



*We exist to help those who cannot help themselves*

STATEMENT OF  
THE AMERICAN EX-PRISONERS OF WAR  
BEFORE THE  
COMMITTEES ON VETERANS' AFFAIRS  
U.S. SENATE/U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C.  
MARCH 3, 2020

NATIONAL COMMANDER ROBERT G. CERTAIN  
CHIEF EXECUTIVE OFFICER CHERYL CERBONE  
LEGISLATIVE OFFICER CHARLES ANTHONY SUSINO

Chairmen Mark Takano and Jerry Moran, and members of the House and Senate Veteran's Affairs committee and guests, my name is Robert Certain, National Commander of the American Ex-Prisoners of War. Thank you for the opportunity to express our comments today.

Our legislative agenda has been very consistent year to year. It is based on the earned benefits of the veteran for serving their country, never using the word "entitlements" in the same sentence as veteran. Its center is healthcare and fair compensation to the veteran and their family.

We are grateful for the efforts of this committee and this Congress over this past year. You have stepped up and passed several key pieces of legislation in support of our veterans. Your time is scarce and other major Congressional agendas often displace the attention on veterans' needs so we ask for your patience, persistence, and unwavering support.

Three major initiatives became law in 2019.

The first:

Full Military Honors Act of 2019. This act ensures that a veteran shall receive full military honors if the veteran (1) is first interred or inurned in Arlington National Cemetery, (2) was awarded the medal of honor or the prisoner-of-war medal, and (3) is not entitled to full military honors because of such veteran's grade. This was a long time coming and is just recognition for those heroes who gave so much for their country, regardless of rank.

The second allows this nation to live up to the promise that we will never forget those still missing in action. Prominent federal buildings and national war memorials will now fly the iconic POW/MIA flag alongside the American flag throughout the year thanks to legislation signed into law in November. The proposal, passed without objection in the House and the Senate earlier in 2019, is designed to help highlight the continued sacrifice of military families whose loved ones are still unaccounted for overseas, estimated at about 82,000 individuals.

And importantly for the surviving partners of our veteran heroes: The National Defense Authorization Act for FY 2020 completely eliminates the Widow's Tax after three years. No changes will take place in calendar year 2020. In 2021, one-third of the SBP will be restored. In 2022, two-thirds will be restored. On January 1, 2023, the SBP will be completely restored *and surviving spouses will receive their SBP and DIC payments in full*. Again, this was a long time coming and will positively affect nearly 65,000 surviving military spouses.

Thank you for your efforts.

Unfortunately, an equally important initiative has been overlooked by Congress for nearly three decades. The flat rate Dependency and Indemnity Compensation has not been increased since 1993. Compared to other Federal survivor programs, DIC lags behind almost 12%. The current DIC flat rate is 43% of the compensation of a fully disabled single veteran.

Other Federal survivor programs provide a survivor annuity of 50-55% of retirement pay to the surviving spouse. We propose a 12% increase once or a "Sunset Provision" of 3% each for 10 years for DIC to become equitable with other Federal survivor programs.

In 2020, DIC is \$1,340.14 a month, or about \$16,082 per year. Pretty close to the poverty level for our most fragile citizens.

We receive calls from widows who, because DIC is so low, they must abandon the homes where they lived with their veteran spouse. We get calls from our surviving spouse members who want to "cancel the magazine. I can't afford to pay for it". When we tell them that the magazine is paid for by their life membership dues, they are grateful. For most, the magazine is their only connection to the Ex-POW experience. We also get calls from the children of ex-POWs. They want to know what benefits are available over the stipend they get through DIC. Their mothers are nearly destitute. That is not fair to all veterans and certainly not fair to widows of EXPOWs.

Below is a letter received as this testimony was being written:

Dear Cheryl (CEO Cheryl Cerbone)

As a dependent of a former Ex-POW, I am reaching out to you after reading your most recent letter in the bulletin.

My mother, Theresa Hoffmann is a widow and soon to be 98 years old. My dad, Edward I Hoffmann was a POW for 42 months during WW II. He was with the 59th Coast Artillery and captured on Corregidor. Dad passed away in February 1998 from malignant tumor behind his eye. He was 100% disabled Veteran.

I moved my mom to Scottsdale, AZ from Omaha, NE four years ago when she could no longer care for herself. Here in Phoenix we have "assisted care homes" which are much more affordable than those larger care facilities. Mom ran out of her Long Term Care Insurance in 2018. At that time I had to negotiate with the owner of the care home a cost that mom could afford which then I had to move her into a shared room. Mom had some money in her savings which I have been supplementing to cover her room, board & care.

In August, I had to find a different assisted care home because the owners decided to build a bigger brand new home on the same site. The cost was going from \$3,600/month to \$5,500/month, so I no choice but to find another care home that would care for her at \$3,600/month.

Mom is bedridden and although she is somewhat mentally aware, her body has given up on her. Fortunately, the new care home is just around the corner from where my husband and I live. My brother also lives with us who has multiple myeloma and we transport him to doctor appointments and kidney dialysis 3x a week. I walk over daily to help feed mom dinner.

Currently, I am supplementing mom's monthly care from her remaining savings of \$8,900. Her current DIC is \$1,956.00; SS is \$1,180 and she has a small pension of \$285.00/month which = 3,421.00/month. The difference is \$179.00 a month. She will run out of her savings in 49 months. Upon her death, I will most likely need most of that savings to transport her body back to Omaha to be buried with my dad at the cemetery where he is placed. No cremation as she wishes.

My plea is an increase in her DIC for \$179.00 a month more for her. I had to move her from Omaha to one assisted living home and three different rooms negotiating costs. Then negotiating again with another assisted care home because she doesn't have the funds for the care she needs this time in her life. This shouldn't be the scenario for a widower of a former POW.

My parents were very involved and volunteered their time at the VA hospital as well as organized the POW Chapter in Omaha. Mom was adjunct secretary of the POW Chapter as well as chairperson for many, many years. Both are life time members.

In hopes of Congress listening at your March testimony, perhaps this letter will help. All she needs is \$179.00 a month to continue her care. If this plea should fall on someone else's ears, please let me know. I'm afraid Congress couldn't care less as they are more involved with impeachment hearings than a 97 year old widow of a former POW and disabled veteran.

Thank you for taking the time to hear me out and for all that you do for our Ex-POW's.

Sincerely,  
Mary (Hoffmann) Rumer

Do your mothers have to live like this? Could your mothers live on this?

I don't think so.

There are two bills currently before this Congress...HR3221 with 14 cosponsors and S1047 with just 4 cosponsors. Both of these bills were referred to YOUR committees in April 2019. One year ago, with no action except shuffling to subcommittees. You owe it to these most vulnerable of our citizens to do more and do it now. We should not and can not be a nation who abandons the surviving spouse of its veterans.

And along this line, did you know that in order to be eligible for DIC, the veteran must have been rated as 100% totally disabled for a period of 10 years? Many years ago, this requirement was changed for ex-POWS to 1 year, but the vast majority of the 778,000 who currently are rated at 100% still had to meet that 10-year requirement. It takes years – sometimes decades – to increase disability ratings to 100%. And by that time, the veteran is usually in poor health overall. We

want this Congress to look at reducing the period from 10 years to 1 year for ALL veterans.

There are other concerns we have as well.

In 1981, Congress passed Public Law 97-37 entitled "Former Prisoners of War Benefit Act." This law accomplished several things. It established an Advisory Committee on Former Prisoners of War and mandated medical and dental care.

As Past Chairman of the Advisory Committee, I am concerned that the FACA (Federal Advisory Committee Act) term limits has resulted in the VA Advisory Committee on Former POWs being populated by well-meaning people with no real understanding of or passion for former POWs. That, coupled with the virtual lack of attention from the last several VA Secretaries, has relegated this Committee to the back burner of VA attention by moving it from the Secretary's office and placed several levels down under the Veterans Benefit Administration. That placement has made it easy to ignore and its recommendations easy to lose. Some of the unresolved issues when I timed out as Chairman:

- the failure, inability, or unwillingness of the VA to coordinate its list of "former POWs" with the DoD list, with many more names on the VA list than is justified
- the poor outreach efforts of the VA to find and include known (by DoD) POWs into the VA disability and healthcare system
- the failure of the VA to insure the initial and ongoing training of a medical team (to include MD, PA, NP, RN, social worker) to treat and care for former POWs in each and every VAMC
- the failure of accountability of the VA for APPROVED VAPOW Committee recommendations made over the course of the last 25-30 years.

Every committee member with long experience and strong connection to the former POW community has been removed from the Committee, along with their corporate knowledge. I never received any report from the VA about the approved recommendations and where they stood in current practice and enforcement. In our opinion, the Committee should be exempt from term limits and its membership should be limited to former POWs, their spouses or children, members of the Pensacola Mitchell Center team, and a certified VA POW doctor.

We strongly recommend that Congress pass legislation (possibly titled the John S. McCain Disability Act) to declare all former POWs, as verified by the DoD, to be rated by the VA at 100% disabled from the point at which the legislation is enacted, without further protocol exams. This is totally consistent with the POW list of presumptives passed by Congress over 30 years ago.

For the veteran population as a whole, I would also ask for assistance.

Decades ago, Congress looked to increase the disability compensation percentages for World War I veterans as they became aged. It is time to again look at this for veterans of WWII, Korea, and Vietnam. All veterans rated at more than 50% disability would automatically be rated at 100%. This Congress is young for the most part. There are only two members of this Committee older than I am; only four members who are my age. The average age of the World War II veteran is 97. Korean War veterans are 88 and Vietnam veterans are well past retirement age at 73. From nearly 25 million who served during these three conflicts, fewer than 3 million are still alive. We need to look closer at "caring for those who have borne the battle".

Additionally...the veterans' means test for access to health care must be eliminated. Should a veteran who worked two or three jobs to provide better for his family later be deprived of healthcare? Each has served his country and earned the same benefits so let us not deprive any deserving veteran of healthcare.

It is most insulting to us when we hear the use of the word entitlements regarding any benefits to the veteran. These are all earned benefits where the veteran has served and sacrificed. Calling them "entitlements" relegates the program to a handout and needs to be eliminated from the language used for veterans.

During wartime, there have been civilian POWs held in enemy prison camps, often side by side with our military prisoners of war. In WWII, wives and children were also held with their husbands and fathers. The parents were often individuals working on government contracts building facilities for the military which lead to their capture. To date, they do not receive any compensation nor health benefits other than dental resulting from their imprisonment. Over time, the numbers of these individuals has reduced dramatically yet, there is time to do the right thing and include them within the VA healthcare system. This is deserving treatment for those civilians imprisoned because they were supporting our military operations. It has been decades since a bill has been introduced to correct this long overdue injustice. We ask that you take action in this Congress.

We are a small organization. Since our founding on April 14, 1942 after the Fall of Bataan, we have worked to bring attention to and support for Ex-Prisoners of War. At the height of our membership, we had 33,000...today it is less than 9,000. In fewer years than we would like, our concerns will not be heard...our needs will not merit attention by Congress.

Looking toward that future, The American Ex-Prisoners of War chose Andersonville National Historic Site and the National POW Museum at Andersonville, Georgia as our legacy. We have been intimately involved with the creation of the museum since the 1980s and are the lead organization in providing assistance – both financial and physical – to that site. In 1994, we lobbied Congress to legislation authorizing the US Mint to create a commemorative silver dollar. The proceeds went to construction of the National POW Museum, with an endowment for future maintenance. The museum is one of the largest in the National Parks system. Along with the National POW/MIA Memorial at Riverside, California, we feel secure

that the sacrifices made by American prisoners of war will never be forgotten. And we thank past Congresses' actions in designating these as national sites, assuring they will serve unique positions in history honoring our heroes.

Additionally, we strongly support the efforts of Honor-Release-Return and The Ride Home, but challenge you to increase results. Since the early days of the 20th Century (WW I) the United States has left more than 100,000 Military personnel either in the hands of our enemy or unaccounted for on the field of battle. Despite the well-publicized/ verbalized policy 'Leave No Man Behind', we have only accounted for approximately 10,000 of those over the last eight decades. Honor-Release-Return is committed to bringing the accounting of the remaining Missing in Action to a close. The Ride Home, Inc. pays tribute to Former American POWS and the families of those Americans still Missing in Action. National POW/MIA Recognition Day, the third Friday in September, reminds us of the sacrifices our soldiers and their families make for our country every day and our responsibility to let them all know that WE WILL NOT FORGET. Combined conflict totals in the last century equal more than 120,000 prisoners of war repatriated and more than 83,000 still listed as MISSING IN ACTION.

Efforts in North Korea have stalled; the last unilateral turnover of remains was in 2018. There were 10 recovery missions in Southeast Asia in 2019 – 4 in Vietnam, 5 in Laos, 1 in Cambodia – but the work is slow and time is running short. It has been 45 years since hostilities ceased.

The vast majority of those missing from World War II may never be recovered. And we don't even pursue World War I.

We can and must do better. You must make it so.

We also work closely with the P.O.W Network. The P.O.W. Network was originally formed 30 years ago as an educational group to maintain the focus on the POW/MIA issue. Over the years, maintaining the almost 4000 biographies of those prisoners or missing during Vietnam has taken a backseat to answering daily questions on false claims of heroism or POW captivity. The mission now is to see that those recording history will be held accountable. Facts, not cover-up or fairy tales must be the most important basis for these historical efforts – be it POW/MIA or veterans military claims. According to *The New York Times*, the Department of Veterans Affairs paid disability benefits to more than six hundred people falsely claiming to have been POWs in the Vietnam and Persian Gulf wars. The number of stolen valor cases reported to the FBI has tripled in the last decade. In fact, more imposters lie about earning high military declarations for battlefield bravery than the actual number of real-life hero recipients. These imposters trade on tales and the trappings of military valor to secure privileges such as career advancements and even unearned veterans' benefits.

This is unacceptable on virtually every level. Before awarding benefits to anyone claiming to be recipients of military medals, particularly Medal of Honor, Purple

Heart, or Prisoner of War, the VA must check first with the Department of Defense for verification of such claims. Only after verification shall benefits be granted.

Several pieces of new legislation are important and continually improving all facets of the Veterans Administration operation is necessary. We often speak at this hearing about how the VA needs to improve and model its methods about particular successful and efficient industries. We need to get to where we use the term operational excellence and VA in the same sentence. For an organization that large it takes time, but we need to focus on select areas to build some successes to point at. As an attachment to this statement, I am including the latest VA Pocket Guide. I don't know how many of the members of this committee have seen or read it. Please take a few minutes and imagine the people who depend on both the VA system and you.

Thank you for your time and attention in support of ex-POWs and all veterans – deserving heroes every one.

ATTACHMENT:

 <b>VA Benefits &amp; Health Care Utilization</b>		Updated 10/24/19																		
Number of Veterans Receiving VA Disability Compensation (as of 9/30/19):		4.94 M																		
Number of Veterans Rated 100% Disabled (as of 9/30/19):		778,173																		
Number of Veterans Receiving VA Pension (as of 9/30/19):		239,118																		
Number of Spouses Receiving DIC (as of 9/30/19):		416,438																		
Number of Total Enrollees in VA Health Care System (FY 18):		9.17 M <sup>1</sup>																		
Number of Total Unique Patients Treated (FY 18):		6.34 M <sup>1</sup>																		
Number of Veterans Compensated for PTSD (as of 9/30/19):		1,113,403																		
Number of Veterans in Receipt of IU Benefits (as of 9/30/19):		365,995																		
Number of VA Education Beneficiaries (FY 18):		903,806																		
Number of Life Insurance Policies Supervised and Administered by VA (as of 9/30/19):		5.72 M																		
Face Amount of Insurance Policies Supervised and Administered by VA (as of 9/30/19):		1.17 T																		
Number of Veterans Participating in Voc Rehab (Chapter 31) (FY 18):		125,513 <sup>3</sup>																		
Number of Active VA Home Loan Participants (as of 9/30/19):		3.27 M																		
Number of Health Care Professionals Rotating Through VA (Academic Year (AY) 18-19):		124,190																		
Number of Veterans with Major/Minor Amputations Utilizing VA Health Care (FY 19):		96,519 <sup>2</sup>																		
<p>Source: VBA Office of Performance Analysis and Integrity; Health Services Training Report; VBA Education Service; <sup>1</sup> VHA OABI and VSSC (10E2A); <sup>2</sup> VA VSSC Amputation Cube. Produced by the National Center for Veterans Analysis and Statistics; <sup>3</sup> Includes 1,707 Veterans in interrupted case status over one year. <a href="http://www.va.gov/vetdata/pocketcard/index.asp">http://www.va.gov/vetdata/pocketcard/index.asp</a></p>																				
<b><u>Veterans Demographics</u></b>																				
Projected U.S. Veterans Population:	19,209,704	{Female 1,920,965 10% }																		
Projected Number of Living WW II Veterans:		389,292																		
Estimated Number of WW II Veterans Pass Away Per Day:		294																		
Percentage of Veteran Population 65 or Older:		47.1%																		
Veteran Population by Race:	White 81.0%	Black 12.7%																		
	Asian/Pacific Islander 1.8%	Other 3.7%																		
	American Indian/Alaska Natives 0.7%	Hispanic 7.7%																		
<b><u>About VA</u></b>																				
Number of Full Time VA Employees   Employees in Pay Status:		376,787   404,960																		
Number of VA Medical Centers (VAMC):		172																		
VAMC with Acute Inpatient Care Services:		143																		
Number of VA Outpatient Sites:		1,241 <sup>1</sup>																		
Number of VA Vet Centers:		300 <sup>5</sup>																		
Number of VBA Regional Offices:		56																		
Number of VA National Cemeteries:		138																		
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; color: #FFD700;">FY18 Appropriations (actual)<sup>2</sup></th> <th style="text-align: left; color: #FFD700;">FY19 Appropriations (enacted)<sup>2</sup></th> <th style="text-align: left; color: #FFD700;">FY20 Appropriations (requested)<sup>2</sup></th> </tr> </thead> <tbody> <tr> <td><b>VA:</b> \$195.46B</td> <td><b>VA:</b> \$197.97B</td> <td><b>VA:</b> \$218.43B</td> </tr> <tr> <td><b>VHA:</b> \$74.29B<sup>3</sup></td> <td><b>VHA:</b> \$77.67B<sup>3</sup></td> <td><b>VHA:</b> \$85.00B<sup>3</sup></td> </tr> <tr> <td><b>VBA-GOE:</b> \$2.92B<sup>4</sup></td> <td><b>VBA-GOE:</b> \$2.96B<sup>4</sup></td> <td><b>VBA-GOE:</b> \$3.00B<sup>4</sup></td> </tr> <tr> <td><b>NCA:</b> \$306M</td> <td><b>NCA:</b> \$316M</td> <td><b>NCA:</b> \$329M</td> </tr> <tr> <td><b>OIT:</b> \$4.05B</td> <td><b>OIT:</b> \$4.10B</td> <td><b>OIT:</b> \$4.34B</td> </tr> </tbody> </table>			FY18 Appropriations (actual) <sup>2</sup>	FY19 Appropriations (enacted) <sup>2</sup>	FY20 Appropriations (requested) <sup>2</sup>	<b>VA:</b> \$195.46B	<b>VA:</b> \$197.97B	<b>VA:</b> \$218.43B	<b>VHA:</b> \$74.29B <sup>3</sup>	<b>VHA:</b> \$77.67B <sup>3</sup>	<b>VHA:</b> \$85.00B <sup>3</sup>	<b>VBA-GOE:</b> \$2.92B <sup>4</sup>	<b>VBA-GOE:</b> \$2.96B <sup>4</sup>	<b>VBA-GOE:</b> \$3.00B <sup>4</sup>	<b>NCA:</b> \$306M	<b>NCA:</b> \$316M	<b>NCA:</b> \$329M	<b>OIT:</b> \$4.05B	<b>OIT:</b> \$4.10B	<b>OIT:</b> \$4.34B
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<p>Source: Veteran Population (VP2016) as of 09/30/19; VA Employ Pay Status Count 9/30/19; Veterans Affairs Site Tracking (VAST) 9/30/18 <sup>1</sup>(Does not include temporarily deactivated sites); NCA as of 9/30/19; Office of Budget; Health Services Training Report AY18-19; <sup>2</sup> Includes MCCF; <sup>3</sup> Medical Care w/ MCCF, joint, medical research; <sup>4</sup> Discretionary Spending Only; <sup>5</sup> VAST Retroactive count revised on 1/18/2019.</p>																				