



The QUAN



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PUBLIC LAW 95-479 AND THE POW STUDY THE ADB&C TESTIFIES BEFORE CONGRESS A REPORT TO THE MEMBERSHIP BY ART BRESSI

Although there had been forewarning the American Defenders of Bataan and Corregidor would be asked to voice opinions concerning the Prisoner of War Study before the Congress of the United States, its actual notification gave very little time for preparation. The Study was mandated by Public Law 95-479 of October 1978 with a completion date of 1 February 1980. The Study was not completed until May 1980. When the Veterans Administration Team who were appointed to conduct this Study held its "first" meeting in San Diego, there was doubt a project of this magnitude could be finished in the one-year period allocated to do so. And so it turned out to be.

Considering this Team had to start from "scratch," the final printout is a highly commendable work; as far as it went. The ADB&C welcomed the hard work which went into this project and there is no hesitancy on our part to let them know what a fine job they accomplished. If no other purpose was accomplished by this Study, it at least once again re-focused the problems of former POWs and brought them to the attention of both the Congress and the Veterans Administration. Because the Study was mandated by Congress, it had to be reviewed by that Body and thus the Schedule of Hearings the ADB&C was invited to attend.

When testimony is to be rendered at a Congressional Hearing, certain rules of protocol must be observed. Testimony is rendered in a number of ways: written, oral, or both. Written testimony may be accepted into the Record on motion by the Chairman of the Committee whether or not the agency or organization is present. Oral testimony generally means reading the written testimony for the Record. In the interest of time the Chairman may impose a time limit when, generally, the written testimony is summarized or, as often happens, the oral time limit is used primarily to emphasize certain aspects of the submitted written testimony. During the Senate Veterans Affairs Committee Hearing, there were eleven separate organizations with a total of twenty-eight individuals on the schedule to testify. Time was limited to five minutes for each group.

This Study is going to be one of the most important documents ever to the former POW and, looking back in retrospect, thirty-five years was a long time to wait for it. And, comparing a wait of thirty-five years to the F-I-V-E work days available to put together written testimony, the balance can not be less than lop-sided. But it had to be done — and it was done.

A copy of the Study was received at my Tucson address on 6 June and with it came a notification the Written Testimony had to be on the desk of Senator Alan Cranston the morning of the 13th of June. There was not much to be accomplished prior to its arrival because its contents were the best kept secret within the entire Veterans Administration. There was no idea as to its format nor the topics which were included. Only its arrival could give the direction the ADB&C would take. And, if for no other purpose than to repeat, F-I-V-E work days are hardly adequate to prepare testimony on a document so important to former POWs. We must wait a few weeks to see if all these efforts are going to pay off in the benefits we have long regarded as over-due for the former World War II Pacific prisoner of war. We have high hopes.

It is not an exaggeration to tell you 11242 E. Hash Knife Circle became a bee hive of activity. First, the Study had to be read and re-read. It had to be compared with many items in the files. It had to be digested. We needed information we lacked and eighty dollars worth of telephone calls satisfied some requirements — but left a lot unanswered. It took an awful lot of doing on the part of an awful lot of people who had to be contacted for answers — and they responded. Long hours of reading,

searching, checking and re-checking took deserved priority. Friends and interested individuals gave freely of time and effort. Family life, per se, took a back seat; the Study became paramount.

Special thanks to some very special people, the ADB&C benefited from an equivalence of over a thousand dollars of "word processing" given us. We did have to pay initial copy work — about sixty dollars worth, but on the other hand when we needed two hundred copies of one docu-

ment twenty-four pages in length and the same number of copies of another document nine pages in length, we got it free. In Washington, you pay a dime a copy at a commercial source. We cannot begin to identify individuals who gave freely of themselves and of their time; simply, there are too many. Manny Lawton, who is our Legislative and Liaison Representative in Washington, however, deserves much praise and many thanks for all he contributed.

Because some of the answers we needed were not available in Tucson, I deemed it necessary to go to Washington on 9 June to be closer to what had to be done. I had a Draft of the proposals we would introduce as testimony but I knew it had to be polished and put into final form. It took three days to get it into the final submitted form and on the desk of Senator Cranston.

On the 17th we gave our oral testimony before the Veterans Affairs Committee. Because the Senate Hearings included other than POW issues, oral testimony was limited to five minutes per organization or group. Our cause may have been enhanced by an early introduction to the assemblage by Senator Thurmond who made a fuss over Manny Lawton. We appreciated that very much. In addition to Senator Thurmond, both Senators Talmadge of Georgia and Chairman Cranston sat in the Hearing. Senator Cranston asked pertinent questions and the extra discussions went well over the five-minute limits imposed earlier. The ADB&C was represented at the Witness Desk by Commander Elmer Long, Benson Guyton, Manny Lawton while I acted as spokesman for us. In addition to our testimony, the American Ex-POWs were represented by Stan Sommers and Commander Herman Molen. It was particularly gratifying to see old friends like Don Schwab of the VFW, John Heilman of the DAV and other representatives of veterans groups who also testified on our behalf.

When I departed Tucson on 9 June, I was then under the impression House Hearings would not be scheduled until late or the end of July. Due to the national

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The QUAN



Dedicated to those persons both living and dead who fought against overwhelming odds against the enemy at the outbreak of World War II

Official Publication of the

AMERICAN DEFENDERS OF BATAAN & CORREGIDOR, INC.
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Joseph A. Vater, Editor
THE QUAN
18 Warbler Drive
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Dear Mr. Vater:

In my efforts to compile a family history I am trying to locate information about the death of my uncle during World War II. He was taken prisoner by the Japanese and was a part of the Bataan Death March.

I have written to the National Personnel Records Center in St. Louis, MO, but was informed that any record which may have been available was destroyed in a fire on July 12, 1973.

It is my understanding that it is possible to publish an "Information Notice" in your publication to request information from other former POWs. Since I do not know his rank nor his specific military unit, I have few details to use other than the following:

Request death information: Clifton C. Williams, WWII, Bataan Death March prisoner.

Very truly yours,
June Lofgreen
Rt. 1 Box 109

Clayton, New Mexico 88415

Mr. John M. Emerick P.N.C.
American Defenders of
Bataan and Corregidor
6047 Pleasant Street
Finleyville, PA 15332

Dear Mr. Emerick:

Thank you so much for your thoughtfulness in writing about the outstanding job done by Harold Bushey, Director of the Pittsburgh VA Regional Office, and Ray Wilburn of Planning and Program Evaluation, during your Organization's recent Convention in that city.

I will let Messrs. Bushey and Wilburn know how pleased I was to learn of the co-operation and assistance given your organization, and thank them for extending themselves to be of service.

Once again, I am grateful for your kindness in writing.

Sincerely,
MAX CLELAND
Administrator

Dear Joe:

Would you please publish this notice in the next issue of the "Quan"?

For a Claim with the Veteran's Administration: Frank DeVivo, formerly with "C" Battery, 59th Coast Artillery. Frank was Cabanatuan and at Kosaka in northern Japan, a copper smelter. We are in need of statements from anyone willing to give us any information. Please send your letters to Samuel G. Carr, C/O Veteran's Service Office, Court House Annex, Main St., Chardon, Ohio, 44024.

We have gotten excellent results from such appeals in the past, and do hope we will in this case.

Thank you for your time and attention.
Sincerely,
Samuel G. Carr
Veteran's Service Officer
Geauga County, Ohio

(Continued from Page 1)

political conventions, the House Hearing was moved to 25 June instead. Since air fares are prohibitive, I decided it was cheaper to remain in Washington where time could be spent profitably cultivating people who could help our cause. The next five working days were then spent at Capitol Hill and at the Veterans Administration which included a personal visit with Mr. Max Cleland.

The visit with Mr. Cleland deserves retelling. Representing former POWs at this meeting were Stan Sommers, Commander Herman Molen and Charles Stenger, Ph.D., and Ex-POW who had been captured at the Battle of the Bulge and who, himself, had been a POW. Representing the ADB&C was yours truly, Benson Guyton, and Manny Lawton. Although many compliments were paid Mr. Cleland for the good work his Study Team had accomplished, I made it clear to him where, in the name of former Pacific POWs, I thought they were quite delinquent and rather unjust in decisions made by his Veterans Appeals Boards.

Prior to the June 25th House Hearings, I spent much time with the Legal Staff of the Veterans Affairs Committee and their advice was of much help to us. Ralph Levenberg flew in to join me in time for the House Hearing and I was grateful to him for his company and support. Lieutenant General John P. Flynn, former senior POW of Vietnam also joined us and testified and a welcome addition he proved to be. I was real happy and proud to have him join us. He is very knowledgeable and interested in POW affairs. Sommers, Flynn and I got together concerning our oral testimony because we felt we had a lot of ground to cover in the limited time afforded us and we wished to cover as much as possible. This worked out beautifully.

Many thanks to Congressman "Sonny" Montgomery, the House Hearing was confined solely to one issue — the former POWs. Many of our friends from other Veterans Organizations (VFW, American Legion, DAV, AMVETS, Paralyzed Vets, Blind Vets) were on hand and they rendered much testimony to support our cause. We are beholden to them. In addition to Mr. Montgomery, Mr. Hammer-schmidt, Mr. Hall and Mr. Mica sat on the committee. Mr. Hall of Texas, it turned out to be, had a dear friend former POW buddy captured by the Japanese and who died on the hell ship Oryoku Maru.

During this hearing, I limited my testimony (in addition to my submitted testimony) to two main issues. I chided the Congress for asking "a liberal interpretation" be applied by the Veterans Administration when they adjudged former POW cases at Veterans Appeal levels — which the V.A. apparently chose to ignore and I made a very strong point of berating the V.A. for stating consistently they "always applied the benefit of the doubt" in favor of the veteran POW. There are too many



A.D.B.C. Committee's Meeting with Max Cleland V.A. Administrator. Left to right Manny Lawton, Ben Guyton and Art Bressi.

instances when, in our opinion, the exact opposite is true. Stan Sommers stressed neuroses and post traumatic stress psychoses and he gave an exceptional rendition on the Canadian Study with its automatic 50% disability for their Hong Kong Veterans. General Flynn did a tremendous job citing the K-Z Syndrome, mal-nutrition and the effects on the mind caused by lengthy malnutrition.

Following this hearing, Stan Sommers, Herman Molen and Earl Derrington of the American Ex-POWs, General Flynn of the Vietnam POWs, and Ralph Levenberg and I held a critique. We took apart what we had submitted in written testimony and what each of us said during our oral renditions. We agreed we had given the Congress our best shots. We also agreed these Hearings brought out factors we need to discuss from an organizational point of view; factors we can no longer ignore. Except for the opportunity to testify in 1970 on Public Law 91-376, we of the ADB&C really were given no opportunity to do so in the interim until now. Now, with much gratitude to Senator Cranston and Congressman Montgomery, we are in a position to follow through with what was started during these two hearings.

I don't mind telling you I did a lot of hard work; my family helped me through this period. As you know, my sixtieth birthday was on June 13th and my family had a big day in mind for me; I spent it, instead, in Washington. I do not mind not celebrating a birthday — I do mind being away from my family. I am fortunate in that I have some talent in this direction and I freely give of my time on behalf of former POWs. We have waited thirty-five years for this opportunity and I am personally happy to have been selected to

represent the ADB&C on and during this issue. I personally do not have the kind of money it takes to introduce, to follow, and to pass legislation we believe we deserve. Luckily the Executive Board also recognized how badly time is against us and they sanctioned "pulling all stops" along with carte blanche. Hotels are not cheap, food is not cheap, taxis are not cheap, auto rental is not cheap; nothing is cheap in Washington. A half-decent Lobbyist wants \$350.00 plus expenses per day to work for us — or anyone.

And yet, the inevitability is there. It is going to take money — a lot of money — to accomplish what was started. A lot of hard work was accomplished and the strictest of examination of the testimony which I submitted still leaves much which could have been added. I feel in-roads were gained. For a change, both at Veterans Administration and during the two hearings, someone listened to us; someone heard our story as we see it. I believe even the V.A. registered some shock at being told how delinquent they were; all this time some of their top people had some idea it was their sworn duty to adhere to the letter of the law in denying a deserving former POW the compensation to which he was entitled. If nothing else, I brought out how the V.A. apparently derived some satisfaction in writing up the score: "V.A. one; POWs — nothing."

As has been said many times before, I can prove to the Congress and to the Veterans Administration that our former Pacific World War II POWs are deserving of more than they are getting right now in attention, in benefits, in hospitalization priorities. The sad part is for those from among us who have gone to deserved rest, "There ain't no tomorrow."

**STATEMENT OF ARTHUR A. BRESSI,
PAST NATIONAL COMMANDER AND PRESENT
SPECIAL PROJECTS OFFICER OF THE AMERICAN
DEFENDERS OF BATAAN AND CORREGIDOR, INC.**

How do you do. I am Arthur A. BRESSI, Past National Commander and present Special Projects Officer of the American Defenders of Bataan and Corregidor, Inc.

By its Title and through its Charter, The American Defenders of Bataan and Corregidor, Inc. (ADB&C) are limited to membership of those who defended the Philippines Archipelago, Wake Island, Marianna Islands, the Dutch East Indies and any unit of Force of the Asiatic Fleet from the period 8 December 1941 (Manila Time) to the cessations of hostilities in the Philippines on 8 June 1942. The overwhelming number of members in our Organization were captured and interned in prison camps by numerically superior enemy forces of Japan.

If only one moment of glory or fame may be ours, it would have transcended from our stubborn defense of both Bataan and Corregidor, the end result of which was to delay the Japanese timetable on their march towards Australia. Great publicity, which was not sought, resulted from the horrible March of Death on Bataan and, as news trickled homeward following our capture of the horrors, privations, sufferings, and brutalities of prison camps. Of great pride to each of us, in addition to furnishing America a rallying cry of "Bataan and Corregidor," was the emergence of two of America's greatest Generals - MacARTHUR and WAINWRIGHT.

Also present with me today are two of our members whom I am very proud to introduce: Mr. Elmer LONG, Jr., from New Bern, North Carolina, our National Commander, and Mr. Manny LAWTON of both Estill, South Carolina and Arlington, Virginia, our Liaison Officer.

On behalf of our National Commander and the steadily diminishing membership of our organization, may I extend to the Honorable Senator Alan CRANSTON, to you Senator TALMADGE and to the members of this Veterans Affairs Committee, our sincerest gratitude for inviting us to appear and comment on the Study of Former Prisoners of War, which was mandated by Section #305 of Public Law 95-479.

There are many individuals under the capable leadership of Administrator Max CLELAND of the Veterans Administration who gave continuous encouragement and support to this project. None worked harder with more enthusiasm and zeal and warm personal involvement than Mr. Ray WILBURN and his Task Force associates, including, I wish to add, Mr. Charles STENGER, Ph.D., who had been a prisoner of war under German powers.

We wish to compliment those involved in this study, which is commendable and worthy of the trust placed in the Task Force by Mr. CLELAND. In its final form there is reflected a high degree of integrity. We anticipated nothing less than was produced and, because of our vested interest, we want to acknowledge what an outstanding job can be accomplished when the resources of the Veterans Administration are diligently applied to a given project.

This is not to be construed that we of the ADB&C agree entirely with the findings, statements and particularly the recommendations. We do have reservations and comments which we shall exercise through this Senate Veterans Affairs Committee.

We understand fully the areas of study which were outlined by Section 305 of P.L. 95-479, and we are agreed the task was considerable and even formidable in proportions. We remain convinced many issues cannot be categorized simply into terms of black or white, and we beg indulgence with those areas which to us remain

nebulous and sometimes abstract as they pertain to our peculiar situation.

We know you will understand why we are closely involved in this study. It can and will have a profound effect on many of us who remain alive, and its enactment in its final approved form will have far-reaching consequences for each of us. Without intending to be dramatic, I give you assurance some lives may be at stake.

Throughout the entire publication, one theme above others becomes manifest--that the life and lot of a prisoner of war is not pleasant and it ranges from "disagreeable" at one extreme to "absolutely horrendous" at the other. Even to this date there is new evidence that many of the ills suffered by former prisoners of war had inception during those terrible days of internment. At this point please let me clarify the issue of speaking with authority. I cannot speak with any authority concerning those captured and held by the enemy in the European theater. I was a prisoner of war under the Japanese in the Pacific theater for the period of 1,112 days. During the Korean War I was assigned an Army Intelligence Unit in the Far East and I worked on both Little Switch and Big Switch during the repatriation program when captured Americans were released by our North Korean enemies.

The approach to this written testimony will be in two parts: first with some general and overall observations and then with the conclusions and recommendations portion as submitted by the Task Force.

The ADB&C feels that although prior to the release of the POW's, repatriation procedures were spelled out in various directives, the study determined such Procedures "... if followed, would have provided the former POW's with adequate records." This is now an academic issue.

Three former POW physicians testified (in the study) there was a definite relaxation where enforcement of the Repatriation Procedures were concerned, to which the majority of our membership would agree.

The ADB&C sincerely believes there was no breakdown, per se, during implementation; rather there was a slow degeneration in following such instructions and the laxity tended to increase. In addition to the testimony referred to above, we believe other intangibles were also contributing factors.

Understandably, repatriated POW's were ebullient; the majority had been returned to American hands. They had been cleansed, de-loused, clothed, and immediate health problems had been attended to. Above all, they had been returned to the land of plenty - food! Their joy following release was contagious and the contagion was infectious. Medical examining people became involved in this happiness and joy and it followed that procedures spelled out in directives could be relaxed rather than impose additional hardships. One prime example occurred at the 29th Replacement Depot outside Manila. Some introduced a "Shot After The Shots" wherein those who had completed an Up-Date on lapsed inoculations took "the full course" of shots. At the end of the line was a medical person with a fifth (or quart) of Old Granddad or similar drink and the POW was tendered one shot. Some POW's voluntarily took "seconds on the shots" of both inoculations and the whiskey.

Most POW's willingly sacrificed thorough physical examinations at follow-up points such as Letterman General Hospital just to get an early long-awaited-for Liberty to go to town. Medical personnel did not make an issue of enforcing these physicals.

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We did not then, nor do we now, have any recriminatory feelings towards anyone for the unfortunate occurrence during liberation procedures. It would have been impossible for any hospital authority to forcefully drive home to each POW this necessity for a thorough examination. Four years (minimum) separation from family, loved ones and friends just simply over-rode any application of common sense at the time. There was pervading in any returning POW atmosphere a great sense of exhilaration and the energy was evident, coupled with a decided "I can take on the whole world" attitude, which could not be stifled.

The sad, inescapable consequence has been that although thoughtful individuals did establish Repatriation Procedures, slippage did occur and the procedures were relaxed. The tragedy of the entire affair is that today, when those records would lessen the many burdens of establishing a claim, deserving POW's find themselves subject to denial or delay, and their mental attitudes becoming progressively worse when those denials or delays take place.

Without re-hashing the entire study, other areas of concern and of consequence which have a bearing are also noted.

Continuous studies have established numbers of American captured, numbers of those who died or were killed in action, numbers of those who died in prison camps or as a result of having been captured and incarcerated, numbers of those who survived and, finally numbers who are alive today. Mathematically, it has been established, 37% of our Americans captured in the Pacific theater died in captivity.

Louis MORTON's "FALL OF THE PHILIPPINES" records that Americans went through transitory stages from a full Peace Time Ration to a Field Ration to "half-rations" in less than one month - from 8 December 1941 when hostilities commenced, until 5 January 1942 when the cut to half-rations occurred. More and more cuts in the food ration had to be invoked to insure the food on Bataan would last the projected period. By 8 April 1942 it was estimated most men were subsisting on a Quarter-ration per day. That Quarter-ration may have met a quarter-ration estimate by quantity but it decidedly lacked quality - especially the need for vitamins intake. Further, MORTON, points out, the overall fighting efficiency of the troops had been reduced to approximately 30% by the time of the capitulation.

The overwhelming number of deaths in prison camps were due to either maltreatment or malnutrition or to stress. Brutal conditions at Camp O'Donnell took the lives of 1,500 out of 8,000 Americans confined there and 2,700 out of 6,500 men at Cabanatuan died as a result of horrible conditions.

The Task Force determined the diet provided by the Japanese was extremely deficient in both quality and quantity with the result the men could not respond to the limited treatment available. Infectious and parasitic diseases became rampant due to inadequate food. Crowded living conditions, primitive sanitation, harsh, brutal treatment and lack of medical supplies - all these conditions contributed to an overall horrendous condition.

Even above these factors was still another element which undoubtedly had an even more far-reaching effect - the presence of a constant fear of being held by an unpredictable enemy. Americans were exposed to a culture and background totally alien to their way of life. In his book, KNIGHTS OF BUSHIDO, Lord Edward RUSSELL of Liverpool, explained how a once proud Code of Bushido, the Code of the Warrior, was perverted by the War Lords in power in Japan. This Code was stressed throughout the careers of officers in the Japanese military. As far as personal relationships between officers and enlisted men, this new perverted code actually prohibited any patronizing by the superior. If anything, it emphasized that officers could extract more from their men if the men were treated like animals. It was badly abused by senior career non-commissioned officers who used it to gain comfort from services rendered by lower grades enlisted men. It encouraged fast, immediate response in carrying out orders and an even faster reprisal if an order was not obeyed with blind obedience. Officers were not at all reluctant to enforce orders with generous slapping of the subordinate - there was no consideration as to whether or not

this slapping took place in front of others. Non-commissioned officers used this authority like tyrants to get their biddings done - even to having lower ranks wait on them, hand and foot. An almost deathly fear was common among lower enlisted ranks. This explains in part their tremendous stamina on long, forced marches and their ability to carry out orders in spite of low rates of food or supplies to sustain them.

The extremely bad feature of that perverted Code was that if a Senior Officer or Senior Non-Commissioned Officer started the day in a bad mood, that mood exerted itself all the way down the chain of immediate command. The Sergeant slapped the Corporal. The Corporal slapped the senior private. The senior private beat up the lower private. The lower private in turn, vented his hate, anger and frustrations on the only people left - the hapless Americans who happened to be within the reach of his club or rifle butt.

That overall attitude in and among Japanese captors in an atmosphere where none dared challenge or question an order or the word of a superior, created a situation which was to have a lasting effect on American prisoners of war. Many Americans witnessed shootings and beheadings - without exception, all of which were unnecessary. In the minds of Americans there was implanted a fear with tremendous consequences. We could not fully understand, nor could we ever approach appreciation for this way of life.

It created in most of us an unshakeable implantation that we truly had our lives in the hands of an erratic, unpredictable enemy whose very whim could be responsible for us losing our lives. This fear was to remain with us throughout our entire prison stay. It is gratifying to us that the Task Force did take these into consideration by pointing out the trauma induced through change from peacetime through combat and through a prison routine.

The LAWS and PROCEDURES Section of the Task Force Study requires little amplification. The genealogy and chronology are the result of lengthy research and are accurately stated. The ADB&C would avail itself, however, of the opportunity to make a few additional observations.

Whatever the LAWS and PROCEDURES may be currently, the ADB&C feel they will always be behind the current requirements. For instance, Doctors COHEN and COOPER (early 1950's) completed a study about POW's and, although there was no disagreement with their findings, no significant laws were introduced as a result. Public Law 83-744 mandated a Follow Up Study concerning POW's but nothing significant in LAWS were resultant. The Dean M. NEFZGER Follow-Up study continued the same trend in 1970 and the results were still the same. The first major legislation to come out in the form of a Law resulted from Public Law 91-376 and only one other since - Public Law 96-22 on the dental authorization for POW's.

Since the Laws are difficult to initiate and follow through, and since directives or Program Guides do not readily include anything not contained in the law, the ADB&C feels a degree of inequity exists and requires a remedy.

Throughout the entire Task Force Study, there emerges the overall sense of feeling that the evidence discovered illuminates the horrors, privations, brutalities and sufferings which were the lot of the POW in the hands of Japanese captors. Some 400-plus books, mostly written on an individual basis with an individual story or point of view have been published. Numbers of studies have been conducted by Government-sponsored agencies have been accepted as being factual and truthful reports of conditions as they existed. Yet there has been a reluctance on the part of V.A. Adjudicators to "give the benefit of the doubt" whenever a former Japanese POW submits a request for that consideration.

The ADB&C regards as being very unequal these "Benefits of the Doubt" in the face of all testimony and findings which have been developed to date, particularly the recent acknowledgements concerning Post Traumatic Stress Neuroses, the ailments

most generally complained of by former Pacific POW's and which have been validated through reliable sources.

"Where a doubt exists, the doubt will be resolved in favor of the Veterans" does not impress us as being thoroughly applied. This statement is virtually contradictory in itself. The ADB&C feels there is sufficient existing proof that prison life under the Japanese has undoubtedly left residuals which merit the doubt in favor of the POW. We feel there are certain diseases, certain conditions, a certain progression in these diseases which cannot be improved - they are reported as steadily deteriorating. We feel that in spite of a proposal that "Certain Medical People within the VA will be delegated additional responsibilities of handling POW cases" this is an almost impossible task. For the myriad diseases and ailments which can be attributed to prison camps, a Staff would be required. And when, and if, a Doctor with no prior knowledge of prison camp contributing factors is invited to help with a POW claim, we feel that only the extra knowledge will give us a true benefit of doubt. In many POW cases, the Doctor who relies on only the submitted evidence of the most recent examination does two dis-services or injustices - one to himself and the other to the Veteran.

Likewise, when an attorney is a member of a board called upon to protect the rights of the V.A. the same procedures apply. We do not state categorically that present day attorneys are not well versed and/or educated; instead we maintain that only if one is thoroughly familiar with all aspects of a claim can he render true findings in favor of the Veteran. During such interrogation when adjudication is being made we feel it very unjust for a bright attorney to ask the Veteran: "Can you tie your shoe laces?" and the veteran replies, "Only with difficulty because of arthritis contracted in prison camp." The attorney persists: "I did not ask you about arthritis, I asked you whether or not you can tie your laces?" Where is the justice in such proceedings?

If VA Professionals at all levels do not accept past Findings (and literally hundreds, if not thousands such Findings, have been submitted) as they apply to the former Japanese POW, there will continue this charade of challenge and denial of Rights to this POW. People who sit in judgment should not be permitted to render any such decisions until such time as they can admit to themselves that they are sufficiently versed and knowledgeable to consider all contributing factors. All we desire is an honest evaluation and approach based on all known factors as we know them to be today. We frown upon a patronizing attitude and certainly we do not seek or want pity. We resent any display of paternalistic or proprietary judgments. We are convinced these Findings by this Task Force will contribute immeasurably towards this end. We regard as incontrovertible that deprivation of food has residuals and sequelae and that when sources of nourishment are radically reduced and such reductions remain consistent, such sequelae will affect every part of the body. These sequelae were induced early - they persisted throughout our stay in prison camps - they are there today. There is no proof some of these ailments are reversible; we are grateful they can be arrested or contained or, as in most instances, the resultant pain can be alleviated. These findings, among others, we feel are most important contributing factors and all we ask for is that they be recognized as such and given proper weight during decision-making.

Our last point before our summation concerns The Veterans Affairs Committee itself. During prior hearings where legislation or change concerning former POW's were concerned, the Members of Congress always listened with sympathy. Where legislation was actually enacted as a result of such hearings, the Veterans Affairs Committee invariably included a statement to the effect it was the desire of this Committee that the provision be applied liberally on behalf of the POW. Somewhere in the translation - from the point of discussion in Hearing, until the laws are published and promulgated by the VA, -- something is lost, and the pleas of the Congress are not heeded. It would appear to us that not only the letter

of the law be forwarded to lower echelons, but also the "intent" of the law be included as text when the law itself is being circulated.

In general, the overall text of the Study has been encouraging. It once again RE-focuses the problems POW's have been subjected to during their service and it again brings to the forefront the fact that we have a serious problem within our VA system today. The fact that the Study was ordered by the Congress has its encouraging aspects, but can we ask rather plainly and to the point: Will this keep on until they study US to death? Or until WE die?

If every attempt will be made to interpret the laws as the Congress would wish, then truly the entire VA can claim "to care for him who shall have borne the battle, and for his widow, and his orphan" as the statement was made by ABRAHAM LINCOLN.

As we end this dissertation prior to concluding with our comments on the "Conclusions and Recommendations" furnished by the Task Force, we of the American Defenders of Bataan and Corregidor would again express gratitude for the opportunity to appear and to remind both the Veteran Affairs Committee and the Veterans Administration that we, truly, walked into the Valley of Death and we came out with our courage and our humor and will to live intact. Most of us no longer harbour bitterness towards a former enemy and perhaps we are richer for the experience. For over three and a half years we walked and lived with starvation, torture, discomfort, loneliness and agonizing loss. Thus, we regard each day as a new day and we shall continue to seek the justice we know is ours.

CONCLUSIONS AND RECOMMENDATIONS

1. Expanded Eligibility for VA Medical Care: Among its conclusions (p. 163 and 164) the Study states (among other findings) that the former POW generally received the benefit of the doubt when claims -- are adjudicated, but that two factors make such decisions difficult. One is the absence of medical information at the time of repatriation and the second is that medical science cannot, at this time, conclusively determine on an individual basis the origins of some disabilities particularly prevalent among former POW's.

In its discussion it is proposed former POW's be authorized hospital care and medical services for any disease or neuropsychiatric disability with the same priority as is granted a service-connected veteran seeking care for a non-service disability, thereby removing access barriers for those POW's currently classified in a lower than 50% service connected priority category.

Recommendation: That Title 38 U.S.C. be amended to authorize eligibility to former POW's for VA Hospital care and medical services for any disease or neuropsychiatric disability.

Comment: We concur.

2. The conclusions offered by the Study (p. 164) concerning POW-related psychosis and the proposal that a "degree of 10% or more within two year from date of separation from service" be removed are extremely gratifying.

Recommendation: That Title 38 be amended to eliminate the requirement that psychoses suffered by POW's must become manifest within two years following service separation before the rebuttable presumption of service connection arises.

Comment: We concur; with an observation that while Public Law 91-376 of 1970 recognized psychoses, we deplored the two year limitation which was imposed. We are gratified this study surfaced this unfortunate time imposition by recognizing and acknowledging deep-rooted psychoses can and often do manifest themselves twenty and even thirty years later.

3. Concerning National POW/MIA Recognition Day (p. 165), Mr. Chairman, the ADB&C accepts the conclusions and recommendation

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with approval and without comment.

4. Concerning service-connection for neurotic disorders (p. 165/166). The conclusions offer an acceptance that POW's suffer significantly from service-connected neuropsychiatric problems based on general anxiety and nervousness, startle reaction, insomnia and nightmares, phobias, psychosomatic complaints, memory lapses, moodiness, inferiority complex, obsession with the past, depression, apathy and survivor guilt. There is agreement that POW experience can result in psychological disorders long after the POW is liberated often without recorded history of disorder in intervening years. There is also recognition that what had previously been accepted as anxiety reaction or anxiety state is now accepted as anxiety neurosis.

Recommendation: That the VA's forthcoming (note: already published as PG21-1, change 282, 17 March 1980) guidelines on "Post-Traumatic Stress Neurosis" include explicit reference to former POW's as well as other combat veterans, and that these guidelines be used to diagnose, treat and rate former POW's with anxiety neurosis or similar neurotic disorders as well as other combat veterans.

Comment: The recommendation as it stands is acceptable with the observation that the transition from relative peacetime service to a combat situation which ended in no less than 39 1/2 months (ADB&C types) in prison camps under deplorable conditions, which are a matter of record, surely surpasses "anxiety neurosis" and should be recognized as "traumatic neurosis" with an automatic grant of disability compensation. The use of terminology "anxiety neurosis" implies a condition temporary in concept; "traumatic neurosis" is defined as an emotional shock which has a lasting psychic affect.

5. VA Medical treatment and research of all former POW's (p. 166/167). The conclusions acknowledge there are diseases or disabilities consequential to malnutrition or other hardships and that particular attention be given these areas as well as "the group of complaints which cannot today be evaluated by objective measurement or tests although this is admittedly a very difficult area." POW's have complained examinations have been less than thorough and attributed such failures to physicians allegedly unfamiliar or unsympathetic to POW problems.

A 1956 report recommended the VA engage in clinical research as well as treatment of POW's, and that psychological and psychiatric studies should be made to determine the extent to which mental adjustment, physical efficiency, present and past physical illness can be explained on a psychological basis and to separate organic and functional complaints--a study should be made of a group with the frequent, troublesome vague complaints such as easy fatigability, mental inefficiency, and irritability by complete medical examinations and the group should be followed to determine the evolution at such conditions---. This clinical research, which was to involve actual medical examinations, rather than questionnaires or interviews of former POW's, was never performed by the VA or its agents.

Recommendation: That the VA adopt a standardized protocol for disability compensation examinations for all former POW's similar to that developed by the military for the former Vietnam POW's, and that each VA medical center designate certain physicians knowledgeable about former POW'S and their medical problems to conduct or supervise such examinations for purposes of follow-up treatment and research.

Comment: This recommendation is accepted with a somewhat critical observation. By its very purpose, VA Program Guides have long prescribed the protocol referenced above. Even when not specifically calling attention to former POW's, there always has been a protocol referring to combat veterans - under which broad category most Pacific POW's fall. Further, the VA has always cited one of their most famous letters concerning examination of former POW's when they quoted, "Not only does the VA examine the present complaint, VA doctors often go beyond looking for POW ailments not complained of...." This, of course, is contradictory of itself. The ADB&C, however,

welcomes this conclusion and recommendation in the hope that any subsequential directive may be forcefully brought to the attention of all concerned.

We, unfortunately, must voice considerable doubt that any new directive will have any more lingering effect than those of the past. With few exceptions, Pacific type POW's cannot claim a large density population in any geographic area; their sparsity where any VA medical facility is located would barely require or mandate the appointment of a physician "to become knowledgeable concerning POW problems." These problems are myriad and would virtually require a full staff and from a common sense standpoint would prove prohibitive because of financial considerations as well as problems generated by seeking increases in medical staffing.

We deeply appreciate the generosity implied by the recommendation, but we also recognize its limitations. To that end, we would like to add a recommendation of our own that:

a. the facilities at the Naval Medical Health Research Center in San Diego be funded to provide an expansion of proposed services, and

b. a like facility be inaugurated at both a point in the middle of the United States as well as

c. an additional like facility on the East Coast so travel can be minimized.

To justify such proposals, it must be borne in mind, and as the Task Force so aptly quoted in an introductory remark and commentary on pages 21 and 22, "POW's did not bargain for that status - rather, they were victims of circumstances which, in the case of Pacific type POW's - the price paid for the experience cannot be categorized as less than "exorbitantly expensive"."

6. VA/DOD Medical Treatment and Research of former Vietnam POW's.

Comment: None. Accepted as stated.

7. Formation of a POW Advisory Committee. (p. 169)

Conclusion: In 1978 it was proposed that a "Blue Ribbon" panel of widely respected authorities be formed to assess medical evidence on POW related questions and render expert advisory opinions to the Administrator and his staff concerning these POW issues. In 1979, a related follow-up was submitted to General Services Administration and the VA is currently negotiating with the OMB to form such a committee.

Recommendation: That the VA take such action (edited).

Comment: Although we feel this recommendation is almost thirty-five years too late, there remains considerable merit in the proposal and it may not be too late for some surviving POW's. Although the proposal is academic, we feel sorely pressed to voice a disappointment that "we seem to learn only from trial and error" and in this nebulous area of speculation, we are not daring to voice an opinion as to "what might have been." We can, and will, however, exercise this privilege of pointing out that dozens of our doctors who suffered under the Japanese submitted "papers" covering a wide range of POW-related topics. Within a few years following repatriation, more "papers" emerged. At last count an authority at the Naval Health Research Center stated they had a bibliography in excess of 1,500 POW-related contributors.

The fault for such a recommended panel during the years following our repatriation was not one of availability; rather, it was a decided lack of foresight. One saving grace may be in the immediate future; there are still a number of doctors living who are former POW's and it still would not be too late to use them as consultants. Quite a few would be willing to be contacted.

8. Pathological Materials Registry (p. 170).

Conclusion: The task force renders a report which has long been regarded as a tremendous asset and criterion for conduct of pathology is clearly spelled out.

Recommendation: That the VA implement procedures for conducting pathological material examinations.

Comment: The ADB&C thoroughly supports this concept. Our only reservation is that because of personal and (perhaps) religious beliefs, the participation may be less than total.

9. POW Indicators in VA Manual and Computerized Records (p. 170/171).

Conclusion: There is an appreciation that POW's be identified through indicators (or "flags") and actions have already been initiated towards this end.

Recommendation: That VA manual and computerized records be so identified.

Comment: Following repatriation, files, jackets and folders of POW's carried indicators as "Project J" for Japanese and "Project G" for German POW's. "Project K" was invoked for POW'S of the Korean Conflict. At a later date, quite prominent blocks were imprinted on the outside of the files, jackets and folders and at the time of record transfer or initiation of a new file, these blocks were checked and one again helped identify the POW.

None of our membership has ever indicated any of these identifiers evoked any more than curiosity. Currently at some VA Medical Facilities, whether advertently or inadvertently, VA personnel habitually attach routing slips, notification of appointments and prescription forms to the outside of these jackets, again giving rise to a question of effectiveness. Without intending jest, we are inclined to believe nothing less than distinctively psychedelic-colored jackets may meet this criterion for identification.

10. Information Program (p. 171/172).

Conclusion: There is a need to disseminate information as it becomes available.

Many former POW's believe that VA professionals, adjudicators and other personnel are still not sufficiently informed of what the POW experience means and what physical health and psychological adjustment problems are likely to have resulted from it. They believe that this lack of information means the VA personnel do not recognize the need for special consideration for this group of Veterans.

Recommendation: That the VA periodically emphasize the special health care and compensation procedures applicable to former POW's through its agency information and education programs, and that a copy of this report be provided each VA Medical Center and Regional Office as a reference on former POW's.

Comment: The ADB&C both recognizes and appreciates the conclusion and recommendation of the Task Force. Inescapable is the fact that many former POW's lack faith in the VA. Because of personal bitter experiences with some misunderstanding doctor at one point, a longer than usual wait for an appointment; a surly attitude at one place or another - insignificant? Not at all. Perhaps the VA personnel can justify the cause? Not if they take the time to analyze the POW - his state of health - his state of mind - his attitude. Granted, he may resent waiting - after all, he had in excess of 1,112 days of waiting. Certainly he resents authority - why not? Did not at one point some Japanese guard, whom he regarded as an imbecile, exercise authority - most often with a rifle or club? Attitude? Why not? We can document one case where an extremely agitated and highly nervous former POW was kept waiting over three hours and, because of a mixup, this POW'S file was not at the proper appointment desk. At the end of the last scheduled appointment, the doctor expressed annoyance because of what he regarded as

an imposition. Can you, dare you, imagine the consequences when this POW was finally ushered into the doctor's examining room to find out that the doctor was Japanese? Maybe it shouldn't matter if the doctor were American or Japanese. What could not be changed was that he WAS Japanese.

There are many incidents where: because of dissatisfaction or disagreement, or whatever - this veteran POW departs the VA - or, he even prefers his own private physician. Whatever the cause, the VA cannot be summarily excused. Its very Charter spells out its responsibility which cannot be dismissed or forgotten.

Many of the attitudes of the remaining POW's were aggravated by some inconsiderate incident. Returning once again to page 161 - those combat veterans in the Philippines had neither taste nor desire for the life of a POW under the Japanese. Had they anticipated only one-tenth of the torture which was to be theirs - we of the ADB&C firmly believe they would have held out to the last man.

We recognize how much the VA, overall, has contributed to maintaining our health - and we are extremely grateful for everything provided us. Whether or not a majority of the ADB&C expresses such gratitude, there will remain others who do not. Certainly we wish we had solutions rather than criticisms.

11. POW Coordinator(s) in the VA (p. 172).

Conclusion: The VA and DOD demonstrated interest in POW matters. DOD currently has an office, properly staffed which deals with Vietnam POW/MIA's. There is a requirement for a coordinator within the VA.

Recommendation: That the VA designate certain individual(s) to be the VA Center Office Coordinator(s) with the responsibility for assisting in the implementation of on-going VA programs for former POW's; serving as liaison with individual former POW's, former POW groups and the DOD office of POW/MIA Affairs; and monitoring this study's recommendations.

Comment: The ADB&C concurs with the added provision that individual(s) who were former POW's be given consideration for such job placement. We recognize this individual would have vested interest, but over the longer period of time would it not be better to have this type than to continue entertaining complaints that "the VA Professionals are not sufficiently informed of the meaning of POW experience."

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Editor's Note: We of the A.D.B.C. are very appreciative of the time and effort Art Bressi and his Committee who appeared on our behalf. Needless to say they did an excellent job of presenting our problems to the Veterans' Committees.

Now we must act H.R.7663 has been introduced and will benefit us some and we must write our Congressman for passage. We will present a bill of our own in the near future that will be more responsive to our needs. We will keep you advised thru Quan.

When you write your Congressman for support of H.R.7663 request a copy of the report "POW" study of former Prisoners of War dated May 1980. U.S. Printing Office: 1980 0-625-455. It is 181 pages long, has some interesting reading.

Again thanks to Art and the men who did for us what we couldn't do for ourselves.

REMEMBER TO MARK YOUR CALENDAR FOR THE LAS VEGAS CONVENTION APRIL 26 TO MAY 1, 1981, SANDS HOTEL.

**STATEMENT OF ARTHUR A. BRESSI,
SPECIAL PROJECTS OFFICER, AMERICAN
DEFENDERS
OF BATAAN AND CORREGIDOR, BEFORE THE
HOUSE VETERANS AFFAIRS COMMITTEE,
25 JUNE 1980. CONCERNING "THE PRISONER
OF WAR STUDY"
MANDATED BY PUBLIC LAW 95-479.**

Mr. CHAIRMAN, Members of the House Veterans Affairs Committee:

We are grateful to you for this opportunity to present the views of the American Defenders of Bataan and Corregidor as they relate to both this Hearing and the publication of The Prisoner of War Study. We deeply appreciate your concern and your continuing interest in our problems.

We wish to acknowledge the time, effort and expenses by the Veterans Administration and the Department of Defense in their overall review and analysis of former Prisoners of War (POW) and we wish to commend Mr. Max CLELAND and the Task Force for a job well done. The effort of the Task Force is ably reflected in their publication and if it accomplished nothing else, it once again re-focuses the attention of concerned agencies on the myriad problems which have been the life of a former prisoner of war. Perhaps - and even more importantly from our point of view - we really don't know when once again we may be permitted to address this problem. We've really waited thirty-five years to do this and we feel, unfortunately, we do not have another thirty-five years wait ahead of us.

As much as we respect Mr. CLELAND and the individual members of the Task Force, however, and as much as we approve this latest publication, please permit us to take issue with some of the Findings and to amplify on some of the Recommendations.

If we were permitted to employ a catch-phrase concerning our present situation, it might be "HAVING BEEN A PRISONER OF WAR IS HAZARDOUS TO ONE'S HEALTH" or, in light of some present day interests, we might easily be compared to "FAST BECOMING AN ENDANGERED SPECIES."

One of the prime areas of concern - a continuing, progressively aggravating situation - is Our Health; a situation we feel, has not been given the depth of consideration it deserves. Let me make clear here at the onset, we speak only for those of us who were taken prisoner of war in the Far East Theater and specifically those taken on Bataan or Corregidor.

The Task Force ably highlighted their research concerning Japanese POWs and, after reading their publication, one cannot help but wonder why legislation concerning this Group has been so far in arrears. For instance, they established the tenor of The Study by pointing out that "...the POW experience, characterized by starvation diet, poor quality or non-existent care, "death marches," executions and torture has historically been an extremely harsh and brutal experience."

We regard this as somewhat ironical that after thirty-five years of attempted legislation, the Task Force, and in effect, the Veterans Administration, acknowledge this as "an extremely harsh and brutal experience."

The Task Force, through review of records, concedes POWs have a significantly higher incident of service-connected disability. It is extremely difficult to avoid a tongue-in-cheek anecdote and it is included only as illustrative to our frustrations. Two acquaintances met. The first said "My brother is sick" to which the second replied, "No, he's not sick - he THINKS he's sick." When they met a week or so later, the Second opened the conversation by asking, "How's your brother? Does he still think he's sick?" To which the First responded, "Oh no, now he thinks he's dead and we will bury him tomorrow."

I regret if that is in poor taste. Entirely too many of us have died - all because an admonishment in the Good Book, as old as life itself, which states "They have ears and hear not - They have eyes and see not," has not been heeded. In now

what amounts to literally hundreds of cases, such evidence has been screaming for recognition and has instead, been drowned in a mass of absolute adherence to legal interpretations.

The Task Force pointed out: "Available data makes it now apparent those POWs interned by an Asian captor generally received harsher treatment and suffered more disabilities than other POWs." If this topic weren't so serious, we could anticipate gales of near hysterical laughter at so ridiculous a comparison as "generally received harsher treatment." The numbers who died under the Japanese; the numbers who today are receiving disability compensation; even more importantly, the numbers of survivors who cry out for the recognition for compensation they earn and deserve, almost placesuch a comparison akin to travesty.

We have no desire to use a recent tragedy for comparative purposes, it seems to border on the macabre, yet it is so pertinent that to overlook it would be an injustice. When our people in Iran became hostages, many psychiatrists and psychologists advanced professional opinions the hostages would become victims of neuroses induced by the trauma of captivity. Like you - like all thoughtful Americans, we violently oppose such despicable actions by Iranian Militarists and we join our Nation in prayer for their early release.

The American Defenders of Bataan and Corregidor deplores deprivation of freedom. Nobody values more his heritage of freedom than he who is forcefully deprived of it. Yet, this tragic situation has given vent to a bit of anger; modern day clinicians recognize an eventuality and it has taken the VA some thirty-five years to make an Administrative Change to their Program Guide to recognize Post-traumatic Stress Neuroses as having been part of our prisoner-of-war life. The irony is further emphasized when it is determined the POW today who applies for Veterans Appeal Review still has to prove he was a POW! Frustration becomes manifest, particularly in view of the fact our Colonel Charles BROWN, our Lieutenant Colonel M.Q. BRILL, our Major John E. NARDINI, Doctors and Psychiatrists and former POWs submitted such Findings within a year or two of our release and return to United States Control. Perhaps, even at this late stage in our lives, there are many among our group who will benefit by this most liberalization in recognition of a prison camp syndrome we recognized from the date of our release. We know for certain that if the Veterans Appeal Board is confronted with this most recent change, even their decisions may be influenced.

In the Task Force Study, we noted there was not enough space given to the long range effects of mal-nutrition. This area needs be expanded and we feel if the area receives the consideration it deserves, the "presumptive" clauses will be removed from the VA interpretation of an-certainty into the accepted category it deserves. There is every bit of documentation our food situation was critical, even before we became prisoners of war. The history of Bataan records the troops took a 50% food cut on 5 January 1942 and three more cuts had to be imposed to stretch the meager rations issued to the troops. One need not be a member of the medical profession to reason that if a beautiful machine such as the human body is denied proper sustenance for any length of time, there MUST BE a breakdown in function. Some times such breakdown can be repaired through replacement of nutrients denied during the period. In our case, however, the denial was so protracted, damages were irreparable and persist even until today. It is a matter of record our troops on Bataan had been reduced to less than 30% efficiency because they lacked a balanced diet. The same breakdown also reduced resistance to the hundreds of diseases which make inroads when that resistance is absent.

Compound the lack of food with the absence of proper medical supplies and then add the ingredient of sustained combat conditions and it should be readily understood

this beautiful machine just cannot function without losing something along the way. As if our mathematicians have not touched its maximum with the preceding, we then toss in the extension of denial of sustenance enforced by our Japanese captors. How can anyone deny these residuals are still present and in fact, constitute the basis for most, if not all, of our claims today? To carry this point of mal-nutrition one degree further, let me illustrate with the most common of ailments suffered by POWs in prison camps. Early denial of sustenance resulted in what was termed "The Hot Foot Syndrome." Apparently, when the body is denied certain vitamins, the nerve extremities are first affected. The earliest indication is tingling in the nerve ends - usually in the feet. When the denial is extended, the tingling turns into a burning sensation. Further denial apparently results in a permanent atrophy of the nerve ends and even today is widely recognized as peripheral neuropathy. Men would bathe their feet in cold water for temporary relief and we stress "temporary" relief. One of our doctors who was spared these pains, which persist until today, and who, most unfortunately for us as a group, was on the VA staff. He was one in a thousand who was not affected and he rendered a decision this Hot Foot Syndrome was reversible and even curable. His statement, from a position of authority within the VA structure, denied practically all of us alive today, just compensation in this one area alone.

Another area which did not receive proper recognition and one which was very, very disappointing to us was pronounced by its absence in the Task Force Study. This was that no one in the Veterans Administration thought it sufficiently important to include a cultural background study as it related to the Japanese. If anyone must pronounce judgment on a given situation, does it not stand to reason all - and we repeat - ALL factors be taken into consideration?

In this respect, we would wish to dwell for a short period on what we deem an important factor which has not received any consideration during Veterans Appeals Reviews. We would commend a publication entitled "The Enigmas of Bubishi" by Edward Frederic Langley RUSSELL, Lord of Liverpool, published in 1958 by Dutton in New York. This publication damningly indicts the Japanese Government and Military Authorities repeatedly for their knowledge of the thousands of atrocities which were known to them and since no corrective actions were taken to curtail such actions the conclusion is that they were not only condoned, but sanctioned and even taught. Lord RUSSELL's findings are based on sound evidence and although its contents read like an exaggerated fictionalized thriller designed to upset the average stomach, unfortunately all of its contents are true. It is a factual publication.

There is no joy in recommending this book. It is a rendition of one horror after another and almost descriptive in its chapter titles alone. For instance, "The China Incident" describes how during the first six weeks of occupation there, the Japanese were responsible for murder, rape and mutilation of over 200,000 Chinese. The chapter "The General Treatment of Prisoners of War" points out that although the Japanese did not sign the Geneva Convention Treaty of 1929, they did sign the Fourth Hague Convention of 1907 and WERE BOUND, legally, to observe regulations for humane treatment, decent housing and food--all of which were grossly and harshly violated. The fate of air crews of British, American and Dutch untold with parades in handcuffs and chains, torture, beatings, being shot or decapitated; not arbitrarily but as the basis of rational decisions by captors. "Life and Death on the Burma-Siam Railway" puts Edgar Allan Poe to shame while "The Massacre and Murders of Prisoners of War" among other details, tells of beholding Americans on the Japanese troop transport NITTA MARU. The chapter on "Prison Males" tells a story which will violate every principle of good taste by its re-telling of the horrors lived through us on HELL SHIPS. "The Death Marches" are enough to sicken even the strongest among us yet should be required reading for all Americans so we never forget what an enemy can really do when circumstances permit such atrocities. The concluding chapters have other titles which can appeal only to those who are addicted to the scariest traits related to a hell-on-earth existence and one such title is "Cannibalism, Vivisection and Mutilation." The book concludes with the title "The Kampei Tai" the dreaded secret police and Lord RUSSELL points out that the uniformity with which they performed their tasks had to be taught and were accomplished through an established definite policy, acknowledged and approved by Higher Headquarters.

In the consideration of granting or denying appeals at Veterans Appeal Board levels, this publication would toss much light on how and why the POW was badly mistreated and how such treatment would contribute to his present state of neuroses and post-traumatic stress. If we understand why a nation would be so brutal beyond description, there would be absolutely no hesitancy in granting favorable consideration. We realize that, in effect, we are asking someone in authority within the VA read this book and we realize that our position only offers still another barrier for them to overcome. Instead, we would ask that this Committee read this publication and we will then know, beyond any reasonable doubt, it may become "required reading" for those who sit in judgment of us.

Still another area we would contest and which has been consistently contended is this area of "The Benefit of the Doubt" during Claims Review or Appeals Board Action. It would be difficult to convince us Appeals Boards are not made up of individuals who are already pre-determined in their approach, and if the Claimant does not submit "new and further proof" his case is automatically denied.

It is not sufficient that all regulations and directives stress the horrors of prison camps, it is not sufficient there are constant reminders of "presumptive" approaches. It is not sufficient the Congress itself buys a "liberal" interpretation. It is not sufficient that this present day prisoner of war is dying a slow death which began in a Japanese prison camp. No Sir, our experience has been that "further medical proof is required" before further consideration can be given. Constant reminders indicate - especially in our case - there WILL BE AN ABSENCE of medical records in more cases than not. On one hand the VA proclaims to high heaven that it extends every benefit to this former POW and, on the other hand, if that medical evidence is not available that particular case is routinely - let me repeat - routinely denied. It is a travesty that it is known where the ailment emanated and yet, when considered, if a record does not exist it is interpreted the disease itself did not exist! This we believe is exercise of ignorance at the highest levels.

Somewhere between the time the Congress buys these cases be given liberal interpretation and the time the Appeal Board makes a decision, something is tragically lost in translation. By the time interpretation is added, the cold letter of the law and not its intent goes by the wayside and yet another former POW is penalized by the action. Despite pleadings which are as old as the Congress itself that common sense be the basis for decisions, we cannot help but feel that each encounter is somewhat reminiscent of the days of the Roman Coliseum but instead of Lions and Slaves, this score invariably is chalked on the Board as "VA--one; POW--Zero."

It is absolutely beyond our comprehension how - following fact after fact - verified so unfortunately through the many deaths which have resulted from incarceration, can be rationalized as being a hindrance during "Reasonable Doubt" decisions. Of our original group captured, we are sad indeed to relate there are approximately five thousand of us left alive today. In simple mathematics, that comes to 30.8% while conversely some 79.2% of us have died in prison camps or since.

Members of this Veterans Affairs Committee. Thirty-five years have passed to give us this opportunity to plead before you. We do not have the luxury of another thirty-five years to make another plea. We strongly recommend a real hard look be given this overall project. We need changes in regulations, changes in policies and proceedings. Changes in education, if need be. But changes there must be. Changes which CANNOT BE MIS-UNDERSTOOD by those who sit in judgment of us. We must, with your help, get away from this concept that a lack of records indicates a lack of a disease. We must learn how to interpret the "intent" of the Congress, not erect barriers to add to an already existing burden when the POW applies for consideration. We must, with your help, impress on people who are interested only whether the exact letter of the law governs common sense, that cases not be routinely denied because we forget to "dot an eye" or "cross a Tee." Above all, we would ask that when someone is asked to sit on such a Board of Appeals he search his soul to determine if he knows the entire story--not just findings of the past. If this individual cannot meet common sense criteria to sit on a Board, he should disqualify himself from passing judgment. He only kills himself with his affected authority and worse, he only hurts a deserving former POW from just compensation.

90th CONGRESS 2d SESSION
H.R. 7663

To amend title 38, United States Code, to expand eligibility of former prisoners of war for certain health care benefits, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

June 25, 1980

Mr. Montoomeet (for himself and Mr. Hammerschmidt) introduced the following bill; which was referred jointly to the Committees on Veterans' Affairs and Post Office and Civil Service

**PLAN TO ATTEND
THE
A.D.B.C. NATIONAL
CONVENTION
IN
LAS VEGAS, NEVADA
SANDS HOTEL
APRIL 26 TO
MAY 1, 1981**

In concluding, please let me give you every assurance we are not here to render an indictment against the VA. What we have been trying for is a just approach to our situation, not colored or distorted by legaleeze and an interpretation of law that had nothing to do with the fact we held off a terrible enemy from approaching Australia in 1942. We know nothing about a law that dictates how sick we can become because we were willing to defend principles we believed in then and now. Fighting men we were then and fighting men we will remain. We did not bargain for prisoner of war status and believe me, Members of this Committee, had we anticipated what was in store for us as prisoners, we would have rather died than go through what we survived.

Again, we thank you for this courtesy of hearing us. We are sorry we present a sorry picture but this is unavoidable in light of present interpretations of rules and regulations. We do appreciate that the VA, at everyday low levels gives us every consideration for the pains which wrack us. We do not have any priorities over any other Veteran but we do appreciate that they tend our complaints. We are grateful to the Task Force which brought this Study to your attention and although we are almost convinced it is just "only one more publication with no long range meaning," we are grateful for it.

We stand ready for questioning if it pleases you and again, we Thank You Very Much.

A BILL

To amend title 38, United States Code, to expand eligibility of former prisoners of war for certain health care benefits, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Prisoner of War Benefits Amendments Act of 1980".

Sec. 2. (a) Subchapter II of chapter 3 of title 38, United States Code, is amended by inserting after section 220 the following new section:

"§221. Authority to establish advisory committee on former prisoners of war"

"The Administrator may establish a committee to assess new medical and other information on former prisoners of war and to advise the Administrator on policies and procedures concerning former prisoners of war. In appointing members of such advisory committee, the Administrator shall include former prisoners of war held captive during World War II, the Korean conflict, and the Vietnam era, and individuals who are recognized authorities in such fields as psychiatry, psychology, internal medicine, nutrition, and epidemiology, and may include officials of other executive departments and agencies. The Committee shall meet on a regular basis, as prescribed by the Administrator, and, at least biennially, shall submit a report to the Administrator on its activities. The Administrator shall determine the number, terms of service, pay, and other allowances of members."

(b) The table of sections at the beginning of such chapter is amended by adding the following new item:

"211. Authority to establish advisory committee on former prisoners of war."

SEC. 3. Clause (2) of subsection (c) of section 312, title 38, United States Code, is amended to read as follows:

"(2) Psychosis which became manifest to a degree of 10 per centum or more after such service;"

SEC. 4. Section 310(a)(4) of title 38, United States Code, is amended by inserting "or is a veteran of World War I, World War II, the Korean conflict, or the Vietnam era who was held as a prisoner of war" after "older".

SEC. 5. Section 612 of title 38, United States Code, is amended by —

(1) deleting "and" at the end of clause (1) of subsection (f);

(2) deleting the period at the end of clause (2) of subsection (f) and inserting in lieu thereof "and";

(3) inserting after clause (2) of subsection (f) the following new clause (3): "(3) to any veteran of World War I, World War II, the Korean conflict, or the Vietnam era who was held as a prisoner of war"; and

(4) inserting before the period at the end of clause (3) of subsection (i) "and to any veteran of World War I, World War II, the Korean conflict, or the Vietnam era who was held as a prisoner of war".

SEC. 6. The President of the United States shall designate an appropriate date for the annual observance of "National P.O.W./M.I.A. Recognition Day", and is authorized and requested to issue proclamations calling upon the people of the United States to observe the day with commemorative ceremonies and activities befitting the occasion.

DEPARTMENT OF VETERANS BENEFITS RATING PRACTICES AND PROCEDURES DISABILITY MENTAL DISORDERS

1. **Psychoneurosis.** Drastic reductions in evaluations should not be made in ratings for psychoneurosis when a reduction to an intermediate rate is more in consonance with the degree of disability. Moreover, the general policy to be observed is gradual reduction in rates to afford the veteran all possible opportunities of adjustment.

2. **Latent Schizophrenia.** Several cases have been brought to our attention where regional office rating boards have accorded service connection for latent schizophrenia. To clear up any misconceptions, some explanation is provided.

Generally speaking, latent schizophrenia is not a proper disability for service connection. While the **Diagnostic and Statistical Manual of Mental Disorders, 1968 Edition**, American Psychiatric Association, lists the diagnosis in the same section as psychoses, careful reading of the diagnostic requirements clearly reveals that an essential element to the diagnosis is a history entirely free of psychotic episodes. Following a psychotic reaction, the disability must be reclassified for proper diagnosis. Therefore, latent schizophrenia is not a true psychosis. Since it also does not qualify as a neurosis, there is no basis for service connection for such a condition.

Claims for service connection for latent schizophrenia should be handled similarly to claims for service connection for personality disorders. While the condition is not a disability within the meaning of applicable laws, superimposed psychotic reactions in service or within the presumptive period would be a proper basis for service connection.

ADDED 3-17-80

3. **Post-traumatic Stress Neurosis (Disorder).** The type of disorder contemplated under this diagnostic classification is a psychiatric disorder having its onset as an incident of armed conflict or enemy action, or following bombing, shipwreck, or internment under inhumane or severely deprived conditions or similar life threatening episodes. To justify the clinical diagnosis and to assure uniformity of its use, the following findings should appear in the clinical examination presented by the examiner.

a. A recognizable stressor that would be expected to evoke significant symptoms in almost all individuals, that is, a life threatening episode under circumstances mentioned above. It is important that this stress be described as to its nature and severity and also in time sequence, that is, whether it occurred while on active duty, before service or since discharge therefrom.

b. Re-experiencing the traumatic event either by a recurrent and intrusive recollection of the event, dream of the event, or suddenly acting or feeling as if the traumatic event were occurring because of an association with an environmental or ideational stimulus.

c. Numbing of response to or involvement with the external world beginning some time after the traumatic event as shown by markedly diminished interest in one or more significant activities, feeling of detachment or estrangement from others, or marked constriction of affective responses.

d. At least two of the following symptoms that were not present prior to the traumatic event:

- (a) Hyperalertness or exaggerated startle response.
- (2) Initial, middle or terminal sleep disturbance.
- (3) Guilt about surviving when others have not, or about behavior required to achieve survival.
- (4) Memory impairment or trouble concentrating.
- (5) Avoidance of activities that arouse recollection of the traumatic event.
- (6) Intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

When an examination is received with the diagnosis of post-traumatic stress neurosis (disorder) which does not show the foregoing findings, it should be returned as inadequate for rating purposes setting forth the reasons why the examination is inadequate.

The post-traumatic stress neurosis (disorder) is divided into acute and chronic. Those episodes which are acute and transitory reactions subside without recurrence and present no residual disability. They may not, of course, be service connected. It is also to be noted that some of the above-mentioned symptoms may occur episodically, and in between episodes the patient will not show symptomatology. On being questioned, however, the individual will disclose residuals such as nightmares, startle patterns, and problems with socialization.

Care should also be taken to assure that transient situational disturbances containing adjustment reaction of adult life which subside when the situational disturbance no longer exists or is withdrawn, and the reactions of those without neurosis who have "dropped out" and become alienated are not erected into a diagnosis of post-traumatic stress neurosis (disorder).

The diagnosis of post-traumatic stress neurosis (disorder) will appear more frequent-

HOWARD W. AYRES

MOUNT CARMEL — Howard W. "Bill" Ayres, 60, of 22 S. Market St., died June 15, 1980 in his residence after a lengthy illness.

Born in Mount Carmel, June 19, 1919, Mr. Ayres was the son of the late Irvin and Margaret (Edwards) Ayres. He was a master sergeant in the U.S. Air Force until his retirement July 30, 1961.

Mr. Ayres was married to the former Cecelia Nolter April 7, 1947, in Church of Our Lady of Mount Carmel, Mount Carmel. He attended Mount Carmel schools. Mr. Ayres was a member of Church of Our Lady of Mount Carmel.

A veteran of World War II, Mr. Ayres was a survivor of the Bataan Death March. He was a Japanese prisoner of war for 42 months. Mr. Ayres was a member of American Defenders of Bataan and Corregidor, American Legion Post 804, Atlas, and Fraternal Order of Police Lodge 89.

Survivors include a son, William, Kulpmont; a daughter, Mrs. Dennis (Mary V.) Molesevich, Mount Carmel; one sister, Mrs. Harry (Mary) Kolody, Mount Carmel and three grandchildren.

"Skinner" as most of his friends knew him, had a Mass said by the Monsignor William Bradley. The Monsignor added a very personal touch to the proceedings and his statement about Skinner was deeply appreciated. Pall bearers were Benson Guyton of Decatur, Alabama; Joseph Poster of Allentown, PA; John Hassler of Reading, PA; Paul Reuter of Oxen Hill Maryland; Dan Stoudt of Bethel, PA and Art Bressi of Tucson, Arizona. Art also delivered a grave-side eulogy and on behalf of a grateful nation and The American Defenders of Bataan and Corregidor, made the presentation of the Flag to Celie and the children, Mary Virginia and Bill.

MARVIN C. BULLOCK

Marvin C. Bullock, 59, 1598 Carmella Circle, Sarasota, died 7-14-80 in Manatee Memorial Hospital.

He moved to Sarasota in 1951 from Jamestown, N.Y. and was a surveyor for the Manatee County Highway Department for 21 years before retiring. He was a survivor of the Bataan Death March of 1942 and was imprisoned by the Japanese for 3½ years. He founded the Florida State Chapter of the American Defenders of Bataan and Corregidor in 1969 and was the chapter's first commander and life member. He was made an honorary Kentucky Colonel by Gov. Louie B. Nunn in 1969 and was past commander of the American Legion Post in Frewsburg, N.Y. He was in the U.S. Army Corps of Engineers from 1939 to 1945.

Surviving are his wife, Viola B.; a daughter, Karen of Sarasota.



803rd Lucheon at Pittsburgh Convention.

HUBERT B. GATER

Hubert B. "Hugh" Gater, 67, died June 10, 1980 at his home, Hillsborough, NH after a long illness.

He worked for 28 years as a shipper at the Monadnock Paper Mill in Bennington.

A veteran of World War II, Mr. Gater served with the Army Coastal Artillery in the Pacific. He was a survivor of the Bataan Death March and was held prisoner by the Japanese for 3½ years. After the war, he wrote "Bataan Diary," a book which described his experiences as a prisoner of war.

He held the Silver Star medal with oak leaf cluster and the Purple Heart.

Members of the family include his wife, Vibian (Cote) Gater; a son, John R. Gater; a daughter, Mrs. Jolayne M. Boynton, all of Hillsborough.

(Continued from Page 12)

ly after October 1, 1980, which is the date set for use by VA health clinics. When that diagnosis is presented upon examination supported by clinical findings set forth above, it will be accepted for rating purposes and evaluated by analogy to diagnostic code 9400, anxiety neurosis, with evaluations ranging from 0% to 100% under the general rating formula on page 125-4R of the Schedule for Rating Disabilities.

When this disorder is initially manifested during service and recorded in service department clinical records, generally under such outdated terminology as "shell shock" or "combat fatigue" or words of similar import, there should be no hesitancy in granting service connection even though there may be a lapse of a considerable period of time between the psychic trauma and its chronic manifestations. When initial clinical manifestation occurs at a date remote from service termination, service connection should still be granted if the life threatening episode, described by the examiner, is consistent with the nature, character and circumstances of veteran's service as evidenced by his or her military records.

THANKS

Eva Neil and Bob's family wish to thank all who have been so considerate in their time of need.

Ceil Ayres and her family write to thank the many kind remembrances in their time of need.

Nice to receive these messages but it is the obligation of each member when the time presents itself to do all we can for our buddies' widow and family. While we are on the subject, now is the time to give your wife all the information on your past that you can. It may be valuable to her upon your death.

IF YOU HAVE INFORMATION OF THE DEATH OF A MEMBER, PLEASE NOTIFY QUAN.

VIRGILIO CORDERO, RETIRED GENERAL

SAN JUAN, P.R., June 9 (AP) — Brig. Gen. Virgilio M. Cordero, retired, a survivor of the Bataan Death March in World War II, died 6-9-80 at the United States Navy Hospital in the Roosevelt Roads base. He was 87 years old.

A spokesman for the base said that General Cordero, who retired from the United States Army in 1953 after 36 years of service, had suffered from a lung ailment.

He was a battalion commander in the 31st Regiment when Japanese invaders defeated United States and Filipino forces on the Bataan peninsula in the Philippines in April 1942 and forced their prisoners on the death march to prison camps.

General Cordero was born in San Juan and graduated from Penn State University.

He is survived by his wife, the former Gloria Haydon of Needham, Mass., and two children.

FRED HAHN

Fred Edwin Hahn, 61, a long-time resident of the Hamilton and Darby area, died June 6, 1980 following surgery in the Veterans Hospital at Salt Lake City, Utah.

Mr. Hahn was born June 27, 1918, in Spokane, Wash.

He served in the U.S. Army Air Corps from 1941 to 1948. While in the Philippines he was captured and held prisoner for three years and nine months.

Military decorations he received included the Oak Leaf Cluster and Purple Heart.

For about 10 years after the war Mr. Hahn worked for the Forest Service at the Darby Ranger Station. He later worked at service stations in Darby and Hamilton until 1973, when he was forced to retire because of a military-related disability.

He married Virginia Bryan Grueb on Sept. 22, 1966, in Hamilton.

He was very active in veterans groups and was past commander of Rocky Mountain Chapter 17 of the Disabled American Veterans.

Survivors include his wife, Virginia, Grantsdale; and a brother, Barton Hahn, Belgrade.

JACK SPEECE

Jack R. Speece, age 61, of 3121 Sieber Dr., Arlington, Texas formerly of Hondo, entered rest June 23, 1980. He was a Sgt. in the famed "Lost Battalion" at 10031 Artillery 36 Division, Captured-held prisoner in fall of Java 1942, being released September 1945. Survived by his wife, Mrs. Lea Speece of Arlington, son, John L.

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LAS VEGAS HOOVER DAM

For eons the 1,400-mile Colorado River ran at will out of the snowfields of the Rocky Mountains, through the Grand Canyon and into the Gulf of California. It wiped out farmers and ranchers, ruined crops and carried billions of tons of silt and topsoil to a wasteland. At other times, it shriveled under the sere desert sun to a mere useless trickle. Then man accepted the challenge to control this ravaging torrent and built massive Hoover Dam.

Completed in the mid-thirties, Hoover Dam was created for two express purposes: flood control and the generation of electrical energy. But in completing the dam and backing up the river to form 115-mile-long Lake Mead, an outdoor recreation area was formed which is today enjoyed by over 6 million persons annually.

Hoover Dam is 727 feet high, the equivalent of a 70-story building, and the highest concrete dam in the Western Hemisphere. At its base it is 660 feet thick, the length of more than two football fields. Its Nevada and Arizona spillways are 50 feet in diameter, while the steel-lined penstocks from the intake towers to the turbines which operate the generators are 30 feet in diameter. It required 4.4 million cubic yards of concrete to build the dam; enough concrete to construct a two-lane highway between San Francisco and New York.

Hoover backs up the largest man-made reservoir in the United States, Lake Mead, able to hold 30 million acre feet of water, or two years average flow of the Colorado River. It covers 255 miles of surface area with 500 miles of shoreline. Hoover's 17 turbines can generate a maximum of 1,344,800 kilowatts, exceeded by few other dams in the world. This is nonpolluting

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Hoover Dam was the first archgravity dam to be built and the design "wrote the book" for dam construction in the years that followed. More than 5,000 men worked five years from 1931 to 1936 in the Black Canyon site 30 miles from Las Vegas to complete this pioneer project. When completed, the American Society of Civil Engineers proclaimed Hoover Dam "The Eighth Engineering Wonder of the World." A little known fact about the dam is that although construction spanned five years, this hydroelectric wonder was still completed two years ahead of schedule.

The dam's \$175 million cost will be paid back by 1987 with revenue earned from power generation, but that is only a tiny part of the dam's economic impact in the southwest.

COMING EVENTS EXECUTIVE BOARD MEETING

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