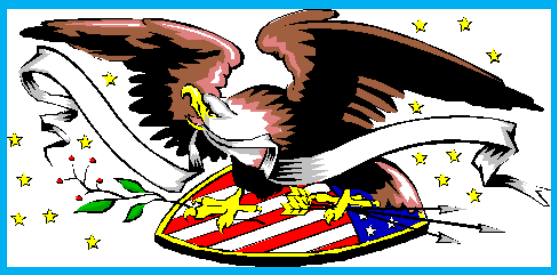

*December 1, 2025*

# VETERANS

## *MONTHLY INFORMATION PACKAGE*

## *MERRY CHRISTMAS & HAPPY NEW YEAR 2026*


**FLAGLER COUNTY**

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*Feel free to make copies and distribute throughout your organization.*

# VA HEALTH SYSTEMS RESEARCH

CDC Formally Recognizes Gulf War Illness
November 12, 2025

Nearly 700,000 men and women served in the Persian Gulf during Operation Desert Shield and Operation Desert Storm (August 1990 – February 1991). A prominent condition affecting Gulf War Veterans is a cluster of medically unexplained chronic symptoms that can include: fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, skin problems, and memory impairment. VA refers to these symptoms as chronic multi-symptom illness, medically unexplained illnesses, and Gulf War Veterans' illnesses—all commonly known as Gulf War Illness (GWI).

According to a 2020 Department of Defense report, GWI is estimated to affect 175,000 to 250,000 Veterans who were deployed to the Gulf War theater of operations. GWI affects Veterans who served in the Army and Marine Corps at higher rates than those who served in the Navy and Air Force, and enlisted personnel are affected more than others. GWI rates also differ by where Veterans were located during deployment, with the highest rates among troops who served in areas that were close to combat.

On October 1, 2025, the Centers for Disease Control and Prevention (CDC) announced a medical diagnostic code for Gulf War Illness (GWI). This code will finally allow doctors and scientists to more effectively track, document, and treat a cluster of chronic symptoms that affect approximately 25-32% of Gulf War Veterans. Symptoms of GWI can include fatigue, fibromyalgia (widespread muscle pain), gastrointestinal disorders, respiratory disorders, skin rashes, as well as memory and concentration difficulties.

VA research is dedicated to learning more about GWI in order to provide optimal care for Veterans experiencing this illness. Toward that goal, VA and the National Institutes of Health (NIH) launched a study in 2023 that aimed to describe the clinical and biological characteristics of GWI that may pave the way to treatments. “VA and NIH’s collaboration will bring together experts who will meticulously investigate the underlying causes of symptoms. With the help of Veterans who volunteer for the study, researchers will lay the groundwork for care that will meaningfully improve the lives of hundreds of thousands of Veterans living with

Gulf War Illness," said Dr. Rachel Ramoni, former VA Chief Research and Development Officer.

Recent HSR Studies on Gulf War Illness Include:

- Collaborative Specialty Care for Gulf War Illness. This HSR-funded study (June 2020 – May 2026) will determine the effectiveness of tele-Collaborative Specialty Care (CSC) as compared to e-consultation. In tele-CSC, the specialty provider team delivers health coaching and problem-solving treatment to Veterans with GWI – and recommends the PACT optimize the use of analgesics. In e-consultation, the specialty provider team will make a one-time recommendation to the PACT that the Veterans receive local health coaching, problem-solving treatment, and analgesic optimization. Throughout this study, an advisory committee of operations partners works to ensure the findings are used to directly and immediately improve care.

- Co-PIs: Lisa Marie McAndrew, PhD, VA New Jersey Healthcare; Justeen Hyde, PhD, VA Bedford Healthcare; and Scott Sherman, MD, VA New York Harbor Healthcare.

- Listening to Gulf War Vets: This HSR-funded study (September 2018 – March 2024) will yield significant insights into the features of effective care models and treatment, as well as satisfaction with care. Rather than relying on focus groups or questionnaires, researchers conducted extensive interviews with Veterans and caregivers. This will amplify patient and caregiver voices in Gulf War-related research and clinical care to improve our understanding of experiences of illness and illuminate patient preferences that will contribute to the design and conduct of patient-centered research. PI: Shannon Nugent, PhD, VA Portland Healthcare.

- Evaluation of a Mindfulness-based Intervention for Gulf War Illness. Conducted from April 2017 to September 2023, this randomized controlled trial evaluated the effectiveness of an 8-week program called Mindfulness-based Stress Reduction (MBSR) – and whether it produced better outcomes than another self-management program called Chronic Disease Self-Management (CDSMP). Investigators compared outcomes between 154 Gulf War Veterans with Chronic Multi-symptom Illness (CMI) and 154 non-Gulf War Veterans with CMI. Contrary to expectations, study investigators did not find Gulf War Veterans randomized to receive MBSR had better

outcomes on pain, fatigue, or cognitive failures than Gulf War Veterans randomized to receive CDSMP. Study results showed that although Gulf War Veterans generally reported finding both interventions acceptable, investigators found little to suggest that either intervention was associated with much improvement over time. Investigators concluded that although it is possible that MBSR would be helpful to some Gulf War Veterans, it is not an intervention that should be widely disseminated or recommended for this population of Veterans. PI: Tracy Simpson, PhD, VA Puget Sound Healthcare.

- Systematic Review Evaluates Interventions for GWI. In 2020, investigators with VA's Evidence Synthesis Program (ESP) Center in Portland, OR, conducted a systematic review to evaluate the effectiveness and harms associated with therapeutic interventions for GWI and its related symptoms. After reviewing more than 4,600 citations, they included 45 studies that discussed 12 randomized controlled trials (RCTs), each of which examined a different intervention for GWI. Their findings showed moderate strength of evidence that a combination of cognitive behavioral therapy (CBT) and exercise – or exercise alone improved several GWI symptoms (i.e., fatigue and overall mental health). Moderate strength evidence also suggested that doxycycline is likely to be an ineffective treatment and is associated with harms.

# BILL WOULD FORCE VA TO REVEAL SECRET LIST OF TOXIC EXPOSURE ILLNESSES

Lawmakers want the Department of Veterans Affairs (VA) to stop keeping veterans in the dark about which toxic exposure illnesses the federal agency is quietly studying behind closed doors.

U.S. Senate Veterans' Affairs Committee Ranking Member Richard Blumenthal (D-CT) introduced the Presumptive Clear Legal Assessment and Review of Illnesses from Toxic Exposure Yields (CLARITY) Act in early November. If passed it would require the VA to establish a public website to educate veterans exposed to toxins on processes the agency uses to determine which conditions are correlated with military toxic exposures.

The website would theoretically be updated if the VA adds or removes exposures or conditions, and would provide veterans input as such a website currently doesn't exist.

"This measure guarantees essential information to veterans suffering from toxic exposure-related illnesses," Blumenthal said in a statement. "They need and deserve to know whether their specific condition qualifies for *PACT Act* presumptive care and benefits. This is especially critical as the VA is reportedly rolling back coverage of conditions without scientific evidence."

Some lawmakers say the change would end years of silence from an agency accused of operating behind closed doors and give veterans clarity on decisions that shape their health care and disability benefits. Congress is trying to pull back the curtain on how the VA handles toxic-exposure illnesses after years of veterans saying they cannot get straight answers about the conditions under review.

**Costing Time and Health**

Advocacy and research groups said the bill could provide clarity for veterans struggling with illnesses tied to burn pits, chemical exposure, contaminated water, hazardous waste and PFAS—the latter of which is shorthand for Per- and Polyfluoroalkyl Substances that are man-made and routinely called "forever chemicals" leading to negative health effects.

“Many service members and their families have been exposed to toxic chemicals while living on bases right here in the United States,” Jared Hayes, senior policy analyst at the Environmental Working Group, told Military.com. “The Pentagon along with the VA can and should do a better job of tracking environmental exposures to a wide range of contaminants and informing the individuals what the long-term health impacts might be.”

Hayes said veterans, caregivers and communities “need greater transparency and institutional accountability.”

**A Push to Reveal What's Hiding**

The legislation arrives after years of complaints from veterans who say the VA often evaluates toxic-exposure illnesses behind closed doors. Families receive little insight into where their illnesses lie in the review pipeline, or whether the VA is even considering them.

“Transparency is necessary for accountability," Meagan Whalen, spokesperson for House Veterans’ Affairs Committee ranking member Mark Takano (D-CA), told Military.com. "Congress requires it to carry out oversight duties of VA and veterans require it to know how the VA is supporting them.

"Unfortunately, that transparency has been in short supply with this administration as we have seen with their attempt to hide their repeal of the male breast cancer presumption.”

Whalen said Democrats already included similar transparency mandates in VA authorization legislation, but “House Republicans are playing games with that legislation, and it has stalled.”

Military.com also reached out to House Committee chair Mike Bost (R-IL) for comment.

## Why Veterans Say the Clock Ran Out on Patience

Veterans groups have pushed for clearer answers as illnesses believed to be tied to service continue to emerge across generations. Burn pit exposure, fuel leaks, chemical sites, and contaminated drinking water have forced veterans and families to search for answers with limited information about where their conditions stand in VA reviews.

Researchers warn that inconsistent public information and slow review timelines leave veterans guessing. Some families discover years later that their illness was under VA review even though no public record existed.

## How the PACT Act Changed the Landscape

The PACT Act reshaped toxic-exposure benefits on a scale veterans had not seen in decades. Congress passed the law in 2022 after years of pressure from advocates—notably *The Daily Show* host Jon Stewart— who said burn pits, chemical sites and contaminated water created a generation of sick veterans who struggled to get answers.

The law added dozens of illnesses to the VA's presumptive list, expanded eligibility for millions of veterans, and required the department to overhaul how it evaluates exposure claims. It also forced the VA to assume certain conditions were tied to service rather than asking veterans to prove the connection.

It also triggered a surge in new claims as veterans rushed to figure out whether their conditions finally qualified for care. Many said the PACT Act gave them the first hope that Washington recognized the health crisis tied to modern warfare.

**How VA's History with Burn Pit Illnesses Set the Stage**

The VA's approach to burn pit illnesses has frustrated veterans for more than a decade.
Many service members who lived near burn pits in Iraq and Afghanistan returned home with unexplained respiratory problems, chronic coughs, rare cancers and autoimmune conditions. Families said the connection seemed clear. The VA said it needed more evidence.

Reviews moved slowly as the VA often relied on limited studies and incomplete exposure records. Veterans said the system left them stuck in limbo, unable to prove what they inhaled or how long they were exposed. Many learned that official deployment records needed to show their exact proximity to burn pits, even though those maps were rarely public.

The agency denied most burn pit claims for years. Advocates described a process where veterans had to prove exposures the government did not track and document illnesses that unfolded long after deployments ended. That pattern created deep mistrust and shaped the pressure campaign that eventually produced the PACT Act.

Progress has been made; however, veterans still say they cannot wait years for decisions that should be transparent from the start. The backlog of unanswered questions about which illnesses remain under review is one of the main reasons why the CLARITY Act was drafted earlier this month.

**Where They Stand**

Several federal agencies contacted by Military.com provided little insight of where they stand on the legislation, or how they view the proposed transparency requirements.

The VA "doesn't typically comment on pending legislation," VA spokesperson Pete Kasperowicz, who provided the statement to Military.com.

A Department of War spokesperson provided a similar response. Officials did not elaborate on how the bill might affect the military's own exposure tracking or coordination with the VA.

The State Department referred all inquiries to the White House. The White House pointed Military.com to previous presidential remarks without offering new information. The International Crisis Group said it could not provide analysis before deadline.

Military.com reached out to multiple federal agencies for comment.

Veterans groups say the next phase will determine whether the government finally commits to full transparency or continues a pattern of slow internal reviews that rarely see daylight. Advocates believe the bill’s fate will hinge on whether lawmakers from both parties acknowledge how widespread toxic-exposure illnesses have become.

# TRUMP EO REINSTATES GI BILL BENEFITS TO VETERANS DISCHARGED FOR REFUSING COVID VACCINE

WASHINGTON — The Department of Veterans Affairs today announced that potentially thousands of Veterans who were discharged from service by the Biden Administration for refusing the COVID vaccine may regain eligibility for GI Bill education benefits.

In January, President Trump issued Executive Order 14184, Reinstating Service Members Discharged Under the Military's COVID-19 Vaccination Mandate.

Following that, Secretary of War Pete Hegseth directed the military departments to facilitate, among other things, discharge upgrades for individuals involuntarily separated solely for refusing to take the COVID-19 vaccine and whose service was characterized as less than fully honorable.

The Biden Administration separated more than 8,000 service members from the military because they had refused to comply with the Department of Defense (now Department of War) COVID vaccine mandate. More than half of these warriors received a discharge that was characterized as less than fully honorable, which may have made them ineligible for GI Bill education benefits.

Following Department of War reviews, 899 of these Veterans are now eligible for GI Bill education benefits, and thousands more could also regain GI Bill eligibility thanks to the executive order.

In September, VA sent letters to Veterans who have already received upgraded discharges to inform them of their potential eligibility for GI Bill education benefits. VA encourages all Veterans who were discharged from service for refusing the COVID vaccine to seek an upgraded status and apply for GI Bill benefits.

"The Biden Administration's authoritarian COVID mandates upended the lives and livelihoods of thousands of service members and Veterans," said VA Secretary Doug Collins. "We are proud to help implement President Trump's executive order and make these Veterans whole again."

“One of the most atrocious attacks on our military by the previous administration was the discharging and targeting of perfectly healthy warfighters who refused to take an experimental vaccine implemented by an illegal mandate. We must never let that happen again, and we must also right the wrongs of the past in order to restore trust. We at the Department of War and the VA are grateful for President Trump’s Executive Order reinstating GI Bill benefits for those veterans who were targeted for refusing the illegal COVID-19 vaccine mandate.” — Secretary of War Pete Hegseth.

What Veterans should know:

- Veterans who believe they were discharged inappropriately or believe their military personnel records still reflect an error or injustice (for example, separation under the COVID-19 mandate) may request review from a Discharge Review Board or Board for Correction of Military or Naval Records. For more information, visit the Military Department Review Boards website at https://www.milreviewbds.mil/.
- Once Veterans receive official notification that their discharge status has been upgraded to fully honorable, they can submit a new education benefits claim to VA.
-

For more information on VA education benefits, visit www.va.gov/education or call 888-GIBILL-1.

# VA HOUSES LARGEST NUMBER OF HOMELESS VETERANS IN SEVEN YEARS

**WASHINGTON** — The Department of Veterans Affairs today announced that it permanently housed 51,936 homeless Veterans across the country in fiscal year 2025.

That number is 4,011 more Veterans than VA housed last year under the prior administration.

It's also VA's best performance since it began tracking the number of individual Veterans permanently housed instead of the total number of permanent housing placements, ensuring a more accurate count of the number of Veterans helped. The Biden Administration began using this new methodology in 2022, and when applied retroactively to 2019, the numbers look like this:

| FY | Permanent Housing Placements | Unique Veterans Housed |
|---|---|---|
| FY 2025 | 53,839 | 51,936 |
| FY 2024 | 51,124 | 47,925 |
| FY 2023 | 48,059 | 46,051 |
| FY 2022 | 41,208 | 39,868 |
| FY 2021 | 39,637 | 38,401 |
| FY 2020 | 45,397 | 44,048 |
| FY 2019 | 49,462 | 48,133 |
| | | |

"This is life-changing and in many cases life-saving work," said **VA Secretary Doug Collins**. "We are proud of the progress VA is making to get Veterans off the streets and are redoubling our efforts to continue this momentum moving forward."

In May 2025, VA took bold action to reduce Veteran homelessness by launching its Getting Veterans Off the Street initiative, in which every VA health care system across the country hosted dedicated outreach surge events to locate unsheltered Veterans and offer them immediate access to housing programs, health care, behavioral health services, and VA benefits.

Getting Veterans Off the Street helped move 25,065 unsheltered Veterans to interim (emergency and transition) or permanent housing.

These efforts complement President Trump's May executive order to establish a National Center for Warrior Independence for Homeless Veterans on the West Los Angeles VA Medical Center campus. The National Center for Warrior Independence for Homeless Veterans aims to provide housing and support for up to 6,000 homeless Veterans from across the nation by 2028.

Every day, VA staff and community partners across the country help Veterans find permanent housing — such as apartments or houses to rent or own — often with subsidies to help make the housing more affordable. In some cases, VA teams and partners help Veterans end their homelessness by reuniting them with family and friends.

Visit VA.gov/homeless to learn about housing initiatives and other programs supporting homeless Veterans.

# VA ELIMINATES CHAMPVA BACKLOG, GIVING VETERAN FAMILIES FASTER ACCESS TO HEALTH CARE

The Department of Veterans Affairs has completely eliminated the backlog of CHAMPVA applications, ending years of delays that left thousands of Veteran spouses, dependents, survivors, and caregivers waiting for health care coverage, and ushering in what VA leaders say is a new era of faster, more efficient access for Veteran families.

“We listened, and now the application backlog that caused so many unnecessary delays has been wiped out,” VA Secretary Doug Collins told Military.com in a statement.

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) currently provides health care coverage to more than 900,000 qualifying beneficiaries. When President Trump took office in January, the program had a backlog of more than 70,000 unprocessed applications, with some families waiting over 150 days for action during the previous administration. According to the department, the backlog was reduced to zero as of October, and new applications are now being processed in just a handful of days. The VA currently receives about 4,000 new CHAMPVA applications per week, but can now process more than it takes in — a significant change from earlier years.

The VA also announced sharp progress in reducing appeals related to CHAMPVA. Under the prior administration, appeals waiting for review exceeded 20,000. That

number has now dropped to 1,000, with officials saying the figure is rapidly decreasing.

**How VA Cleared the Backlog**

Secretary Collins credited the gains to an aggressive two-step strategy launched immediately upon taking office:

- Providing overtime pay to CHAMPVA processors to surge through the existing backlog.
- Implementing process engineering and automation to sustain faster processing long term.

The department says these reforms ended the bottleneck and have prevented new backlogs from forming, giving Veteran families “faster, more reliable access to health care coverage.”

A larger automation shift is coming next month. In December, VA will complete its transition to a more automated application processing system, which leaders say will significantly boost efficiency and reduce manual workload. The VA notes that over 90% of medical services and pharmacy claims are already processed electronically and paid within days.

**Part of a Broader Reform Push**

VA leaders framed the CHAMPVA milestone as part of a wider effort by the Trump Administration to overhaul and modernize the department following what they describe as worsening conditions under the Biden Administration.
As Secretary Collins put it:

"Veterans around the country knew it was taking far too long to process CHAMPVA applications, and that meant delayed coverage for their loved ones. Those days are over."

**According to the VA:**

- 20 new health care clinics have opened nationwide since January 20.
- VA wait times, which increased in five of six major categories under Biden, are now improving in four of six areas.
- The benefits backlog, which rose 24% under Biden, is now down 45%.
- The department is investing $800 million in infrastructure improvements, funded by savings from VA reform efforts.
- Since January 20, VA has offered Veterans nearly 1 million appointments outside normal business hours to improve access.
- VA has expanded access to community care, making it faster for enrolled Veterans to see non-VA providers at VA expense.
- Major reforms have been implemented to make it easier for survivors to receive benefits, following documented issues in the prior administration.
- VA is processing record numbers of disability claims, hitting an all-time one-year high of 2.52 million ratings claims on Aug. 8 for Fiscal Year 2025.
- The President's FY26 budget request would add billions in funding to support expanded care and modernization efforts.

**What It Means for Veteran Families**

For CHAMPVA families — especially spouses and survivors — the elimination of the application backlog marks one of the most significant access improvements in years. Faster processing means faster eligibility decisions, quicker access to covered care, and fewer families forced to wait months without coverage.
The VA says it is committed to sustaining the gains with automation, better workflow, and ongoing process reform, ensuring that the backlog “never returns.”

# POWERED BY AI, VA IS IMPROVING VETERAN CARE EXPERIENCE

**AI voice tool quietly takes notes so providers can focus on you**

At some VA medical centers, Veterans may notice something new during their appointments: Providers are spending more time talking to the patient and less time typing on the computer. That's because VA's Digital Health Office (DHO) introduced a new artificial intelligence (AI) technology, called ambient AI scribe.

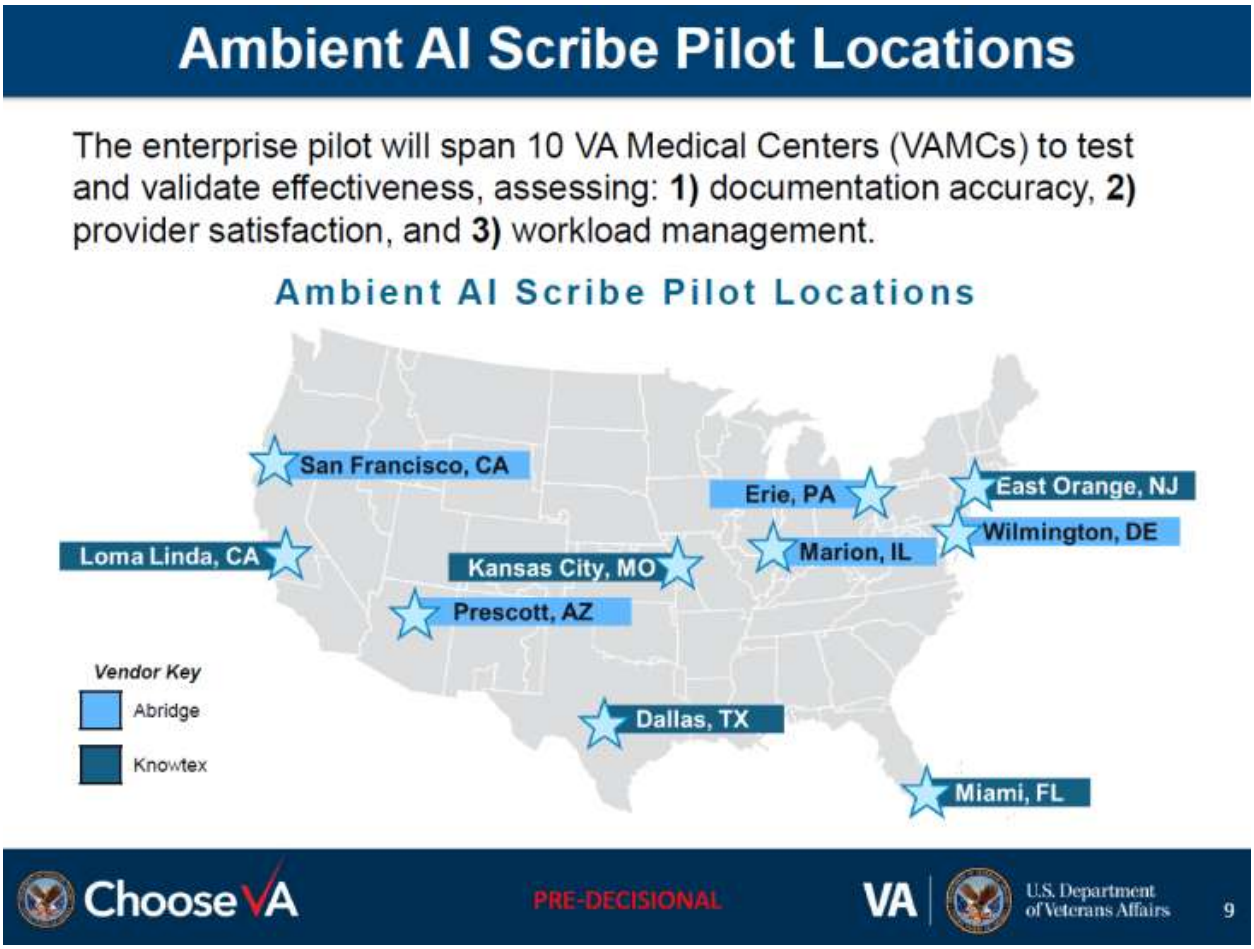
With the Veteran's permission, ambient AI scribe works quietly in the background, giving VA health care providers more time to focus on what matters most: Connecting with Veterans.

"Veterans said they felt more connected to their provider because they were having a real conversation, not talking to someone typing on a computer," said Donna Hill, director of Operations for AI and Emerging Technologies, Digital Health Office.

Veterans who have already experienced ambient AI scribe agreed, citing the value of human connection. As one Veteran told VA, "My provider would look me in the eye and have an actual conversation."

**What is ambient AI scribe technology?**

The ambient AI scribe technology is designed to listen, and it generates progress notes from the clinic visit and processes the conversation between the health care provider and the patient. It saves time and reduces paperwork for the provider, while improving the accuracy of the visit. More importantly, it puts the Veteran at the center of care.




The enterprise pilot will span 10 VA Medical Centers: Dallas, TX; East Orange, NJ; Erie, PA; Kansas City, MO; Loma Linda, CA; Marion, IL; Miami, FL; Prescott, AZ; San Francisco, CA; and Wilmington, DE.

Dr. Priya Joshi, an internist at the San Francisco VA, says the biggest impact of using ambient AI scribe is simple: “It lets us give Veterans our full attention during the moments that matter most.”

Providers, like Dr. Joshi, review and edit the notes captured by the ambient AI scribe technology before they are added to the Veteran's electronic health record (EHR). The technology also follows strict privacy and security standards, including full compliance with Heath Insurance Portability and Accountability Act (HIPAA). Veterans can choose for their providers to use the tool and can opt out at any time.

Veteran waits for clinic appointment at the Loma Linda VA Medical Center where his provider will use Ambient AI Scribe.

## Proven benefits

With less time spent typing or dictating notes, providers create a more personalized experience for Veterans, leading to better communication and overall satisfaction. Veterans who participated in the early test sites shared that their visits felt more personal, with fewer interruptions and more attention from their provider. Some noted that the after-visit summaries generated by the ambient AI scribe are clearer and easier to follow. It helps them better understand their care plan.

Most Veterans whose health care provider is using the tool believe there will be a positive change in the way they are able to interact with their health care team, including better focus and communication with their provider.

## Makes providers' lives easier, too

Providers already using ambient AI scribe describe the impact in very human terms. One told VA it was the first time in three years they made it home in time for dinner with their family. "We love seeing patients and want to take care of our Veterans, but the charting in the Veteran's medical record takes time," shared one provider.

## Providers say that ambient AI scribe:

- Reduces after-hours documentation.
- Helps capture details more accurately.
- Lowers cognitive load during busy clinic days.
- Supports clinical decision-making with suggested codes and summaries.

In other words, ambient AI scribe helps providers spend more time caring for Veterans and less time completing administrative tasks.

## Built with Veteran trust in mind

Veterans benefit from improved face-to-face time with providers as well as improved accuracy of documentation in their health records. This work reflects VA's commitment to enhancing care delivery through safe and responsible AI implementation. Many Veterans share a positive outlook that the tool enhances service delivery overall, focusing on better patient-provider interactions. Veterans whose providers are using ambient AI scribe during their appointment recommend it.

One provider told VA that "having an accurate record factor into making this the safest experience possible."

## Expanding access: VA is bringing ambient AI scribe technology to a facility near you

VA launched ambient AI scribe in October 2025 and will expand to all VA medical centers across the country in 2026 with one goal in mind: to strengthen the Veteran care experience.

# MISSISSIPPI DELTA FARMER'S WIFE FELL IN LOVE WITH GERMAN POW AND HELPED HIM ESCAPE, LEADING FBI ON CHASE

German POWs in their various uniforms at Camp Shelby, Mississippi. Seen here are members of the Luftwaffe, Heer, and enlisted and commissioned military members from several different branches. (Armed Forces Museum at Camp Shelby)

A German Luftwaffe pilot and a Mississippi Delta farmer’s wife made a run for it in January 1946, eight months after World War II ended in Europe. Their brief escape captured headlines across the country and became one of the strangest prisoner-of-war incidents on American soil.

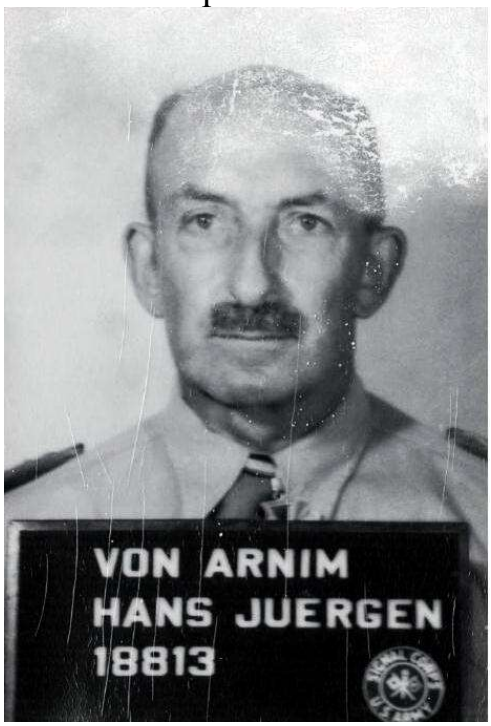
Lt. Helmut von der Aue, a 26-year-old pilot captured in Italy, had been working on Joseph Henry Rogers' plantation near Beulah in Bolivar County when he and Rogers' wife Edith fell in love and decided to flee together. The FBI arrested them in Nashville after they ran out of money.

How 20,000 Axis Prisoners Ended Up in Mississippi

Allied forces captured 267,000 Axis troops in North Africa in May 1943. Britain's prison camps were already over capacity, so the United States agreed to take them. By August 1943, German and Italian prisoners started arriving—eventually more

than 425,000 enemy combatants were housed in roughly 700 camps across the country.

Mississippi held more than 20,000 of them. Most of them were from the Italian 1st Army as well as the infamous Afrika Korps, including German Gen. Hans-Jürgen von Arnim—who took over from Erwin Rommel before the surrender in Tunisia. Four main camps operated in the state: Camp Clinton near Jackson held 3,400 prisoners, Camp McCain near Grenada held 7,700, Camp Shelby near Hattiesburg held 5,300, and Camp Como in the northern Delta initially held 3,800 Italians before they were transferred out and replaced with Germans.




Gen. Von Arnim was the highest-ranking Axis prisoner in Mississippi during WWII. He surrendered the Afrika Korps after taking over command from Erwin Rommel. He frequented a Mississippi movie theater to enjoy the air conditioning and escape the brutal southern humidity.

The Geneva Convention required fair and equal treatment. Prisoners got the same food, housing and medical care as American soldiers.

In 1944, there were 15 branch camps across the Mississippi Delta at Greenville, Belzoni, Leland, Indianola, Clarksdale, Drew, Greenwood, Lake Washington, Merigold and Rosedale. With American men overseas, Delta plantations needed workers. The Axis prisoners filled the gaps.
They worked in canneries, mills, farms and other places authorities deemed low risk. Because POWs were barred from working in support of the war effort, most

were put to agricultural work. Farmers paid the government 45 cents per hour for each worker they requested.

The working enlisted men earned 80 cents a day—officers couldn't be forced to work. Most of that pay went back to the government for camp operations, but prisoners could spend small amounts at camp stores.

Axis POW barracks in Mississippi. Enlisted men shared barracks such as this, while officers were usually assigned individual apartments. Despite hard working conditions in the Mississippi heat, most prisoners found their time as POWs preferable to combat. (Armed Forces Museum at Camp Shelby)

Compared to their peers captured by the Russians, the prisoners were shocked and happy by the pay, as well as the hospitality they received. Von Arnim even took a liking to the conditions, frequenting a local movie theater as it was the only building with air conditioning.

Nevertheless, the work was brutal. In spring, prisoners chopped weeds from cotton plants with hoes under scorching heat and brutal Mississippi humidity. Fall meant cotton picking—backbreaking labor they particularly hated. They dragged heavy canvas sacks between rows, which got heavier as they worked. Sharp cotton bolls cut their hands. Everything was picked by hand with no machinery assistance. Many Germans and Italians from rural areas of their countries found camp life better than what they'd left behind. Some had grown up in poverty in southern Italy or rural Germany. Most had endured years of harsh combat in North Africa. The camps provided regular meals, clean barracks, libraries, sports and educational courses. For many, it was the best living conditions they had ever experienced.

In Mississippi's segregated society, Axis prisoners—under lenient and bored guards—could eat at restaurants and even visited ice cream parlors that Black American soldiers in uniform could not enter. After Italy's capitulation in 1943, most Italian prisoners in Mississippi were transferred out as they were now legally allowed to voluntarily work in defense industries and factories which were predominantly in the north east.

German soccer team at Camp Shelby, 1944 champions. The prisoners were allowed to form sports leagues and voluntarily participate. Many found the activities and amenities in the camps to be better than what they were accustomed to back in Europe. (Armed Forces Museum at Camp Shelby)

## A Luftwaffe Pilot with an Escape Record

Von der Aue stood over six-foot tall and spoke fluent English, French, Italian and German. He was shot down over Italy in September 1943. He first escaped from a temporary camp in Italy before being shipped to the United States.

Authorities sent him to Camp Breckinridge in Kentucky. On Jan. 18, 1944, while working a road detail, he escaped. He barely made it 10 miles before he walked into the local police station still in his prisoner uniform and stated he returned because he was hungry. Officials transferred him to Camp McCain in Mississippi, then to the smaller Rosedale satellite camp.

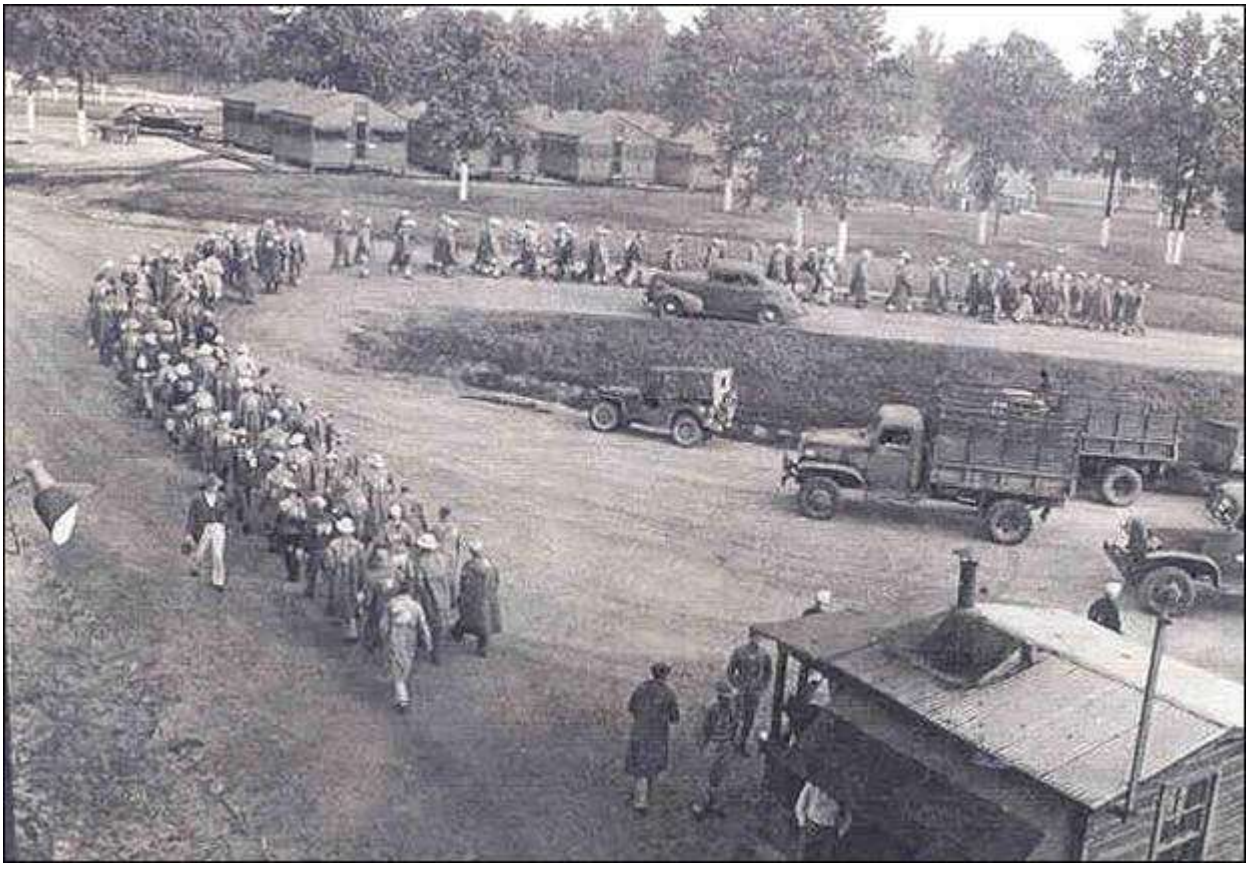
His record of escape attempts was apparently lost in the process. Despite these attempts, he was the exception when it came to Axis POWs in the U.S.

Despite the harsh working conditions and monotonous life as a POW, most prisoners didn't try to run. Many were happy to be far away from the war, others were thankful to be alive and even earn wages while working, most found camp life bearable or even enjoyable.

Of the more than 425,000 Axis prisoners held in America during the war, only about 2,000 attempted to escape—less than 1 percent. Most were caught relatively quickly. The vastness of the American landscape, language barriers and the impossibility of reaching Europe discouraged most from even trying.

Escapes from Mississippi camps were exceedingly rare. Occasionally, prisoners would slip away from work details while their bored guards were distracted—usually to just explore or even go find ice cream or food.

At one point, more than 30 prisoners simply walked away from the Belzoni camp. Local police, FBI, state highway patrol and volunteers searched the area. Authorities found them walking through Belzoni's downtown, looking in store windows. They said they were bored.



Axis prisoners marching through Camp Shelby, Mississippi. (Armed Forces Museum at Camp Shelby)

A Farmer’s Wife Falls in Love with a POW

When the war in Europe ended in May 1945, repatriation of the prisoners began, but some were held in the U.S. until mid-1946 to fill labor shortages. Von der Aue was one of these prisoners kept well after the war.

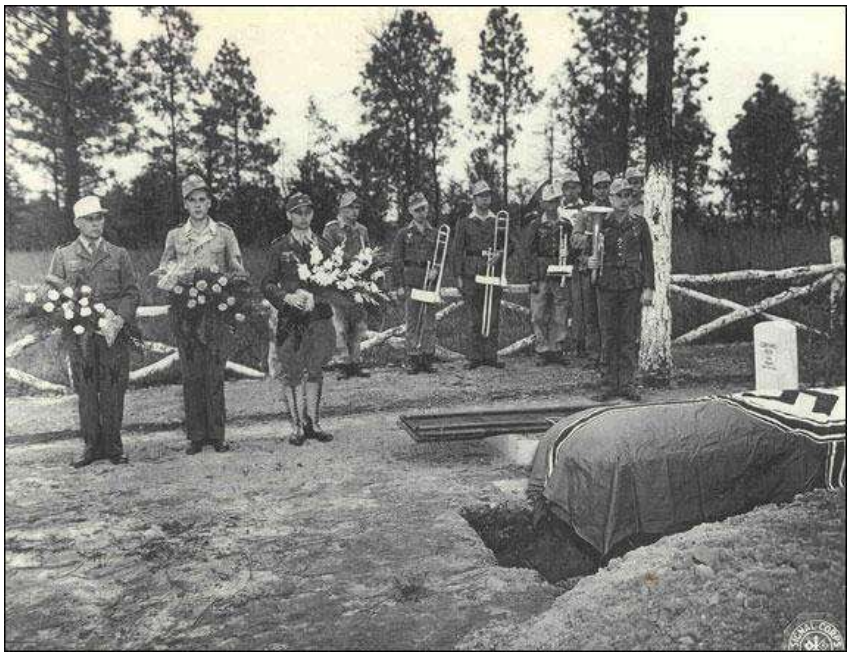
The Rosedale camp sent von der Aue to work on the Rogers' farm, a massive 1000-acre cotton plantation. Joseph Henry Rogers, 43, traveled frequently for business. His wife Edith was 37 and was described in newspaper accounts as “pretty.” She managed the home and cared for their daughter Joan during those long work trips.

Edith developed a habit of inviting prisoners working her fields to the house for lunch. Over several months of these meals, she grew particularly attracted to the tall German pilot who spoke English. Their conversations eventually led to them confessing their love for each other.

One afternoon in early January 1946, von der Aue stayed behind when other prisoners returned to the fields. He and Edith Rogers shared drinks—possibly as much as a fifth of whiskey, according to later reports. Likely influenced by the alcohol, they decided to run off together.

Von der Aue later told authorities he was “tired of looking at fences, fences, fences.” He also said he had fallen in love with Edith, who had been kind to him. Though he claimed fondness for Joan, they didn't take her with them.

Edith gave von der Aue some of her husband's clothes. They got in her car with $10 cash and fled the Mississippi Delta toward Memphis.



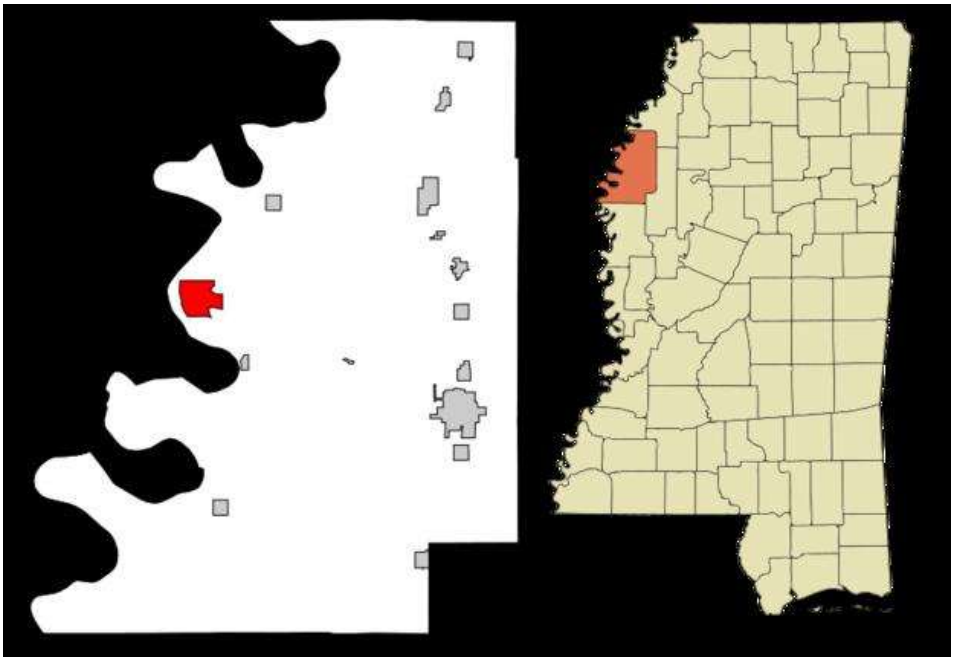
A German funeral at Camp Shelby for a prisoner of war who committed suicide. (Armed Forces Museum at Camp Shelby)

## The Plan Falls Apart in Tennessee

The couple drove through the night, reaching Memphis a few hours later before heading east. Von der Aue hoped to reach Washington, D.C., where he thought he could find work with some acquaintances. His goal during his previous escape attempt was to steal a plane and reach Greenland before heading toward Europe. It is unknown what the couple's goal was here.

Reality hit near Winchester, Tennessee. They were nearly broke, with only $3 left and the gas tank half-empty. Edith sold her watch for $5 to buy food. She then made a bold decision to wire her relatives back in Rosedale for more money—a decision that may have tipped off authorities.

They continued on to Nashville and tried to check into a hotel. FBI agents appeared and arrested them immediately. Authorities had been alerted to the escape and knew the make and model of Edith's car. It's unclear whether her husband reported it, whether the wire transfer triggered the response, or whether camp officials notified law enforcement. But the FBI was ready.



The location of Rosedale, Mississippi. Rosedale was the site of a satellite camp that housed Axis prisoners during World War II. The prisoners worked on local farms, picking cotton and clearing land while American workers were deployed overseas. (Wikimedia Commons)

## The Story Becomes a National Scandal

Edith Rogers was charged with aiding and abetting the escape of an enemy of the United States. The Nashville jail held her on $2,000 bond. Military police turned von der Aue over to the Army to be returned to Camp McCain.

Then newspapers across the country picked up the story. The *Kansas City Star* and countless other publications ran numerous accounts of the Delta farmer's wife who ran off with a handsome German pilot. The press didn't hold back on details.

Reporters found and interviewed von der Aue. As a prisoner with nothing to lose, he spoke freely. "Her husband was seldom at home," he told them. "I fell in love with her and I wanted to marry her. I still do."

The coverage must have devastated Joseph Rogers. His wife had run off with an enemy prisoner, even abandoning their daughter at home alone to do so. Now, the whole nation was reading about it. Surprisingly, Rogers posted Edith's bond and secured her return to Bolivar County to await trial in Clarksdale that May.

During her bond hearing, reporters noted she appeared “smartly dressed except for her bare legs.” She reportedly refused to allow photographs and stayed silent throughout the whole ordeal, breaking silence only once.

She allegedly laughed when someone asked, “Have you talked to your husband yet?” She later remained adamant that she only helped the German escape out of pure personal feelings for him.

# Planter's Wife Denies Action Against U. S.

## Interest in German Prisoner Was Purely Personal, She Says

Memphis, Tenn., Jan. 7 (UP)—The man, not the nationality, was all that mattered to brunette and pretty Mrs. Edith Rogers, but the FBI indicated tonight that when the man is a German POW, cupid is a public enemy.

Breaking her silence for the first time today, Mrs. Rogers said the "situation" which caused her to fly from her husband's Mississippi Delta plantation with a captive German pilot was entirely a matter of the heart.

And, the Southern planter's lady emphasized, "I want it made clear that my interest in Lt. Helmut von Der Aue had nothing to do with the fact that he was a German soldier."

"I wasn't trying to do anything against the United States," she

Newspapers across the nation published headlines about the scandal. American citizens were both amazed and angered by the thought of an American wife leaving her family to help a German prisoner escape. (Genealogy Bank)

Mississippi's Most Powerful Politician Defends Her

Before the trial in May 1946, Joseph Rogers had hired Walter Sillers Jr.—Speaker of the Mississippi House of Representatives and one of the Delta's most powerful politicians.

Sillers was born and raised in Rosedale to a large plantation family. They owned vast swaths of farms and land in Bolivar County. He had represented the region in the state legislature since 1916 and would serve as House Speaker for 22 years, becoming arguably Mississippi's most powerful political figure of the time. His connections to the Rogers would be a great help to the family.

With Sillers' assistance and his negotiations with Federal Judge Allen Cox, Edith Rogers was only slapped with two years' probation. No prison time. The sentence was likely light to spare the Rogers family additional embarrassment.

Meanwhile, Von der Aue received 30 days of solitary confinement at Camp McCain—light punishment for another escape attempt with a civilian accomplice. Both were lucky the attempt occurred after the war had ended. Such acts could have been handled with much harsher sentences.

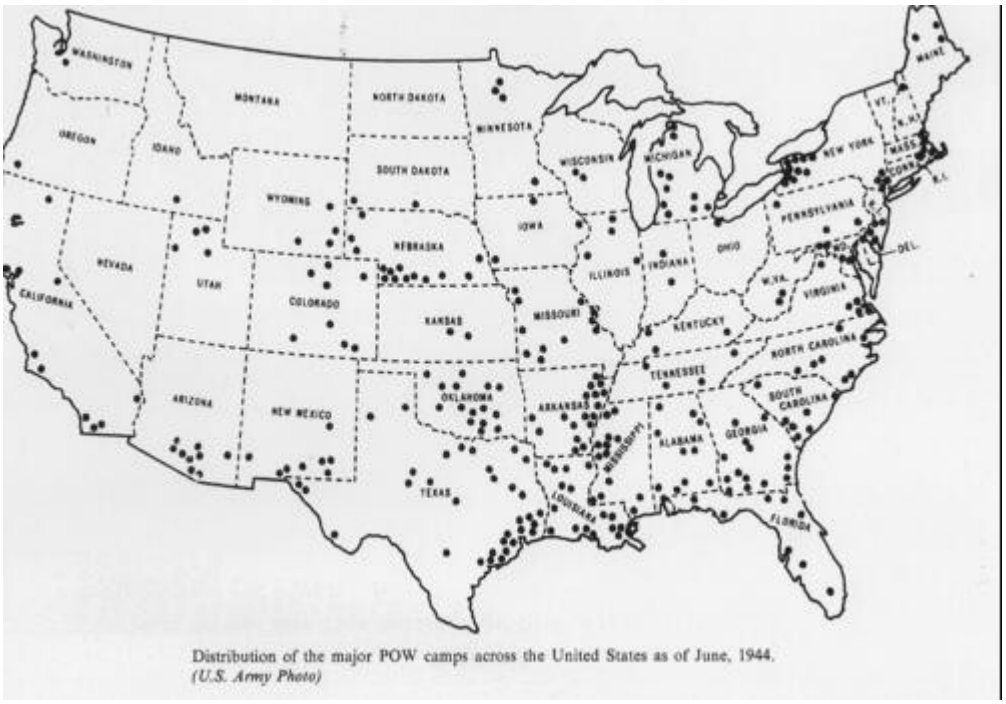
Walter Sillers, Jr. (left) defended Edith Rogers and ensured she was not punished with prison time for her role in helping a German POW escape from captivity. (Mississippi Department of Archives and History)

What Happened After

What became of von der Aue remains unclear. With most POWs finally repatriated by the summer of 1946, Von der Aue likely returned to a devastated Germany. There is no evidence that Joseph and Edith Rogers divorced after the scandal. The marriage apparently survived. Joseph Rogers died in 1974 and was buried in Cleveland, Mississippi. Edith passed away in 1991.

Not all prisoners left America behind forever. Roughly 4,000 German prisoners refused to be repatriated at the end of the war. One prisoner, Georg Gaertner, hid under an assumed name until surrendering in 1985, then acquired American citizenship.

When the rest returned to Europe, many found their homes destroyed by bombings and their families dead or missing. Some likely could not or outright refused to return home if it was now under communist control.




Distribution of major POW camps in the U.S. in 1944. The bulk of the camps were located near major farmlands where prisoners could be put to work in non-war related duties such as farming and construction while American men were deployed overseas. (U.S. Army Photo)

Several thousand former prisoners held in America found conditions in post-war Europe so harsh that they eventually returned to the U.S., obtained citizenship, and even settled in places like Mississippi where they once were held as prisoners.

Countless others stayed in touch with and later visited the locals they had met and worked for during the war.

Of the more than 20,000 Axis prisoners who worked Mississippi fields between 1943 and 1946, most went home with nothing more than memories of heat and hard work, lucky to be alive.

But for Lt. Helmut von der Aue, his captivity led to a cross-country flight with another man's wife as FBI agents chased them from the Mississippi Delta to Nashville, Tennessee.

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