



# Beyond the Wire

Volume 7, Number 1

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## From the Commander

Frederic Stevens in his book on Santo Tomas calls the period from February 1944 to February 1945 "The Year of Starvation". In this issue of *Beyond the Wire* we include the first of a two-part article on a study by Dr. Pearson titled Morbidity and Mortality in Santo Tomas that sets out the conditions that faced the prisoners during that period. Particularly in the last 3 months of internment, starvation became an ever-present threat. The Japanese have stated that they provided sufficient food - as much as given to Japanese soldiers. Some Western defenders of the Japanese have stated that the prisoners had alternative sources of food to keep them from starvation. Let's examine these contentions.

**Japanese-Provided Food** According to Pearson, from November 1944 through January 1945 the daily ration provided varied from about 1,000 calories to 700 calories, and averaged 870 calories per person per day. However, the Japanese issued only a ½ ration to children under 11 years of age, of whom there were about 460. The Executive Committee of internees agreed that children should have the same ration as adults, and this policy reduced the overall ration by 6%, so the ration for everyone was 820 calories.

**Camp Reserves** In the years before 1944, the farsighted Executive Committee built up a store of food for a future emergency. Then in December of 1943, enough Red Cross packages were delivered to the camp to provide one for each prisoner. The Committee put half of the contents of these packages into its emergency reserve and distributed ½ package to each prisoner in January 1944. The Committee also received gifts of food from the YMCA and others (some smuggled into Camp) that was put into the emergency reserve. Produce (mostly leafy greens) from the Camp garden supplemented the food supply, and this plus food drawn from the reserve supplemented the Japanese ration with about 400 calories per day. The Japanese controlled the bodega where this food was stored, and an audit after liberation showed that they had stolen 13 tons that could have helped to mitigate the malnutrition if it had been available to the central kitchen.

**Red Cross Packages** There were two distributions of Red Cross packages to Santo Tomas internees during the entire 3-year period. The second one was from packages shipped on the Allies' repatriation ship Gripsholm and transferred to the Japanese repatriation ship Teia Maru. The half package each person received in 1944 contained cans of spam, corned beef, Vienna sausage, pork and beans, tropical butter, candy and a few other commodities. Many families kept a part of their

(Commander, Continued on page 2)

## Morbidity and Mortality in Santo Tomas

### Part 1

*In 1946, Emmet F. Pearson, Lt. Col., M.C., A.U.S., F.A.C.P. published a report in the Annals of Internal Medicine on the health, morbidity, and mortality of civilian internees held by the Japanese for 37 months at Santo Tomas, Los Baños, and Baguio. The report is concerned chiefly with Santo Tomas, about which more information is available. Dr. Pearson served with one of the Army hospitals set up within the camp after liberation. The report is lengthy and is summarized in Beyond the Wire in two parts. Part 1 describes the background and the sanitation challenge. Part 2, to be published in May 2014, describes the era of starvation and mortality in the Camp. The information provided here is largely direct quotes from the report annotated for brevity. Editorial comments are shown in italics.*

Angus Lorenzen

### Background

Some records of medical activities in the Santo Tomas Camp were made, but many records were lost or destroyed in the confusion at the time of liberation. Fortunately, a few duplicate records and secret reports not available to the Japanese were kept. By compiling information gained from the official records and from well-informed individuals, a reasonably accurate appraisal of the medical history of the camp has been made.

No medical records of the camps at Los Baños and Baguio are known to exist, but a record of the deaths at the Baguio Camp was found and names of the dead at Los Baños were taken from grave markers. General information concerning these two camps was obtained by interviews with doctors who were interned therein, and causes of death were ascertained.

The Japanese apparently had no plan for providing housing and food for the "enemy aliens" that they were to intern, and no thought had been given to medical needs. The Camp population was not that of an "average" community. It was made up largely of well-educated people of the executive and wealthy class. There were a disproportionately large number of men, especially old men. A maximum of 3,800 persons were interned at Santo Tomas. In May 1943 an overflow of internees was sent to a new Camp at Los Baños, which had a census of 2,146 persons in 1944. A smaller Camp at Baguio reached a census of 460 persons, who were transferred to Bilibid Prison in Manila in December of 1944.

(Mortality & Morbidity, Continued on page 3)

packages as emergency rations. The problem was that once a can of meat was opened, it would spoil rapidly in the tropical heat, so the calories supplied in these packages could not be eeked out over a long period, and therefore was not a part of the daily diet. The canned food was also subject to theft, and many people living in dorms who had no place to hide this provender, decided to eat the food shortly after receipt to ensure that they did not lose it.

**Private Gardens** Some of the people in shanties were able to grow a small crop on their plots, though in general the soil was poor and many people didn't attempt to do so. Theft from the private gardens became a problem, and by mid-1944, food supply was becoming so desperate that people were faced with "eating the seed corn", and not waiting for harvest time. As an example, people who had banana trees cut them down, stripped the outer layers from the trunks, and ate the inner cores.

**Theft** Hoarded food was vulnerable to theft, which was quite common. Theft was a zero sum game because it added to the nutrition of the thief but subtracted from that available to the person who was robbed.

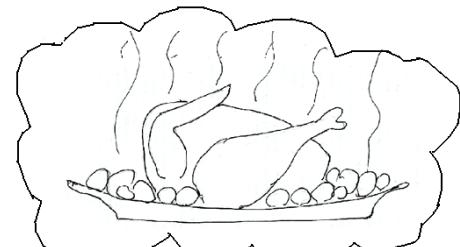
**Black Market** As Pearson points out, a thriving black market developed for smuggled food, with the Japanese guards providing a role as facilitators. By late 1944, the cost of black market food became prohibitive for most people, with a pound of rice selling at U.S. \$25.25 (over \$370 in 2013 dollars), a can of corned beef at \$60 (\$544 in 2013), and a pound of lard at \$90 (\$1,225 in 2013). Few people could afford such prices since the Japanese had required all prisoners to turn in their American money and only allowed minimal withdrawals of almost worthless occupation currency. Some people were able to offer valuable jewelry in exchange for black market food, while others signed a legally binding note. When they returned to America, they were promptly handed a bill to pay for their "loan". Needless to say, very few people were able to take advantage of the extra nutrition that could be obtained from the black market.

**Pets** Until the start of 1944, several families kept pet dogs or cats. As the year progressed, the pets simply disappeared. Several people were suspected of supplementing their rations with cat or dog stew. Again, there were very few people who took advantage of this source of nutrition.

**Conclusion** While Dr. Pearson's study was primarily based on information for Santo Tomas, the conclusions apply also to the Los Baños and Baguio/Bilibid camps. He concluded that the Japanese simply lied when they claimed that they were providing adequate food for their prisoners. On the other hand, their friends who claim that the prisoners had other sources of food are correct only in degree. At best, these supplemental sources of nutrition, except for that provided by the Camp's emergency reserve, were sporadic and did not provide a steady diet supplement. A few people were able to increase their nutrition significantly, but only by devious means and at the expense of others. The average woman received about 50% of the recommended nutrition for a healthy life, while men received an even lower percentage. The outcome was that 60 people died directly of malnutrition and for many others, malnutrition was a contributing condition to their cause of death.

Angus Lorenzen

## Christmas 1944



AML 12/13

*Joe carved the Christmas Spam while Jane served the talinum greens and the assembled company dreamed of better times to come*

## WE KNEW YOU WHEN *Harry Alan Robinson*

A long time member of BACEPOW, and our Board of Director's Treasurer for many years, Harry Alan Robinson, passed away on July 14th, 2013 in Walnut Creek, California after a tough fight with cancer. Harry is survived by his sister, Jeanne Schreiber, his sons Keith and Brian and numerous nieces and nephews.

The son of George and Jeanne Lynch Robinson, Harry was the 6th of 7th children born in Manila, Philippines in 1927, and survived over 3 yrs as a civilian prisoner of war by the Japanese during WWII.

After liberation, Harry and his family moved to San Francisco where he attended Washington High School, graduated U.C. Berkeley as a microbiologist and proudly served with the U.S. Army in the Korean conflict. He married Irene Glicheauff (who preceded him in death) and created his successful company, Microbiological Media, as well as being a rancher and businessman. Harry also delighted in being a green thumb inspirational horticulturalist.

On a personal note, Harry Robinson was a good friend to all of us and touched our lives with his laughing eyes, warm smile, and was always ready to pounce on one with his infectious sense of humor, great stories and his debatable joke quality. He took great joy in poking fun at anything one said, albeit in a manner of swift intellect and charm. Harry is respected, loved and missed by all of us who shared the same Philippine history and knew him well.

Sascha J Jansen

### Distribution of Internees at Santo Tomas According to Age Groups as of August 1944

	Male	Female
0-15 years	355	332
15-17 years	56	54
18-30 years	350	402
40-50 years	385	296
50-60 years	320	215
60-plus	465	84

Santo Tomas University was a fairly satisfactory place for the internment of such a large number of people in spite of extreme overcrowding. Conversion of the University into a crowded internment camp presented acute administrative as well as sanitary and health problems. At first the Camp was under civilian Japanese authorities who permitted "supervised" self-government through an "approved" Executive Committee and various sub-committees. This type of government continued until the Camp administration was taken over by a Japanese military administration in February 1944. At that time drastic restrictions were imposed upon the camp and practically all contact with the outside was prohibited.

During the first two years of internment, the internees were allowed to purchase with their own funds supplementary food and necessities. From July 1, 1942 to February 1944, a per diem for adults (children one-half) of from 35 cents to 75 cents per individual (the per diem increased as inflation progressed) was provided by the Japanese and turned over to the Executive Committee for purchases for the common good such as foodstuff, medicines and surgical supplies.

After February 1944, the new regime discontinued the per diem allowance; food was provided by the Japanese "in kind", and purchases could no longer be made from outside. In July 1944 the internees were forced to turn in all money except \$25 per person, which could be deposited in the Japanese bank and withdrawn at up to \$25 per month per individual in Japanese occupation pesos, which had very little purchasing power.

### Medical Organization and Equipment

Immediately after the internees began to arrive at Santo Tomas, medical and sanitary needs were obviously urgent. The Japanese made no plans or suggestions, and the interned doctors promptly formed committees and made plans for the health and sanitation of the camp.

Several medical clinics were started and an improvised hospital was established. The Executive Committee negotiated for the rental of the Santa Catalina Convent adjacent to the University for a hospital. The hospital was equipped by donations and loans, and by purchases through the funds of the Executive Committee.

There were no great difficulties in the care of the sick in 1942 and 1943. Drastic changes in medical facilities were made in 1944 after Japanese orders that no physicians except "enemy aliens" could practice in the Camp and several institutions where they had been hospitalized were closed to them. Chronically ill and aged people who had been permitted to live in outside hospitals or domiciles were required to return to the confines of the camp. Up to 1944, patients requiring major surgery had been transferred to one of the Manila hospitals, and

patients with communicable diseases were promptly transferred to San Lazaro Isolation Hospital. After February 1944, major surgery and hospital care for all types of illness, and the chronically disabled, were provided within the Camp.

Laboratory facilities were set up in sections of the hospital, though tests for bacillary dysentery or other bacteriological diseases were not satisfactory. Serological tests and more difficult examinations were sent to laboratories in Manila. In July 1944 the Japanese ordered that all laboratory specimens that could not be examined in Camp be sent to a Japanese Army Laboratory, which the physicians avoided.

Roentgen ray facilities were available for the first two years at the Philippine General Hospital, but during the last year, the physicians were dependent upon one poor fluoroscope.

When almost all medical supplies were exhausted, a large shipment of American Red Cross medical supplies arrived on the Japanese repatriation ship "Teia Maru" in December 1943. After this shipment, no means of obtaining additional supplies existed except for requisitions submitted to the Japanese Military supply stores, of which about 7% were filled after one to two months.

### Professional Care

Medical care in Santo Tomas was provided by an average of seven active American physicians and two dentists. Sixty-six Army nurses and twelve Navy nurses offered their services in the various medical facilities. (*The Navy nurses transferred to Los Baños in mid-1943.*) Six Filipino Red Cross physicians and three Filipino nurses were employed regularly until excluded from the Camp in 1944.

### Sanitation

The sanitation of Santo Tomas was a serious problem from the outset, with only 100 toilet seats for 3,800 people. The University stood only a few feet above sea level and pit latrines were not practical.

Flies were a great menace to the Camp and no satisfactory means were at hand to control them. Mosquitoes were ever present in enormous quantities, including the transmitters of dengue. Lice were minor nuisances. Fleas were present. Bed-bugs were a major menace. Several kinds of rats and mice were present in moderate numbers.

### Epidemiology

The medical Committee inaugurated an inoculation program with the help of the Philippine Public Health Department. The entire Camp was inoculated against typhoid, cholera, dysentery and smallpox. The Japanese caused the entire Camp to be inoculated with antiplague vaccine in 1944. The only epidemics that developed occurred in the summer of 1944, including measles, whooping cough, and bacillary dysentery. Eight cases of poliomyelitis with one death developed within the Camp in 1942.

Tuberculosis patients were treated in sanatoria outside the camp during the first two years, with no more than a normal rate of new cases during 1942 and 1943, but there was a sharp increase in 1944. In 1942, a large sampling of children was tested, and 18% showed positive reactions, but there was not a high incidence of clinically active tuberculosis in young people. The older group was most susceptible when they became undernourished. Forty-three deaths among internees in all three camps were due to tuberculosis.

# **BACEPOW REUNION**

## **MacArthur Memorial, Norfolk, Virginia**

### **April 24-27, 2014**

The preliminary program for this unique reunion has been set, and we hope to see you there. The registration form is included with this issue of Beyond the Wire. There are two parts to the form. On one side is the annual dues notice, and on the other side is the reunion registration. If you have already renewed your dues, or are not a member, simply cut the form and use only the reunion registration side, or if you are not attending the reunion, just use the dues renewal side. If you want to combine Dues and Registration on one check, you can use this option on the registration form.

The reunion theme is the **Liberation of Manila 1945**, which will include two days of displays, discussions, lectures, and documentaries at the MacArthur Memorial auditorium on Friday and Saturday April 25 and 26 from 10AM to 5 PM. Registration starts Thursday April 24 at the Marriott. Optional events include attendance at the Norfolk International Tattoo on Friday evening, and a banquet at the Town Point Club on Saturday. Sunday is open for people to do research at the MacArthur Memorial or to take advantage of the scenic tours of Norfolk and the Navy base. The MacArthur Memorial is located near the Marriott Courtyard Hotel.

Presentations will be in the MacArthur Memorial auditorium. **Please note that no one will be admitted to the auditorium without having a BACEPOW name badge.** Presenters include, among others:

Jim Zobel Host and Archivist for the MacArthur Memorial  
Sascha Jansen to present the theme of the reunion

Peter Parsons and Lucky Guillermo will have the World Premier for their new documentary - Corregidor: The Road Back  
Bonnie Rowan World War II researcher at the National Archives

George Fisher and Harry Shehee of the 44<sup>th</sup> Tank Battalion to discuss the Flying Column to Manila  
Lou Gopal with his documentary, Victims of Circumstance

John Lukacs with his documentary, Escape from Davao, and comments on his upcoming book on the Battle of Manila

Memorabilia from the three civilian camps – Santo Tomas, Los Baños, and Baguio/Bilibid will be on display at the MacArthur Memorial, along with a place for authors' book signing. If you have memorabilia from your days in camp and are willing to donate them, please bring them with you and donate them to the staff. **Those selling books or DVDs must reserve space by calling Sascha Jansen at (707) 448-2909.**

**The Norfolk International Tattoo** is a grand traditional spectacle of pipes, drums, military formations, and bands from all over the world that starts at 7:30 on Friday evening at Scope Plaza. It will be preceded by a Hullabaloo starting at 5:30 at the plaza where you can get food and be entertained by music and dancing. From the Marriott Hotel to the Norfolk International Tattoo at Scope Plaza is approximately a 10-minute walk. Alternatively, the Tides light rail can be taken from the MacArthur Memorial Station to Scope Plaza for \$1.50.

**The banquet is at the Town Point Club** located near the Marriott Hotel. On Saturday evening, a no-host cocktail hour starts at 6:30 and dinner will be served at 7:30. **This is a private club and no one will be admitted without appropriate attire—no t-shirts, shorts or sneakers.**

The **reunion registration** with your check for the events you wish to attend must be received **no later than March 20**. There **will be no opportunity for late registration, and no registration at the door**. Your registration form requires the full first and last name of each person in your party. You will not have access to the auditorium at the MacArthur Memorial without the badge included in your registration package. Your registration package will be available at the hospitality room at the Marriott Hotel from 1:00 to 6:00 PM on Thursday April 24, and from 8:00 to 10:00 AM on Friday morning.

Accommodations at the **Courtyard by Marriott, Downtown Norfolk** provide a close proximity to the MacArthur Memorial where the daytime events will be held, and also to the Town Point club where the banquet will be held. We recommend you make your reservations as early as possible to get the BACEPOW preferred rates listed below. When all rooms committed to us are taken, any other reservations will have to be made at the regular rates.

\$109 for a room with a king sized bed

\$119 for a room with two queen sized beds

Call (757) 963-6000 or toll free (800) 894-7956 and ask for the BACEPOW group rate.

By internet [www.courtyardnorfolk.com](http://www.courtyardnorfolk.com). - input BACEPOW group rate select king bed or 2 queen beds

Parking is \$19 per day, but \$10 if you are registered as part of BACEPOW

Transportation to and from the Airport and the Marriott are either by taxi, or by the JR airport shuttle at \$28 for the first person and \$7 for each additional person in your group. Make reservations by calling toll free (866) 823-4626.

**Please remember – registration must be completed by March 20 to participate in the reunion events.**

See opposite side for BACEPOW Membership Renewal unless included in reunion registration.

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## BACEPOW REUNION REGISTRATION

Registrations for the reunion at the MacArthur Memorial in April 2014 are due no later than **March 20**. **Late registration forms will be returned to the sender because available space is limited**

Please fill out the required information below. Full first and last names of all in your party are required.

Names (please use reverse side for additional names if necessary)

<u>First</u>	<u>Last</u>	<u>Member (yes/no)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Expenses</b>	<b>Cost</b>	<b>No. of People</b>	<b>Total</b>
<b>Annual Dues</b>	\$15.00	_____	\$_____ (Please write out names)
<b>Registration Fee</b>	Members \$20.00 Non-Members \$30.00	_____ _____	_____ _____
<b>International Tattoo</b>	\$42.50	_____	_____
<b>Banquet at Town Point Club</b> (Choose one entrée for each attendee)			
Chicken Marsala	\$44.00	_____	_____
Marinated Pork Loin	\$44.00	_____	_____
Vegetable Strudel	\$44.00	_____	_____
		<b>TOTAL</b>	\$_____

Please send your check for the total made out to BACEPOW by **March 20** to: **Sally Connelly**  
**#4 Hidalgo Ct.**  
**Santa Fe, NM 87508**

## **BACEPOW Membership Annual Dues**

The annual dues for BACEPOW are \$15 for each membership. For those of you who have not paid your 2014 dues yet, we would appreciate receiving them by March 20. If we have not received your dues by that date, you will not receive your May edition of Beyond the Wire.

Names and affiliation (camp, family, military, friend, etc.) Use back of form to include additional people.

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Please send your check made out to BACEPOW to **Ric Laurence** – Membership Chairman  
**120 Canal Street**  
**San Rafael, CA 94901**

You may also include your Dues with your Reunion Registration and send the check to Sally Connelly

**Thank you for renewing your membership**

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See opposite side for BACEPOW Reunion Registration

Amebic dysentery was constantly one of the greatest threats. About 10% of the Camp population was treated for this disease, which resulted in two confirmed deaths, and perhaps several others unconfirmed. Almost all of the internees developed severe bacillary dysentery at some time, but recovered. However 12 deaths were attributed to this disease.

#### **Other Diseases**

A wide number of other diseases were present. Dengue frequently occurred but was usually mild. Hepatitis with jaundice was endemic. About 85 cases of venereal diseases were under treatment early in the period of the camp, but gradually diminished. Those with diabetes were treated, from which 8 died due to lack of insulin or proper diet. Two men with ulcers died from hemorrhages. Fungus infections occurred frequently but did not become a widespread problem.

The rate of mental disease was remarkably low. There were about 15 psychotics among the internees, but only six were known to have developed psychosis during the internment. The internees, apparently en masse, took a mentally defiant attitude toward their Japanese captors who daily made efforts to lower their morale and to cause humiliation. (*Anecdotal evidence indicates many more people were suffering trauma in the last months, perhaps undiagnosed PTSD.*)

Misdemeanors and felonies were uncommon, the main offense being that of stealing food.

Seventy-five babies were born during internment. There were two still births, and three infant mortalities, but no maternal deaths. When a pregnancy occurred, the Japanese automatically imposed a 30-day jail confinement on the father. There were 15 babies born at Los Baños with no deaths.

**To be continued in the May issue..**

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#### **Are You Game?**

Remember that chant of all chants in camp? I loved saying it over and over again – at least till I was eleven yrs old when I outgrew it, or there weren't any more fat people to be seen in camp. This constant hammering drove my parents crazy. “Fatty Boom Banana – Had a Skinny Amah – Amah Died – Fatty Cried – Fatty Boom Banana”

We picked up strange lingo from each other, sharing our cultural, ritualistic stuff we learned from our Philippine or China backgrounds. Even from British kids came unique bits of palabra. “Pom Pom Chee!” Yup, same old paper/scissors idea with an Asian twist.

How about – FREEZE! – Where you had to “key lock” your pinky with a buddy to be in the club. Once you were in the club, you could yell,” Freeze”, and they would have to freeze in the position you caught them in. They couldn't move till you released them. Irvy Gunn and Billie Wilson froze Ginny Wilmont and me one day on the way to roll call. Guess who was dumb enough to be late for roll call? Does anyone remember the point of this game?

There were so many games that kept us kids distracted, which was a boon to our parents who had more important things to do than to entertain us. We'll remind you of more of these in future editions, but if you have any favorites, please send them to me for our compilation.

Sascha Jansen

## **Dental Reimbursement**

Or

*How American civilians who were held by or successfully evaded the Imperial Japanese Army in Asia during WW II can avail themselves of the dental benefits provided for by The War Claims Act of 1948 and the amendments thereto.*

By John P. Montesa, STIC/LBIC

American civilians who meet the above criteria and suffered from malnutrition are presumed to have contracted periodontitis. Unlike American military prisoners-of-war, this is the only presumptive granted to those unfortunate American civilians, and they have to prove that they suffered from malnutrition.

In my attempt to obtain this benefit, I had to jump through hoops and leap over hurdles of the absurd - but perseverance can be worth saving dental expenses amounting to tens of thousands of dollars. So, if you are interested in the challenge, sharpen your lance, saddle up your nag, and embark on your quest for the almost impossible dream.

Initially, you will have to address two queries: The first will be to the **National Personnel Records Center, Civilian Personnel Records, St. Louis, Mo 63138**. Ask them for proof of your captivity, the record of which was held by the Office of The Provost Marshall-General. Give them your particulars: full name, date of birth, place of birth; if you were not born in the U.S. state how you are able to claim having had U.S. citizenship during the time of your detention by the Japanese. It is easier for the agency if you give them sufficient information as to your identity. The agency will send you your requested proof, consisting of a single page with your name, your civilian status, code numbers for the wartime area and the detaining power, the date that your POW status was reported and lastly, the code number of the camp in which you were detained.

The second query will be to the **U. S. Department of Labor/Office of Worker's Compensation Programs, 1240 E.9th St. Room 851, Cleveland, Ohio, 44199, Attn.: Mr. David Woods**. The envelope containing your query should be marked "Do Not Open In The Mail Room". State your case giving a short paragraph of the particulars. This will result in your receipt of a form to fill out. Do that and return it to DOL with a copy of the Provost Marshall-General document - a copy, mind you!

In due course you will receive a communication stating that you didn't establish yourself as a legitimate claimant [par for the course] together with a much longer questionnaire to complete. Elaborate on your wartime experience without resorting to hyperbole and unsubstantiated war stories, unless you want a further rejection. Do not make up any fiction. I firmly believe that they know the full story and they are testing you and your bona fides. Again, in due course you will receive a notification that your claim has been approved and you will be given a claim number and the name of the claims examiner who will handle your case. Your claim number should be placed on any document that you later send to the DOL/OWCP.

In the instructions that you receive with the claim approval notification will be a passage referring to the necessity to obtain an authorization prior to having any dental procedure performed. Do not ignore that directive. However I have it on

(*Dental, Continued on page 6*)

good authority that when a claim for reimbursement is received such a claim is retroactively authorized in those instances where the procedure has already been performed. But a caveat on this matter is set forth further on in this article.

It is difficult to find a provider of dental services who is willing to go the extra length and deal with the DOL/OWCP in order that he/she receives payment directly from the agency. If you can pay in full to the practitioner and then submit your claim for reimbursement you are ahead of the game.

Assuming then that you pay the practitioner and then seek reimbursement from DOL/OWCP, the following should be carefully followed as any error or omission will result in a cryptic explanation of the denial of your submitted claim. You will immediately feel a need to contact your claims examiner; but don't. Instead, carefully examine your submitted claim for errors or omissions and resubmit a corrected copy. However, if you are totally frustrated, do call the examiner for an explanation. I sincerely hope you get one. In submitting a claim for reimbursement you will use only one form, OWCP-915, downloadable from the agency. Fill it out using the detailed information contained in the itemization of the dentist's billing and remember; no errors, no omissions. Mail it to DOL/OWCP at their London, Kentucky address together with proof of payment.

When your claim is approved in Kentucky, it is sent to Ohio where a private contractor does the processing, hopefully resulting in the issuance of a U.S. Treasury check. All of this handling, examining and massaging of your claim illustrates the need for your own exercise of extreme accuracy without errors or omissions on the form OWCP-915. Remember that in large bureaucracies such as the DOL/OWCP and the private contractor neither can deviate from established procedure.

After you mail in the claim for reimbursement, you should receive a notice of approval and the statement that a check will be sent to you under separate cover, or denial.

However, and this is the rub that will frustrate you, even though your claim for reimbursement is totally correct, a perfect submission with no omissions or errors, it will result in a denial of the claim if it is for more than a minor dental procedure. The denial will usually be based upon one or both of two reasons. They are [1] prior authorization required and no

matching authorization is on file for the dates of service, and [2] prior authorization required and billed procedure and/or modifier[s] not on file in claimant's or provider's authorization record. In claims for reimbursement, however, there is no form provided for seeking prior authorization.

What you must do in order to gain authorization for the procedure [either before or after the fact] is to have your practitioner compose a letter to the Kentucky address describing your dental condition and its origin and why you need the specific dental work. He/she ideally should provide details relating to the procedure in order that the claims examiner has a clear picture of your dental scenario. I do not advise writing letters to include with your claim. It appears that those are all ignored totally. In claims for reimbursement only a claims examiner can authorize the procedures. Therefore, upon receiving a denial it is reasonable to contact your claims examiner and ask for his/her help. But wait for one or two weeks, because I have been surprised that after a denial, suddenly I was informed that authorization was granted and made retroactive.

Do not send original documents to the agency. Make copies to send and keep the originals in a binder. Maintain a continuing history of your every action in that binder. Send your communications by certified mail return receipt requested, in order that you know the agency received your mailings.

If you are contemplating the undertaking of dental procedures now don't feel that you have to postpone them until you have submitted and received an approved claim number because it takes some time to obtain it. Go ahead with the procedures now inasmuch as you have one calendar year succeeding the year in which the procedures were performed to submit your claim for reimbursement. You should have established an approved claim number by then if you have followed the instructions correctly.

Go at this project with the determination of a bull, the focused eye of an eagle, the tenacity of a pit bull, the heart of a lion, the patient deliberation of a Galapagos turtle and what else.... What the heck is this animal? Hmmm.... must be civilian ex-POW! Oh, yes, a BACEPOW member! Draw me a picture of this creature and I will answer any other question on the subject of the presumptive.