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TESTIMONY OF

JIM CLARK
NATIONAL COMMANDER
AMERICAN EX-PRISONERS OF WAR

BEFORE THE JOINT HEARINGS OF
SENATE AND HOUSE VETERANS AFFAIRS COMMITTEES

MARCH 5, 2009

PRESENTED BY

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Testimony of National Commander Jim Clark
American Ex-Prisoners of War
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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 want to express my 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 long-term health consequences of their captive experience. 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 compiled 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 87 years of age and have an annual mortality rate of 14%. As of January 1, 2009, only 17,000 out of an original 116,000 remain alive. Including all subsequent groups of POWs (Korea, Vietnam,

post VN, total as of that date is 19,000 former POWs. By January 2010, it is estimated that only 17,000 will still be alive.

As a result of your efforts, POWs are now a high priority group for services by the VA, and typically receive prompt and effective care. At this time, there is only one medical condition that we strongly 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 submitted more definitive information on Diabetes to some Members of your Committees. Rep. Gus Bilirakis has already introduced new legislation, H.R. 944, on this issue. We do hope the full Committee will be able to approve the Diabetes legislation very soon.

We also want to very strongly recommend the urgently needed Bill introduced by Subcommittee Chairman John Hall, 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 "stressors" in order to qualify for a disability rating, relieving him (or her) of the burdensome requirements of obtaining military and medical records, as well as buddy statements going back decades in some cases.

The majority of the 800,000 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.

Lastly, we want to speak to the importance of H.R.819, recently 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 the 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."

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