease or injury during or proximately following action with the enemy or following a STATUS AS A PRISONER OF WAR will establish aggravation of a disability. (38 U.S.C. 354) (February 24, 1961)

(C) PEACETIME SERVICE. The specific finding requirement that an increase in disability is due to the natural progress of the condition

will be met when the available evidence of a nature generally acceptable as competent shows that the increase in severity of a disease or injury or acceleration in progress was that normally to be expected by reason of the inherent character of the condition, aside from any extraneous or contributing cause or influence peculiar to military service. Consideration will be given to the circumstances, conditions and hardships of service. (February 24, 1961)

1307 (§3.307) PRESUMPTIVE-SERVICE CONNECTION FOR CHRONIC, TROPICAL OR PRISONERS OF WAR RELATED DISEASE-WARTIME AND SERVICE ON OR AFTER Jan.1, 1947)

(A) GENERAL. A chronic, tropical or PRISONER OF WAR related disease listed in VA Regulation 1309 will be considered to have been incurred in service under the circumstances outlined in this paragraph even though there is no evidence of such disease during the period of service. No condition other than one listed in VA Regulation 1309(A) will be considered chronic. (August 12, 1970)

(1) SERVICE. The veteran must have served 90 days or more during a war period or after (Dec., 31, 1946). The requirement of 90 days' service means active, continuous service within or extending into or beyond a war period, or which began before and extended beyond (Dec. 31, 1946) or began after that date. Any period of service is sufficient for the purpose of establishing the presumptive service connection of a specified disease under the conditions listed in VA regulation 1309(C).

(2) SEPARATION FROM SERVICE. For the purpose of subdivisions (3), (4) and (5) the date of separation from wartime service will be the date of discharge or release during a war period, or if service continued after the war, the end of the war period. In claims based on service on or after (Jan. 1, 1947), the date of separation will be the date of discharge or release from the period of service on which the claim is based. (May 1, 1974)

(3) CHRONIC DISEASE. The disease must have become manifest to a degree of 10% or more within 1 year, (for Hansen's disease, (leprosy), and tuberculosis within 3 years; multiple sclerosis, within 7 years, from the date of separation from service as specified in subdivision (2).

(4) TROPICAL DISEASE. The disease must have become manifest to a degree of 10% or more from date of separation from service as specified in subdivision (2), or at a time when standard accepted treatises indicate that the incubation period commenced during such service. The resultant disorders or diseases originating because of of therapy administered in connection with a tropical disease or as a preventative may also be service-connected. (38 U.S.C. 312:PL 86-188. P.87-645, PL 890358) March 3, 1966)

(5) DISEASES SPECIFIC AS TO PRISONERS OF WAR. The disease must have become manifest to a degree of 10% or more at any time after service, including psychosis, and any of the anxiety states, as specified in subdivision (2). (38 U.S.C. 312; PL 86-187, PL 86-188, PL 87-645, PL 89-358, PL 91-376) (August 12, 1970), PL 97-37 (October 1, 1981)

(B) EVIDENTIARY BASIS. The factual basis may be established by medical evidence, competent lay evidence or both. Medical evidence should set forth the physical findings and symptomatology elicited by examination with the applicable period. Lay evidence should describe the material and relevant facts as to the veteran's disability observed within such period, not merely conclusions based upon opinion. The chronicity and continuity factors outlined in VA Regulation 1303 (B) will be considered. The diseases listed in VA Regulation 1309(A) will be accepted as chronic, even though diagnosed as acute because of insidious inception and chronic development, except (1) where they result from intercurrent causes, for example, cerebral hemorrhage due to injury, or active nephritis or acute endocarditis due to intercurrent infection (with or without identification of the pathogenic micro-organism): or (2) where a disease is the result of drug ingestion or a complication of some other condition not related to service. Thus, leukemia will be accepted as a chronic disease whether diagnosed as acute or chronic. Unless the clinical picture is clear otherwise, consideration will be given as to whether an acute condition is an exacerbation of a chronic disease. Where, for the purposes of VA Regulations 1309(C), the issue is presented as to whether a prisoner of war suffered from dietary deficiencies, forced labor, or inhumane treatment (in violation of the terms of the Geneva Conventions of July 27, 1929 & August 12, 1949) while held as prisoner of war, it will be resolved on the basis of all evidence available including the statements of comrades and the veteran's own statement in certified form. 38 U.S.C. 312; PL 91-376) (August 12, 1970)

(C) PROHIBITION OF CERTAIN PRESUMPTIONS. No presumptions may be invoked on the basis of advancement of the disease when first definitely diagnosed for the purpose of showing its existence to a degree of 10% within the applicable period, except pulmonary tuberculosis under VA Regulation 1371. This will not be interpreted as requiring that the disease be diagnosed in the presumptive period, but only that there be then shown by acceptable medical or lay evidence characteristic manifestations of the disease to the required degree, followed without unreasonable time lapse by definite diagnosis. Symptomatology shown in the prescribed period may have no particular significance when first observed, but in the light of subsequent developments it may gain considerable significance. Cases in which a chronic condition is shown to exist within a short time following the applicable presumptive period, but without evidence of manifestations within the period, should be developed to determine whether there was symptomatology which in retrospect may be identified and evaluated as manifestation of the chronic disease to the required 10% degree. The consideration of service incurrence provided for chronic diseases will not be interpreted to permit any presumption as to aggravation of a preservice disease or injury after discharge. (February 24, 1961)

(D) REBUTTAL OF SERVICE INCURRENCE. Evidence which may be considered in rebuttal of service incurrence of a disease listed in VA Regulation 1309 will be any evidence of a nature usually accepted as competent to indicate the time of existence or inception of disease, and medical judgment will be exercised in making determinations relative to the effect of intercurrent injury or disease. The expression "AFFIRMATIVE EVIDENCE TO THE CONTRARY" will not be taken to require a conclusion showing, but such showing as would, in sound medical

reasoning and in the consideration of all evidence of record, support a conclusion that the disease was not incurred in service, as to tropical diseases the fact that the veteran had no service in a locality having a high incidence of the disease may be considered as evidence to rebut the presumptive, as may residence during the period in question in a region where the particular disease is endemic. The known incubation periods of tropical diseases should be used as a factor in rebuttal of presumptive service connection as showing inception before or after service. (38 U.S.C.313)(August 12, 1970)

1323 (§3.323) COMBINED RATINGS

(A) COMPENSATION

(1) SAME TYPE OF SERVICE. When there are two or more service-connected compensable disabilities a combined evaluation will be made following the Tables and Rules prescribed in the 1945 schedule for rating disabilities.

(2) WARTIME AND PEACTIME SERVICE. Evaluation of wartime and peactime service-connected compensable disabilities will be combined to provide for the payment of wartime rates of compensation. (38 U.S.C. 357) (February 24, 1961)

(B) PENSION

(1) NON-SERVICE-CONNECTED DISABILITIES. Evaluation of two or more non-service-connected disabilities not the result of the veteran's own willful misconduct or vicious habits will be combined as provided in sub-paragraph (A) (1) above.

CROSS REFERENCE:

- VA Regulation 1001(N), "WILLFUL MISCONDUCT"
- VA Regulation 1003, PENSION
- VA Regulation 1301, LINE OF DUTY AND MISCONDUCT
- VA Regulation 1302, SERVICE CONNECTION FOR MENTAL UNSOUNDNESS IN SUICIDE

13224 (§3.324) MULTIPLE NONCOMPENSABLE SERVICE-CONNECTED DISABILITIES. Whenever a veteran is suffering from two or more separate permanent service-connected disabilities of such character as clearly to interfere with his normal employability, even though none of the disabilities may be of compensable degree under the 1945 Schedule of Rating Disabilities the Rating Agency is authorized to apply a 10% rating, but not in combination with any other rating. In instance of this character where there is wartime disability and peactime disability, the statutory provision for payment of wartime compensation will apply. (38 U.S.C. 357) (February 24, 1961)

1326 (§3.326) EXAMINATIONS

[(A) Where the reasonable probability of a valid claim is indicated in any claim, a reopened claim, or a claim for increase, including claims for benefits under the situations set forth in VA Regulation

1351 (D) and (E) and for benefits based on the need of a veteran or widow for regular aid and attendance, a VA examination will be authorized.] (August 2, 1971)

[(B) "REASONABLE PROBABILITY" may be concluded from the facts of the situation including medical and lay evidence and from the observations of the Rating Board made upon personal appearance by the claimant before it. The term "REASONABLE PROBABILITY" will be interpreted liberally to permit simultaneous development of evidence including request for examinations and for service records. The requirement of the term may be satisfied by the STATEMENT OF A PRIVATE PHYSICIAN. Evidence solely to establish permanent and total disability will not be required in claims for pension under 38 U.S.C. 521 if the veteran has attained the age of 65 years.] (August 2, 1971)

[(C) Any hospital report and any examination report from a military hospital or from a State, County, Municipal or other Government Hospital or recognized private institution which indicates reasonable probability of a valid claim and which contains descriptions, of the condition of the organs and body systems for which the claim is made may be deemed to be the "VA EXAMINATION". referred to in sub-paragraph (A). However, rating action which would result in denying monetary benefits to a FORMER PRIS-ONER OF WAR will not be made without a complete physical examination conducted at a VA Hospital or out-patient clinic.] (August 2, 1971)

[(D) A statement from a private physician may be accepted for rating a pension claim of a veteran or widow without further examination where it includes clinical manifestations and substantiation of diagnosis by findings of diagnostic techniques generally accepted by medical authorities, such as pathological studies, x-rays, and laboratory tests as appropriate, and is otherwise adequate for rating purposes.] (August 2, 1971)

1327 (§3.327) REEXAMINATIONS

(A) GENERAL. Reexamination will be requested whenever evidence indicates there has been a material increase in disability since the last examination, or where the disability is likely to improve materially in the future. (February 24, 1961)

(B) COMPENSATION CASES

(1) SCHEDULING REEXAMINATIONS. It is required that at least one VA Examination be made in every case in which compensation benefits are awarded. [For this purpose any hospital report and any examination report from a Military Hospital or from a State, County, Municipal, or other Government Hospital or recognized Private Institution which contains descriptions, including diagnosis and clinical and laboratory findings, adequate for rating purposes, of the condition of the organs and body systems for which claim is made may be deemed to be included in the term "VA EXAMINATION". Assignment of a prestabilization rating requires reexamination within the second six-months period following separation from service.] Following initial VA EXAMINATION, [or any scheduled future or other examination,] Reexamination, if in order, will be scheduled [within not less than two years nor more than five years within the judgment of the Rating Board, unless another time period is elsewhere specified.] (August 2, 1971)

(2) NO FUTURE EXAMINATIONS WILL BE REQUESTED. In service-connected cases, no reexamination will be scheduled (a) WHEN THE DISABILITY is established as STATIC; (b) When the findings and symptoms are shown by examinations scheduled as above or other examinations and hospital reports to have persisted without material improvement for a period of five years or more; (c) Where the disability from disease is permanent in character and of such nature that there is no likelihood of improvement; (d) In cases of veterans over 55 years of age, except under unusual circumstances; (e) When the rating is a PRESCRIBED SCHEDULED MINIMUM RATING; or (f) WHERE A COMBINED DISABILITY EVALUATION WOULD NOT BE AFFECTED if the future examination should result in reduced evaluation for one or more conditions. (February 24, 1961)

* * *

55.02b
55.03d

M21-1
Change 101
February 13, 1974

V. A. MANUAL

B. MEDICAL OPINIONS. Requests for medical opinions should, whenever applicable, include a brief informative statement of the issue involved in the grant of the benefit desired, together with inquiry as to whether the particular circumstance in question is established as being reasonable probable on the basis of sound medical principles. However, the Medical Authority will not be expected to assume any responsibility which belongs to the Rating Board.

C. PERIOD OF OBSERVATION. Observation include as part of an examination for rating purposes will be taken to mean the period of time necessary to establish the medical data a Rating Board requires to properly visualize and evaluate the disability involved in the issue.

D. REEXAMINATION. A Rating Board may request reexamination of a claimant if prior REPORTS OF EXAMINATION are deemed inadequate in any essential particular. (Para. 45,10a and 55.12g.)

55.03 [TYPES OF EXAMINATION]

A. [GENERAL MEDICAL EXAMINATIONS IN COMPENSATION AND PENSION CASES. For the purpose of evaluating disability compensation or pension cases, good general physical examinations, with a full report of complaints and functional impairments, have greater value than a number of uncorrelated specialist examinations. Accordingly, Rating Agencies should not request specialist examinations and hospital observation, except in instances where such examination and observation are deemed essential for rating purposes.]

(1) [In requesting a general physical examination, rating agencies should cite systems, conditions or particular diagnoses which require attention and report, but they will not routinely request specialist examinations.]

(2) [Laboratory tests in particular, whose value is principally diagnostic, will under no circumstances be specially requested, nor will x-ray reports be requested regarding parts for which positive findings are of record, unless a change would be a material factor in rating.]

(3) [Reliance will be had on the examining physician himself to obtain the specialist examinations and laboratory tests necessary for an adequate examination and report.]

B. [PRISONERS OF WAR CASES. As to original claims filed by a former prisoner of war, service records will not be deemed to be the required "VA EXAMINATION" unless they provide a current complete examination including the SPECIAL EXAMINATIONS indicated in subparagraph (2) below, and the rating will not result in denying monetary benefits. Otherwise, an immediate complete examination to be conducted at a VA Hospital or Outpatient Clinic will be ordered. The VA FORM 21-2507 "REQUEST FOR PHYSICAL EXAMINATION,] will show, by a check in the appropriate block, that it is a "POW" case.

[(1) Examinations and, if necessary, the first reexamination will be ordered without the requirement of medical evidence in cases where the veteran expresses dissatisfaction with his rating or the examination on which it was based. (also see par. 22.06b REQUEST TO VETERAN FOR ADDITIONAL INFORMATION.)

(2) Pertinent special examinations will be accomplished in each case in special reference to manifestations of metabolic origin, psychiatric character, or other syndrome consequent to malnutrition, avitaminosis, exposure, or other circumstances under which the veteran was held as a POW (prisoner of war).]

C. [Examinations in specially adapted housing cases. (see par. 30.07c)]

19.03 REQUESTS FOR ADVISORY OPINIONS pertaining to individual claims will be forwarded securely fastened to the outside front cover of the folder, to Central Office (21). Generally, a request for advisory opinion should contain:

A. INFORMATION. A brief but complete statement of pertinent service information regarding the veteran and/or identifying data as to the claimant(s) and the type of claim involved.

B. FACTS pertinent to the question(s) at issue.

C. DISCUSSION of the facts and laws, regulations, and/or procedures involved.

D. QUESTION(s) at issue.

(1) Each question should be a clear, concise inquiry involving only one issue and should avoid stating multiple issues in one question.

(2) If there is more than one question, each should be numbered.

* * *

REMEMBER--THE MAJOR RESPONSIBILITY IN PREPARING YOUR CLAIM IS YOURS. YOU CANNOT EXPECT TO GET MUCH OUT OF IT IF YOU DO NOT PUT MUCH INTO IT.

THE MORE FACTS AND STATEMENTS YOU HAVE IN YOUR CLAIM FOLDER THE BETTER.

THE VSO'S ARE THERE TO HELP, GUIDE, AND ADVISE YOU IN YOUR CLAIM, SO USE THESE RESOURCES!!!

1904 REQUESTS FOR ADMINISTRATIVE REVIEW

a. REFERRAL OF REQUEST. On motion of the Field Station or Central Office, or upon request of some proper person outside the VA, the folder in an individual claim will be transferred for Administrative Review to Central Office (212A). When the transfer is on motion of the field station, the letter accompanying the folder should contain a comprehensive and detailed discussion of the unresolved questions on which the request for Administration Review is based.

b. SOURCE OF [NON-VA] REQUEST. [A] Request upon Central Office, which originates outside the VA and which asks the initiation of Administrative Review, will be considered only if such request includes a full statement of reasons for such review. [The statement should identify the provisions of the rating schedule, regulations, instructions, precedents, etc. which have not been properly applied or have been misinterpreted.

(1) A regional office will not refer a folder to Central Office for an Administrative Review at the request of a local service organization representative.

(2) The local representatives of [service] organizations not having National Representation may request the Director, Compensation[,] Pension [and education] Service, DVB, to call a claims folder to Central Office for Administrative Review.

[(3)] The requests of local service departments of those organizations [having] National Representation should be made through their National Headquarters. (Also see par. 19.07) []

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50.16c (1)
50.21

M21-1
Change 149
December 23, 1976

50.18 GASTROINTESTINAL DISORDERS AND TROPICAL SERVICE

GREAT WEIGHT MUST be assigned to tropical service and to IMPRISONMENT OR INTERNMENT under UNSANITARY CONDITIONS, or FOOD DEPRIVATION, in the service connection for DYSENTERY and other GASTROINTESTINAL DISEASES with regard to which such service may have been the etiological or aggravating factor.

* * *

WARTIME SERVICE

Spanish-American War, including the Boxer Rebellion, and the Philippine Insurrection: April 21, 1898 to July 4, 1902 (For service in Moro Province; April 21, 1898 to July 15, 1903.)

Mexican Border: May 9, 1916, and ending on April 5, 1917.

World War I" April 6, 1917 to November 11, 1918 inclusive. (For service in Russia the ending date is April 1, 1920.) (Reenlistment in military

or naval service on or after November 12, 1918, before July 12, 1921, where there was prior active service between April 6, 1917, and November 11, 1918, is considered World War I service.)

World War II: December 7, 1941, through December 31, 1946, inclusive. Title 38 U.S.C., (Section 106(c), provides that an individual discharged or released from a period of active duty shall have been deemed to have continued on active duty during the period of time immediately following the date of such discharge or release from such duty to have been required for them to proceed by the most direct route to their home, and in any event shall be deemed to have continued on active duty until midnight of the date of such discharge or release.)

Korean Service: June 27, 1950, to January 31, 1955, inclusive.

Vietnam Service: August 5, 1964, to May 7, 1975, inclusive.

SOCIAL SECURITY CLAIMS

Many veterans who have applied for Social Security benefits and been denied because they did not have enough quarters of coverage, may have been denied benefits because the person handling their claim was unaware of the veterans military service.

Noncontributory wage credits of \$160 were given for each month in which the veteran had active military, naval or air service with the Armed Forces of the United States during WW II (Sept. 16, 1940-July 24, 1947) or the post-World War II period (July 25, 1947-December 31, 1956) if:

A. The veteran was discharged or released from active service under conditions other than dishonorable either:

1. After active service of 90 days or more; or

2. After less than 90 days service by reason of a disability or injury incurred or aggravated in service in the line of duty; or

B. The veteran is still in active service; or

C. The veteran died while in the active military, naval, or air service. The \$160 a month noncontributory wage credits ARE NOT actually posted on the veteran's Social Security record. When benefits are claimed veteran's Social Security record, the wage credits are then considered. A veteran who entered the Armed Forces on October 1, 1940, and was discharged or released October 1, 1945, would have 20 quarters of coverage. A veteran born in 1920 needs 30 quarters of coverage before they may be eligible for Social Security benefits. If the veteran worked for Civil Service they may be eligible for Social Security benefits even though they did not pay into the system while a civil service employee. Over the years and before September 16, 1940, the veteran may have held a full time job or worked part time and paid into Social Security and earned credits. All they would need is 10 quarters and the 20 quarters of coverage earned while on active duty.

CLAIMS - CIVILIAN EX-POWS

Claims by civilian former prisoners of war for injury or disability benefits under Section 5(f) of the War Claims Act of 1948 must be filed with the DEPARTMENT OF LABOR, OWCP, BUREAU OF SPECIAL CLAIMS, P.O. Box 37117, Washington, D.C. 20013-7117, in Form WC-3, "CLAIM FOR INJURY OR DISABILITY BENEFITS BY CIVILIAN AMERICAN CITIZEN." Any citizen of the U.S. who was captured or went into hiding to avoid capture by the Japanese on or after December 7, 1941, at Midway, Guam, Wake Island, the Philippine Islands, or any Territory or Possession of the United States, or while in transit to or from any such place, and who was injured or disabled while a prisoner of war or in hiding from the Japanese may file a claim for benefits.

Original claims must be accompanied by documentary proof of being held or in hiding from the Japanese. The claim must include the names and addresses of three individuals who have personal knowledge of the former prisoner of war's capture, internment, and hiding, and proof of disability. The form WC-3 is self-explanatory and unlike VA forms, is quite simple.

Benefits are compensation for disability subsequent to the period of detention, payable at the rate of \$25.00 per week for total disability and a proportionate amount for partial disability; compensation for specified periods for the loss or loss of use of a member or a part of a member of the body; and adequate medical care for any injury or disability resulting from internment or hiding. Claims may be made for reimbursement of reasonable and necessary expenditures for medical treatment. The total aggregate compensation EXCLUSIVE of medical cost may not exceed \$7,500. Claims for reimbursement of medical treatment must be supported by an itemized bill or statement showing the services obtained and charges therefor, properly receipted by the person to whom payment was made. Unpaid medical bills for medical expenses may be forwarded directly to the DEPARTMENT OF LABOR for consideration of direct settlement.

Civilian former prisoners of war needing assistance with their claims should contact:

AMERICAN EX-PRISONERS OF WAR
CIVILIAN INTERNEE COMMITTEE
3201 East Pioneer Parkway, #40
Arlington, Texas 76010

Phone 817-629-2979 or

AX-POW COORDINATOR
LA PALMA MEDICAL BUILDING, #108
5417 La Palma Ave.
La Palma, California 90623

Phone 714-670-2901

FILLING OUT VA FORM 10-0048, F.P.O.W. HISTORY QUESTIONNAIRE

WHAT HAPPENED TO YOU IN POW CAMP? LISTING EVERYTHING CAN HELP IN YOUR MEDICAL TREATMENT, AND POSSIBLY IN THE AWARDED AND/OR INCREASING YOUR COMPENSATION. HAVE YOUR WIFE HELP YOU!

LIST ALL ATROCITIES

WERE YOU THREATENED BY THE GUARDS - THAT THEY WOULD SHOOT YOU, CHOP OFF YOUR HEAD?

WERE YOU BEATEN BY THE GUARDS?

WERE YOU CHASED BY POLICE DOGS?

WERE YOU BAYONETTED?

WERE YOU WOUNDED IN ACTION?

WERE YOU MADE TO WATCH YOUR BUDDY BE TORTURED OR KILLED?

WERE YOU TORTURED?

WERE YOU IN A FORCED MARCH?

WERE YOU TRANSPORTED ON A HELL SHIP OR IN A BOX CAR? PLEASE GO INTO DETAIL.

LIST ALL INFECTIVE DISEASE YOU HAD AS A POW, SUCH AS:

MALARIA
DIPHThERIA

DYSENTARY
T.B.

PNEUMONIA
ETC., ETC.

LIST ALL NUTRITIONAL DISEASES YOU HAD, SUCH AS:

BERIBERI

PELLAGRA

SCURRY, ETC., ETC.

LIST ANY ANXIETY PROBLEMS YOU SUFFER FROM, SUCH AS:

FLASH BACKS OF BEING IN COMBAT OR IN POW CAMP

NIGHTMARES YOU HAVE ON POW LIFE OR COMBAT

DEPRESSION

HEADACHES

JOB JUMPING

FATIGUE

MOODINESS

GENERAL NERVOUSNESS

NO SEX LIFE

SHORT TEMPERED

ETC., ETC.

IF YOU HAVE A GUILT FEELING ABOUT YOUR BUDDIES DYING & YOU SURVIVING.

AGAIN, THE MORE INFORMATION YOU CAN GIVE THE EXAMINING PHYSICIAN THE BETTER HE CAN CONDUCT YOUR PHYSICAL EXAM & UNDERSTAND WHAT YOU WENT THROUGH AS A POW AND SINCE. MOST IMPORTANTLY IT WILL HAVE BEARING ON THE DEGREE OF COMPENSATION YOU MAY BE GRANTED. TO ACCURATELY FILL OUT THIS FORM - 2 TO 3 DAYS. CONTACT YOUR SERVICE OFFICER OR THE VA COORDINATOR NEAREST YOU AND HAVE THEM SEND IT TO YOU, RETURN IT TO THE VA POW ADMINISTRATIVE COORDINATOR WHO WILL GO OVER THE QUESTIONNAIRE, ADVISE, AND HELP YOU. YOU SHOULD BE GIVEN A COMPLETE PHYSICAL CHECK-UP INCLUDING EXTENSIVE LAB WORK. THE EXAMINATIONS ARE INCLUDED ON VA FORMS, PAGES B-3 TO B-13. IF PROPERLY GIVEN, YOU SHOULD HAVE HAD THE BEST PHYSICAL OF YOUR LIFE.

NSO KEN JONES CHECKED 300 POW HISTORY FORMS 10-0048 AND FOUND MOST CAPTURED AIRMEN WERE NOT STATING THAT THEY WERE PLACED IN SOLITARY CONFINEMENT BUT MOST ALL WERE FROM 4 OR MORE DAYS. COLD INJURY WAS COMMON COMPLAINT FOR EUROPEAN & KOREAN EX-POWS BUT FEW RECEIVE COMPENSATION.

May 1986

STAN SOMMERS
POW MedSearch Chairman



The information requested on this form is solicited under authority of Title 38, U.S.C., "Veterans' Benefits," and will be used to identify your medical records, and to provide basic data for your treatment. Additional information, such as medical history, may be solicited during the course of your medical evaluation or treatment. The information you supply also may be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary. However, failure to furnish the information will have no effect on your ability to receive medical services.

PLEASE TYPE OR PRINT YOUR ANSWERS IN INK. DO NOT COMPLETE SHADED AREAS. WHEN YOU NEED MORE SPACE, CONTINUE YOUR REMARKS ON A BLANK SHEET OF PAPER.

SECTION A. IDENTIFYING DATA

1. NAME (Last, First, Middle)			2. SOCIAL SECURITY NUMBER		3. VA CLAIM NUMBER	
4. AGE				5. ACTIVE MILITARY SERVICE (Check all that apply)		
A. PRESENT	B. ON CAPTURE	C. ON REPATRIATION	D. ON DISCHARGE	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE
				<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	
				<input type="checkbox"/> OTHER (Specify)		
6. DATE OF INDUCTION INTO ACTIVE MILITARY SERVICE		7. DATE OF MILITARY DISCHARGE		8. SPECIFY TYPE OF MILITARY DISCHARGE		9. LAST MILITARY IDENTIFICATION NUMBER
10. COMPLETE EACH BLOCK	RANK/GRADE	BRANCH OF SERVICE	11. MARITAL STATUS			
A. AT TIME OF INDUCTION			(Check appropriate categories)			
			SINGLE	MARRIED	DIVORCED	SEPARATED
B. AT TIME OF CAPTURE						WIDOWED
C. AT TIME OF REPATRIATION			A. AT TIME OF INDUCTION			
D. AT TIME OF MILITARY DISCHARGE			B. AT TIME OF CAPTURE			
			C. AT TIME OF REPATRIATION			
12. NAME(S) OF COUNTRY(IES) IN WHICH YOU WERE A PRISONER			D. AT PRESENT			
13. PRISONER OF WAR CATEGORY (Check all that apply)				14. THEATER(S) IN WHICH YOU PARTICIPATED (Check all that apply)		
<input type="checkbox"/> WWI	<input type="checkbox"/> WWII (Europe)	<input type="checkbox"/> WWII (Pacific)	<input type="checkbox"/> KOREAN	<input type="checkbox"/> CHINA, BURMA, INDIA	<input type="checkbox"/> PACIFIC	<input type="checkbox"/> KOREA
<input type="checkbox"/> VIETNAM	<input type="checkbox"/> OTHER (Specify)			<input type="checkbox"/> SOUTHEAST ASIA	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> EUROPE

SECTION B. HISTORY OF CAPTIVITY

15. APPROXIMATE DATE OF CAPTURE	16. WERE YOU CAPTURED ALONE	17A. WERE YOU CAPTURED IN A GROUP	17B. IF SO, HOW LARGE WAS THE GROUP
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
17C. DID THE GROUP REMAIN INTACT DURING CAPTIVITY	17D. HOW MANY OF YOUR ORIGINAL GROUP SURVIVED CAPTIVITY	18. CIRCUMSTANCES OF CAPTURE (Check all that apply)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> IN A BATTLE <input type="checkbox"/> DURING ISOLATION OF YOUR UNIT <input type="checkbox"/> DURING ISOLATION FROM YOUR UNIT <input type="checkbox"/> DURING AN ADVANCE <input type="checkbox"/> DURING A RETREAT <input type="checkbox"/> AIRCRAFT WAS SHOT DOWN <input type="checkbox"/> ORDERED TO SURRENDER BY A HIGHER US OR ALLIED AUTHORITY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> SHIP WAS CAPTURED/SUNK	
19A. WERE YOU INJURED DURING CAPTURE (If yes, describe how you were injured)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
19B. DESCRIBE YOUR INJURY(IES) (If you do not have enough space, continue in item 62.)			
20. WHAT TYPE OF WORK DID YOU DO IN CAPTIVITY (Check all that apply)		21A. DID YOU PARTICIPATE IN A PLAN TO ESCAPE	21B. DID YOU MAKE AN ACTIVE ATTEMPT TO ESCAPE
<input type="checkbox"/> NONE	<input type="checkbox"/> FARM	<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MINE	<input type="checkbox"/> DOCK	<input type="checkbox"/> FACTORY	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OTHER (Specify)			
		21C. IF SO, WERE YOU SUCCESSFUL	22. LENGTH OF CAPTIVITY IN MONTHS
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
23. NAME(S) OF PRISON(S) (Check here if you do not know <input type="checkbox"/>)		24. LOCATION(S) OF PRISON(S) (Check here if you do not know <input type="checkbox"/>)	

25. EXPERIENCES DURING CAPTURE	YES	NO	NO. OF TIMES	NO. OF DAYS	26. ISOLATION IN CLOSE QUARTERS	YES	NO	NO. OF TIMES	NO. OF DAYS		
A. INTIMIDATION					A. PRISON SHIPS						
B. BEATINGS					IF YOU WERE ON A PRISON SHIP, WAS IT ATTACKED						
C. WITNESSED BEATINGS					B. RAILROAD CARS						
D. PHYSICAL TORTURE					IF YOU WERE HELD IN A RAILROAD CAR, WAS IT ATTACKED						
E. WITNESSED PHYSICAL TORTURE					C. SOLITARY CONFINEMENT						
F. PSYCHOLOGICAL TORTURE (Brain Washing)					D. OTHER (Specify)						
27. WERE ATTEMPTS MADE TO USE YOU FOR PROPAGANDA PURPOSES			28. WOULD YOU BE WILLING TO DISCUSS WITH THE INTERVIEWING MEDICAL EXAMINER YOUR RELATIONSHIP WITH YOUR FELLOW POW'S			29. WOUNDS AND INJURIES DURING CAPTIVITY (Check all that apply)					
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NONE <input type="checkbox"/> HEAD <input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> BACK <input type="checkbox"/> ARMS <input type="checkbox"/> LEGS <input type="checkbox"/> OTHER (Specify)					
30. I AM UNABLE TO FUNCTION OR WORK BECAUSE OF PSYCHOLOGICAL OR EMOTIONAL STRESS						<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
31A. DID YOU EXPERIENCE			YES	NO	31B. DID YOU EXPERIENCE			YES	NO	NO. OF TIMES	NO. OF DAYS
A. PROLONGED PERIODS OF FEAR AND ANXIETY					A. FORCED MARCHES						
B. PROLONGED PERIODS OF DEPRESSION					WERE YOUR FORCED MARCHES ATTACKED						
C. PROLONGED PERIODS OF FEELINGS OF HELPLESSNESS					B. THOUGHTS OF SUICIDE						
D. LONELINESS AND ISOLATION FROM OTHER POW'S					C. ATTEMPTS AT SUICIDE						
E. PERIODS OF NIGHTMARES, CONFUSION, OR DELIRIUM DURING CAPTIVITY					D. OTHER (Specify)						
32. EXPOSURE TO COLD (Check those you experienced)		BEFORE CAPTURE	IN CAPTIVITY	33. EXPOSURE TO HEAT (Check those you experienced)		BEFORE CAPTURE	IN CAPTIVITY	34. RADIATION EXPOSURE (Explain specifically)			
A. NONE				A. NONE				35. CHECK ONE A. DID YOU RECEIVE NEWS FROM HOME <input type="checkbox"/> YES <input type="checkbox"/> NO B. HOW OFTEN <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> RARELY C. WAS THIS SIGNIFICANT <input type="checkbox"/> YES <input type="checkbox"/> NO			
B. FROSTBITE				B. HEAT EXHAUSTION							
C. TRENCHFOOT				C. LOSS OF CONSCIOUSNESS							
D. IMMERSION FOOT OR HAND				INDICATE NO. OF TIMES PER DAY							
E. IMMERSION IN COLD WATER				D. OTHER (Specify)							
F. OTHER (Specify)								36. DIETARY HISTORY (Estimate weight in pounds)			
								ON ENTERING SERVICE	LOWEST WEIGHT IN CAPTIVITY	PRESENT	
37. IF YOU WISH, BRIEFLY DESCRIBE ONE OF YOUR WORST EXPERIENCES AS A CAPTIVE											

38. ADEQUANCY OF DIET DURING CAPTIVITY (Check appropriate box for each category)

AVERAGE DAILY DIET	NONE	INADE- QUATE	ADEQUATE	AVERAGE DAILY DIET	NONE	INADE- QUATE	ADEQUATE
A. WATER				H. DAIRY PRODUCTS			
B. BROTH				I. MEAT			
C. SOUP WITH PIECES OF FISH, MEAT, OR POULTRY				J. NUTS			
D. BREAD				K. FISH			
E. LEGUMES (Peas/Beans)				L. FRUITS			
F. RICE				M. VEGETABLES			
G. POTATOES				N. MILLET (Small seeded cereals and grasses)			
OTHER (Specify)							

39. SPECIFIC DISEASES ACQUIRED DURING CAPTIVITY (Check appropriate box for each category)

DISEASE	YES	NO	DISEASE	YES	NO	DISEASE	YES	NO	DISEASE	YES	NO
DYSENTERY			TUBERCULOSIS			SKIN DISEASE			BERIBERI		
MALARIA			WORMS			VITAMIN DEFICIENCY			DIPHThERIA		
PNEUMONIA			SCABIES			PELLAGRA			OTHER (Specify)		

40. DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING CAPTIVITY (Check appropriate box for each category)

	YES	NO		YES	NO		YES	NO		YES	NO
CHEST PAIN			CAVITIES			SUNBURN			FEVER		
RAPID HEART BEATS			TOOTH ABSCESS			SKIN ULCERS			FREQUENT URINATION		
SKIPPED OR MISSED HEART BEATS			LOSS OF TEETH			BOILS			BLOODY URINE		
IMPAIRED VISION			SORES AT THE ANGLES OF THE MOUTH			PALE SKIN			KIDNEY STONE		
POOR NIGHT VISION			SORE TONGUE			BREAST LUMPS			UNSTEADY GAIT		
PARTIAL BLINDNESS			EXCESSIVE THIRST			NAUSEA			SWELLING IN THE JOINTS		
EYE ULCERS			SWOLLEN GLANDS			VOMITING			SWELLING OF THE LEGS AND/OR FEET		
HEARING DISORDER			SKIN RASHES			DIARRHEA			SWELLING OF THE MUSCLES		
BLEEDING GUMS			BLISTERS			EPISODE(S) OF JAUNDICE			BROKEN BONES		
TOOTHACHE			DRY SCALY SKIN			CHILLS			BURNS		
NUMBNESS, TINGLING, OR PAIN IN THE FINGERS OR FEET (Electric/Burning Foot)			NUMBNESS OR WEAKNESS IN THE ARMS OR LEGS			ACHES OR PAINS IN THE MUSCLES AND/OR JOINTS			PSYCHOLOGICAL OR EMOTIONAL PROBLEMS		

41. AVAILABILITY OF MEDICAL TREATMENT DURING CAPTIVITY

YES	NO	(IF YES, QUALITY)		
		GOOD	FAIR	POOR

A. MEDICAL TREATMENT WAS ADEQUATE

B. SURGICAL TREATMENT WAS ADEQUATE

C. DENTAL TREATMENT WAS ADEQUATE

42. OPERATIONS PERFORMED DURING YOUR PERIOD OF CAPTIVITY

- NONE
- AMPUTATIONS ONLY (Specify)
- OTHER (Specify)

AMERICAN EX-PRISONERS OF WAR

Worksheet for Veteran's Survivors

To the former prisoner of war: BE PREPARED! Complete this form and keep it with your personal MILITARY and other papers in a safe place, such as a Bank or S&L security box. When needed, this information and the papers will be of the UTMOST IMPORTANCE to your spouse and your service officer (or attorney) in establishing veteran's benefits and rights at the time of illness or demise.

NAME (used in service): _____ NAME CHNG.: _____

SPOUSE NAME (include family name): _____

CHILDREN NAME PLACE OF BIRTH DATE

- 1. _____
- 2. _____
- 3. _____

(If more than three, list on separate sheet of paper and itemize as 4,5,6, etc.)

VETERAN'S BIRTHDATE: _____ WHERE BORN _____

VA CLAIM NO.: _____ SOC.SEC. NO.: _____ MIL. NO.: _____

SVC BRANCH: _____ DATE ENTERED: _____ DISCH.: _____

PLACE ENT'D: _____ PLACE DISCH.: _____

DISCHARGE & DD 214(or equiv.) RECORDED AT: _____

GI INS. NO.: _____ OTHER INS. NO.'s: _____

SPOUSE: MARRIED? _____ SEPARATED? _____ DECEASED? _____ NEVER MARRIED: _____

PLACE MARRIED (if more than once, list separately): _____

DATE MARRIED: _____ DATE DIVORCED: _____ DATE DECEASED _____

PRIOR MARRIAGES:	VETERAN			SPOUSE		
	name	place	date	name	place	date

- | | | | | | | |
|----|-------|-------|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |

ENTER NUMBER OF ABOVE FOR: DIVORCED _____ DECEASED _____ ANNULLED _____ SEPARATED _____

LIST ALL ILLNESSES ATTRIBUTED TO POW LIFE (If more, list on separate sheet):

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| 3. | _____ | 4. | _____ |
| 5. | _____ | 6. | _____ |

(An autopsy is recommended to determine if death IS SERVICE-CONNECTED, or secondary to SERVICE-CONNECTED AILMENT) AUTOPSY AUTHORIZED? YES _____ NO _____

BY VA? YES _____ NO _____ : PRIVATE? YES _____ NO _____
signature signature

SPOUSE APPROVED? _____ : WITNESS: _____

BENEFICIARY(s): _____
name name name

NOTE: Attach originals or copies of all documents pertinent to above information. List name, "C" no., Soc Sec. No., and page number on subsequent sheets.

