

KENNY HANSON, NATIONAL COMMANDER, AMERICAN EX-PRISONERS OF WAR

TESTIMONY OF

KENNY HANSON NATIONAL COMMANDER AMERICAN EX-PRISONERS OF WAR
BEFORE THE JOINT HEARINGS OF

SENATE AND HOUSE VETERANS AFFAIRS COMMITTEES

MARCH 4, 2010

ACCOMPANIED BY

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Chairman Akaka, Chairman Filner, Ranking Member Burr, Ranking Member Buyer,
Distinguished Members of the Veterans Affairs Committees and Guests.

First, I again want to express our deepest appreciation for the many important steps that your COMMITTEES have taken on behalf of former POWS. Your actions, in addition to those taken administratively by the VA, have enabled POWS to obtain benefits resulting from the long-term health consequences of their captive experiences.

The PRESUMPTIVES, which you have established, have made the difference!!

The latest - OSTEOPOROSIS — was just established, during the last Congress — and we do THANK YOU for your support.

I have appended to this testimony the latest statistics prepared by Dr. Charles A. Stenger, for your COMMITTEES and other appropriate bodies.

The largest group of former POWS is still those who served in WWII but they now average 88 years of age and with an annual mortality rate of 14%. As of Jan. 1, 2010, 15,000 out of an original 116,000 remain alive including all subsequent groups of POWS (KOREA, VIETNAM, POST VN), the total as of that date is 17,000.

As a result of your efforts, POWS are now a high priority group for service by the VA, and typically receive prompt and effective care. At this time, there is only one medical condition that we believe should be given PRESUMPTIVE STATUS. The long term-consequences of the brutal captive experience affect all body systems. DIABETES is statistically higher for servicemen in general than their civilian counterparts. As you know, Congress already established DIABETES for all VIETNAM VETERANS exposed to Agent Orange.

We have previously submitted more definitive information on DIABETES to members of your Committees. Rep. Gus Bilirakis has already introduced new legislation, H.R. 944, on this issue,

and Sen. Patty Murray has also introduced S. 977 in this session of Congress. We do hope the full COMMITTEE will be able to approve the DIABETES legislation very soon.

Also, we want to again speak to the importance of H.R. 819, originally introduced by Representative Tim Holden. When H.R. 156 became law, widows, whose former prisoners of war husbands died prior to September 30, 1999, were not included. H.R. 819 will correct this oversight with this simple statement: "to provide for the payment of dependency and indemnity compensation to the surviving spouses of former prisoners of war who died on or before September 30, 1999."

Finally, we want to very strongly recommend the urgently needed Bill H.R. 952, which would establish service in a "theater of combat operations" as a presumptive stressor for PTSD. A veteran diagnosed by the VA with PTSD would no longer have to prove specific "stressor" in order to qualify for a disability rating, relieving him (or her) of the burdensome requirement of obtaining military and medical records, as well as buddy statements going back decades in some cases.

The majority of the claims backlogged at the VA are for PTSD. This would streamline the process and substantially lessen the burden on an already- stretched system, benefiting both the VA and the veterans it serves.

In closing, I again want to thank the COMMITTEES for all your past actions on behalf of POWS. It has made a major difference in their lives.