VA DISABILITY BENEFITS

Actions Needed to Address Challenges Reserve Component Members Face Accessing Compensation
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What GAO Found

The Department of Veterans Affairs (VA) approved 11 to 20 percent fewer initial disability compensation claims from members of the reserve components—the Reserves and National Guard—than the active components (i.e., full-time active-duty military) each year from 2012 through 2021, the most recent data available. VA and Department of Defense (DOD) officials were unaware of this difference. Reserve component approval rates remained lower across characteristics such as military rank and age, but the size of the difference sometimes varied.

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Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

DOD and VA partially addressed challenges reserve component members face accessing disability compensation. Disability compensation claims generally must include evidence of a health condition that developed during military duty and led to a disability. Stakeholders—who study or work with reserve component members—identified challenges related to reserve component members’ timely documentation of their health conditions and VA claims processors’ ability to obtain evidence to support their claims. For example:

- All 15 stakeholders told GAO that reserve component members do not always understand the importance of immediately documenting health conditions to support any future disability compensation claims. DOD and VA guidance does not address this knowledge gap.

- Thirteen stakeholders and several claims processors told GAO that finding evidence needed to support reserve component claims, such as service dates, is difficult. One form lists active-duty service but not reserve component members’ two-week annual training. DOD designed a new form that will list dates of annual training, but the military services have not fully applied sound planning practices to implement it. VA claims processors also lack a reliable data source for the dates of monthly weekend drills.

Guidance on documenting health conditions, efficient rollout of DOD’s new form, and better VA data on service dates could help reserve component members prove that their disabilities are connected to their military service. Without this proof, VA claims processors will likely deny disability compensation claims.

What GAO Recommends

GAO is making 14 recommendations, including that DOD and VA develop guidance for reserve component members on documenting health conditions; the military services fully apply sound planning practices to implement the new form; and VA ensure claims processors have data on reserve component members’ dates of training. DOD concurred and VA concurred or concurred in principle with GAO’s recommendations.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>DMDC</td>
<td>Defense Manpower Data Center</td>
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<tr>
<td>DOD</td>
<td>Department of Defense</td>
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<tr>
<td>IDES</td>
<td>Integrated disability evaluation system</td>
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<td>IG</td>
<td>Inspector General</td>
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<td>LOD</td>
<td>Line of duty</td>
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<td>MEO</td>
<td>Military Equal Opportunity</td>
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<tr>
<td>ODEI</td>
<td>Office for Diversity, Equity, and Inclusion</td>
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<tr>
<td>PHA</td>
<td>Periodic health assessments</td>
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<tr>
<td>RVSR</td>
<td>Rating Veterans Service Representative</td>
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<td>SOF</td>
<td>Special operations forces</td>
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<td>TAP</td>
<td>Transition Assistance Program</td>
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<td>VA</td>
<td>Department of Veterans Affairs</td>
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<td>VADIR</td>
<td>VA/DOD Identity Repository</td>
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<td>VBA</td>
<td>Veterans Benefits Administration</td>
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<td>Veterans service organizations</td>
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In October 2022, over one-third of the 2.12 million members of the U.S. armed forces were serving in the Reserves or National Guard (reserve components). While members of the active components serve on full-time active duty, reserve component members have historically served part time. Moreover, they mobilized full-time for active duty only when active component resources were insufficient to meet military objectives. However, since 9/11, members of the reserve components increasingly have been mobilized to meet our nation’s national security needs through deployments overseas or to natural disaster areas. Reserve component members may struggle with many of the same health conditions, such as

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1On October 31, 2022, the U.S. military consisted of about 1.35 million active component and 770,000 reserve component members. There are six reserve components overseen by the Department of Defense (DOD): (1) Air Force Reserve, (2) Air National Guard, (3) Army National Guard, (4) Army Reserve, (5) Marine Corps Reserve, and (6) Navy Reserve. DOD oversees five active components: (1) Army, (2) Air Force, (3) Marine Corps, (4) Navy, and (5) Space Force. In addition, the Department of Homeland Security oversees the Coast Guard and Coast Guard Reserve. We excluded the Space Force from this study because it did not have a reserve component and our data only included one Space Force member. We did not report on groups with fewer than 10 members to ensure anonymity.

2See 10 U.S.C. § 10102. The Army National Guard and Air National Guard also have a state role. Operating under the control of their respective state governors, they respond to various domestic emergencies, such as disasters and civil disorders. See Congressional Research Service, *Defense Primer: Reserve Forces*, IF10540 (Washington, D.C.: Jan. 17, 2023).
physical injuries or mental health conditions, as those who serve in the active components.

In return for their service, the nation has made a commitment to care for service members from both the active and reserve components. A central part of this commitment is access to benefits administered by the Department of Veterans Affairs (VA). VA’s Veterans Benefits Administration (VBA) provides disability compensation to veterans, including reserve component veterans, with disabilities incurred or aggravated during military service. In addition, VA’s pension benefits are available to certain low-income wartime veterans who are 65 or older or permanently and totally disabled.3

Long-standing questions have been raised about whether reserve component members’ injuries or illnesses that occur on duty are properly reported and documented. This issue not only affects their access to medical care, but it may have downstream consequences if they later seek VA benefits for disabilities that result from those health conditions. However, limited information has been available about how members of the reserve components fare in VA’s disability compensation and pension programs.

The Identifying Barriers and Best Practices Study Act includes a provision for us to study disability compensation and pension benefits VA provides to members of the reserve components.4 This report examines (1) how VA’s disability compensation and pension claim approval rates for members of the reserve components compared to those for members of the active components, from 2012 through 2021; (2) how the number and severity of reserve component members’ service-connected disabilities compare with active component members; and (3) stakeholder-identified challenges that reserve component members face in accessing VA disability compensation and the extent to which the Department of Defense (DOD) and VA have addressed them.

To address the first objective, we analyzed VA’s data on initial disability compensation and pension claims submitted from 2012 through 2021, the most recent year for which data were available at the time of our

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3 See background section for more details on eligibility requirements for pension benefits. Throughout this report, when we refer to “pension benefits,” we mean the Veterans Pension program only and not Survivors Pension, another VA program.

analysis. To isolate claims related specifically to reserve component service, we compared claims submitted by two mutually-exclusive groups:

- **Active component members**: members who served in an active component at any point in their career, including those who may have also served in a reserve component.6

- **Reserve component members**: members who served in the National Guard or Reserves but never served in an active component.7

For each group, we calculated the number of disability compensation and pension claims submitted and the number and percentage that were approved and denied. We also analyzed disability compensation claim approval rates by members’ demographic and service characteristics.

To address the second objective, we analyzed service-connected disabilities for the 10.8 million service members who were living on January 1, 2012, and separated from service in the years 1985 through 2021. We compared the number and percentage of reserve and active component members with a service-connected disability and the severity of disabilities. We also calculated the percentage of active and reserve component members who held certain military occupations and had a service-connected disability.

For both the first and second objectives, we assessed the reliability of the VA and DOD data we used. Based on our electronic testing, review of agency documentation, and discussions with VA and DOD officials, we limited our analysis to those service members who separated from service on or after January 1, 1985, and claims filed between January 1, 2012, and December 31, 2021. We chose these dates because we found data on service members who separated before 1985 and claims filed

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5Initial claims are service members’ first claims for disability compensation or pension benefits. We excluded other types of claims, such as decision reviews and appeals. We removed claims filed before 2012 because we found these data to be unreliable.

6Our study is limited to former service members who have separated from the military. We refer to them as “service members” rather than “veterans” because “veteran” has a specific legal definition, which we discuss further in the background. We did not verify whether all service members in our study met that definition.

7In appendix II, we further break out reserve component members into two groups: those who served in the Reserves, and those who served in the National Guard. We also break out the active component members into those who only served in an active component and those who served in both active and reserve components.
before 2012 to be unreliable. We describe these data limitations in detail later in this report.

To address the third objective, we selected 15 stakeholders to identify challenges facing reserve component members in accessing disability compensation. We selected veterans service organizations (VSO), researchers, and veterans service providers that studied or worked with veterans or service members with disabilities or from the reserve components. We compiled an initial list of 15 challenges from interviews with stakeholders, researchers, and VA claims processors. We sent this list to stakeholders and asked them to rate the impact of each. Stakeholders identified all 15 as a challenge (i.e., most stakeholders rated each as having a major or moderate impact).

To identify DOD and VA actions that may help address the challenges stakeholders identified, we interviewed officials and reviewed documents from DOD, the four DOD military services, the six DOD reserve components, and VA. We also reviewed relevant federal laws, regulations, and executive orders.

We assessed DOD’s and VA’s actions against their internal policies and strategic plans; standards for internal control in the federal government principles 13, 14, 15, and 16; and sound practices for project management identified in previous GAO work. See appendix I for more details of our objectives, scope, and methodology.

We conducted this performance audit from September 2021 through October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe

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8We excluded the Coast Guard Reserve from our analysis of challenges because it includes less than 1 percent of reserve component members and would not affect our overall analysis of common challenges. We also excluded the Space Force because it had no reserve component.

that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

DOD Reserve Component Organization

The purpose of the National Guard and Reserves is to provide trained units and qualified persons in time of war or national emergency or to fill the needs of the armed forces whenever more units and persons are needed. When not mobilized for active duty, members of the reserve components generally are required to train one drill weekend per month and attend two weeks of annual training per year.

Within DOD, the Departments of the Army, Navy, and Air Force oversee the DOD military services—Army, Navy, Marine Corps, and Air Force. In turn, each of these military services has both an active and a reserve component. (See fig. 1.) When not on federal active duty, the Army National Guard and Air National Guard are under the command of the governors of 53 U.S. states and territories. The National Guard Bureau also sets certain policies, oversees training, and allocates resources to the Air and Army National Guard. For example, while the Army Reserve only falls under the command of the Army, the Army National Guard also


11See Congressional Research Service, Defense Primer: Reserve Forces. Our report covers members of the Selected Reserve, who are generally required to train one drill weekend per month and attend two weeks of annual training per year. We did not include other reserve component members serving in the Individual Ready Reserve, Inactive National Guard, Standby Reserve, or Retired Reserve, because they generally are not required to participate in military training and are the last to be mobilized for active duty.

12The military departments are the Department of the Army, Department of the Navy, and Department of the Air Force. The Secretary of the Navy oversees two military services—the Navy and the Marine Corps—and the Secretary of the Air Force oversees both the Air Force and the Space Force. We excluded the Space Force from this study because it did not have a reserve component and VA data only included one Space Force member. The Under Secretary of Defense for Personnel and Readiness advises the Secretary of Defense on National Guard and Reserve affairs, as well as health, training, equal opportunity, and other personnel matters.

13The District of Columbia also has a National Guard, but it is an exclusively federal organization.

14DOD’s National Guard Bureau provides a centralized administrative, budgetary, and procurement function to support the states’ military departments.
falls under the command of state governors and the National Guard Bureau.

Figure 1: Selected Command Relationships for DOD Active and Reserve Components

Note: GAO omitted certain chains of command and other structures from this figure for brevity.

*The National Defense Authorization Act for Fiscal Year 2020, enacted in December 2019, created the United States Space Force as an armed force within the Department of the Air Force. Pub. L. No. 116-92, § 952(b)(4), 133 Stat. 1198,1562 (codified at 10 U.S.C. § 9081). The Space Force was excluded from this graphic because it did not have a reserve component and was not included in GAO’s study.

VA Disability Compensation

VBA administers one of the largest federal disability compensation programs in the nation. Among the total population of some 18.8 million
veterans, over 5.4 million veterans collectively received about $112 billion in disability compensation in fiscal year 2022.15

To qualify for disability compensation, a claimant must be a veteran and have a service-connected disability. To be a veteran, a claimant must have served in the active service. Active service does not include periods of reserve component training (such as drill weekends or annual training) unless a reserve component member incurred a service-connected disability during that period.16 A service-connected disability has three elements, according to VA guidance:

- a current disability;
- an in-service event, injury, or disease; and
- an indication that the disability had its onset in service.17

VA officials told us that for reserve component members who have not served on active duty, not only must the event that caused the disability happen during service, but the member must show that the disability itself manifested during that service period. According to VA officials, this means that these reserve component members are generally not entitled to benefits for conditions that have a delayed onset or do not become disabling until after separation.18

The disability compensation claim process begins when a service member submits a claim to VBA, along with documentation demonstrating that the disability identified in the claim is service-
connected.\textsuperscript{19} Claimants are ultimately responsible for providing VA with evidence to support their claim, according to VA’s claim processing procedures. Nevertheless, VA has an obligation to collect certain evidence needed to support the claim.\textsuperscript{20}

When a claim reaches VBA, a Veterans Service Representative (VSR) reviews it and helps the claimant gather any additional evidence needed to support the claim. The VSR verifies the claimant’s qualifying service, including the claimant’s duty status during the event that caused the disability. The VSR will also order a VA medical examination for the claimant if needed to substantiate the claim.

Once the VSR verifies that sufficient evidence is available to move the claim forward, a Rating Veterans Service Representative (RVSR) evaluates the claim and determines whether the claimant is eligible for benefits. If so, the RVSR assigns a disability rating (a percentage that reflects the disability’s severity).\textsuperscript{21} A senior VSR reviews and authorizes any resulting award, including the benefit amount, and sends the notice to the claimant. (See fig. 2.)

\textsuperscript{19}Department of Veterans Affairs, \textit{Application for Disability Compensation and Related Compensation Benefits}, VA Form 21-526EZ (Nov. 2022). VA’s website advises reserve component members to submit any personnel and medical records from the unit(s) where they served.

\textsuperscript{20}Department of Veterans Affairs, \textit{M21-1 Adjudication Procedures Manual}, III.i.2.A.1.b (Nov. 18, 2020).

\textsuperscript{21}Disability ratings range from 0 percent to 100 percent in 10 percentage point increments depending on the severity of the disability. A disability rating of 0 percent is not severe enough to merit monthly disability compensation but may entitle veterans to other VA benefits such as treatment at VA hospitals. If a veteran has multiple service-connected disabilities, VA uses a standard formula to create a single combined disability rating.
VA Pension Program

VBA also administers the pension program. These benefits may be available to low-income wartime veterans who are age 65 and older, or who are under age 65 but are permanently and totally disabled as a result of conditions unrelated to their military service.\(^{22}\) Nearly 174,000 veterans collectively received about $2.3 billion in pension benefits in fiscal year 2022.\(^{23}\) A veteran cannot concurrently receive Veterans Pension benefits and disability compensation. If a veteran is found to be eligible for both programs, VA will pay the veteran whichever benefit is the greater amount.

The pension claim process is similar to the disability compensation claim process. (See fig. 3.)

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\(^{22}\)VA currently administers three pension programs, commonly referred to as Improved Law Pensions, Prior Law Pensions, and Old Law Pensions, which we collectively refer to as Veterans Pension, or "pension".

From 2012 through 2021, VA approved a lower percentage of initial disability compensation and pension claims for reserve component members compared to active component members, according to our analysis of VA data. Differences in approval rates for disability compensation appeared each year and persisted across service members’ military service factors such as service branch and rank, as well as demographic factors such as race and ethnicity and sex. However, the size of the difference also varied by these factors, as we explain later in this report.

VA approved a lower percentage of initial disability compensation claims for reserve component members compared to active component members. Specifically, from 2012 through 2021, VA approved 66 percent of claims from members who served only in a reserve component.

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24This analysis includes members of the Coast Guard and Coast Guard Reserve.
compared to 82 percent of claims from members who served in an active component at some point—a difference of 16 percentage points.\textsuperscript{25}

Our analysis of VA data found that approval rates for disability compensation claims increased for all service members between 2012 and 2021. Specifically, reserve component members’ approval rates increased 15 percentage points (62 percent to 77 percent). For active component members, approval rates increased 11 percentage points (79 percent to 90 percent).

Nevertheless, the difference we identified in approval rates between reserve and active component members persisted in each of these years. The size of this difference fluctuated over time, ranging from 20 percentage points in 2014 to 11 percentage points in 2020. (See fig. 4.)

\begin{figure}
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\includegraphics[width=\textwidth]{approval_rates.png}
\caption{Approval Rates for Active and Reserve Component Members’ Initial VA Disability Compensation Claims, by Year Submitted}
\end{figure}

\textsuperscript{25}Active component members served in an active component at any point in their career, including those who may have also served in a reserve component. Within the reserve component group, 70 percent of claims from members who served only in the National Guard were approved, and 63 percent of claims from members who served only in the Reserves were approved. Appendix II breaks out the rest of our analysis of reserve component claims into these two groups.
Note: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

VA officials told us they were not aware of the difference in reserve and active component approval rates or the reasons behind it. They also said they did not have insight into the reasons approval rates went up for both components.

The percentage of active component members who submitted disability compensation claims (19 percent) during our study period was more than double the percentage of reserve component members who submitted claims (9 percent). As we will discuss later in the report, it is possible that certain challenges may make it harder for some eligible reserve component members to submit claims.

The Differences between Reserve and Active Component Approval Rates Varied by Military Service and Demographic Factors

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<th>Service Branch</th>
<th>Approval Rates for Disability Compensation Claims</th>
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<td>Reserve Component: 9% (0.09)</td>
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<tr>
<td></td>
<td>Active Component: 19% (0.19)</td>
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<td></td>
<td>Difference: 10% (0.10)</td>
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Across the service branches (or military services), approval rates for disability compensation claims were lower for members of the reserve components than the active components. However, the size of this difference varied by military service. (See fig. 5.) For example, the Coast Guard had the largest difference in reserve and active component approval rates at 18 percentage points (68 percent compared to 86 percent). The smallest difference was in the Navy, at 10 percentage points.
Across all military ranks that we studied, reserve component members had lower approval rates for initial disability compensation claims than active component members. For example, reserve component officers had a 78 percent approval rate, which was 15 percentage points lower than the active component officer approval rate (92 percent).

For both components, we found that claim approval rates were by far the lowest for service members who held junior enlisted ranks when they left the military (pay grades E1 through E4). For example, in the reserve components, junior enlisted members’ approval rate was 56 percent. In contrast, reserve component warrant officers had the highest approval rates across all ranks (83 percent), 27 percentage points higher. (See fig. 6.)
Among those whose most recent period of service was during wartime, reserve component members had lower approval rates for disability compensation claims than active component members (67 percent versus 83 percent). (See fig. 7.)
initial claims for disability compensation submitted from 2012 through 2021 by service members who
separated from service from 1985 through 2021.

Reserve component members’ approval rates across each wartime service period were lower than active component members’ rates. Specifically, for those who served in the Vietnam War, the difference between active and reserve component approval rates was 11 percentage points. For those whose most recent service was after 9/11, the difference increased to 17 percentage points. (See fig. 8.)

Figure 8: Approval Rates for Active and Reserve Component Members’ VA Disability Compensation Claims Submitted in 2012-2021, by Member’s Most Recent Wartime Service Period

Note: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

Federal law defines two separate time periods for the Vietnam War: November 1, 1955, through May 7, 1975, for service members who served in the Republic of Vietnam, and August 5, 1964, through May 7, 1975, for other service members. However, VA data only defined the latter period as the Vietnam War, so this analysis covers just that period.

Federal law also defines the Persian Gulf War as beginning on August 2, 1990, and ending on the date later prescribed by law or Presidential proclamation. VA divided this period into two segments: Persian Gulf War (August 2, 1990, through September 10, 2001) and Global War on Terror (September 11, 2001, through December 31, 2021, the last date for which VA provided data). The Persian Gulf War involved operations in Iraq, while the Global War on Terror involved operations in Iraq and Afghanistan.

Race and Ethnicity

Reserve component members’ approval rates for initial disability compensation claims were consistently lower than active component members’ approval rates within each of the racial and ethnic categories.
we studied. This difference was largest among Black or African American service members at 25 percentage points and smallest among White service members at 13 percentage points. Among the reserve components, the approval rate for White service members was 23 percentage points higher than for Black or African American service members (71 percent and 48 percent, respectively). (See fig. 9.) This finding is line with our prior work on racial differences in disability compensation. 

26For our analysis, we used the same racial and ethnic categories VA uses, which are based on the 1997 U.S. Office of Management and Budget standards on race and ethnicity. We categorized service members into six mutually-exclusive categories. “Hispanic” includes all service members who identified their ethnicity as Hispanic, regardless of race. We divided non-Hispanic service members into five racial groups: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. We did not report data on service members VA categorized as having multiple races, unknown race, or a race that did not fall into one of VA’s race and ethnicity groups. VA data did not include additional information on a specific racial or ethnic category for these service members.


Figure 9: Approval Rates for Active and Reserve Component Members’ VA Disability Compensation Claims Submitted in 2012-2021, by Race and Ethnicity

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<tr>
<th>Race/Ethnicity</th>
<th>Active Component Members</th>
<th>Reserve Component Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>82</td>
<td>63</td>
</tr>
<tr>
<td>Asian</td>
<td>84</td>
<td>67</td>
</tr>
<tr>
<td>Black or African American</td>
<td>73</td>
<td>48</td>
</tr>
<tr>
<td>Hispanic</td>
<td>84</td>
<td>67</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islanders</td>
<td>86</td>
<td>69</td>
</tr>
<tr>
<td>White</td>
<td>84</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Notes: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at any point in

their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

GAO categorized service members into six mutually-exclusive categories. “Hispanic” includes all service members who identified their ethnicity as Hispanic, regardless of race. Non-Hispanic service members were divided into the five racial groups shown in the figure. GAO did not report data on service members VA categorized as having multiple races, unknown race, or a race outside VA’s race and ethnicity groups. VA data did not include additional information on a specific racial or ethnic category for these service members.

Sex

Males and females in the active components had approval rates that were 15 and 21 percentage points higher, respectively, than male and female members of the reserve components. Among active component members, male and female claim approval rates were almost identical (82 and 81 percent respectively). However, not only were reserve component members’ claim approval rates lower than active component rates for both sexes, but a 7-percentage point difference emerged between reserve component males (67 percent) and females (60 percent). (See fig. 10.)

Figure 10: Approval Rates for Active and Reserve Component Members’ Initial VA Disability Compensation Claims Submitted in 2012-2021, by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Approval Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>82</td>
</tr>
<tr>
<td>Reserve</td>
<td>67</td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>81</td>
</tr>
<tr>
<td>Reserve</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021. VA’s data only includes binary sex categories for service members—male or female—and does not include data on transgender or non-binary service members.

Age

For initial disability compensation claims submitted from 2012 through 2021, differences in approval rates between the active and reserve components were greater for younger service members than older ones. Specifically, among those aged 20 to 29 in 2019 (i.e., born in the 1990s),

28VA’s data only includes binary sex categories for service members—male or female—and does not include data on transgender or non-binary service members.
active component members’ initial disability compensation claim approval rates were 22 percentage points higher than reserve component members’ rates. (See fig. 11.) However, for those who were aged 60-69 in 2019 (i.e., born in the 1950s), active component approval rates were only 7 percentage points higher than reserve component rates.

Figure 11: Approval Rates for Active and Reserve Component Members’ VA Disability Compensation Claims Submitted in 2012-2021, by Member’s Age in 2019

Reserve Component Members Had Lower Approval Rates for Pension Benefits Claims Compared to Active Component Members

Note: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.
VA approved reserve component members’ pension claims at a slightly lower rate than active component members’ claims.29 (See table 1.) Of the nearly 7,000 reserve component pension claims submitted, VA approved 34 percent. Of the over 17,000 active component pension claims submitted, VA approved 38 percent.

Table 1: Active and Reserve Component Members’ Initial Pension Claims Submitted to VA in 2012-2021 and Percentage Approved

<table>
<thead>
<tr>
<th></th>
<th>Total claims submitted</th>
<th>Number approved</th>
<th>Number denied</th>
<th>Percentage approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active component members</td>
<td>17,243</td>
<td>6,566</td>
<td>10,677</td>
<td>38%</td>
</tr>
<tr>
<td>Reserve component members</td>
<td>6,972</td>
<td>2,371</td>
<td>4,601</td>
<td>34%</td>
</tr>
<tr>
<td>All</td>
<td>24,215</td>
<td>8,937</td>
<td>15,278</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data.  |  GAO-24-105400

Note: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for pension benefits submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

29VA’s pension program provides benefits to certain wartime veterans with limited means who either are age 65 or older or have permanent and total disabilities unrelated to their military service. Veterans cannot receive pension benefits and disability compensation at the same time. If a veteran applies and is eligible for both, VA will pay the veteran whichever benefit is the greater amount, according to VA guidance. Our analysis included only initial pension claims.
Smaller Percentages of Reserve Component Members Had a Service-connected Disability, but Disabilities Were Similar in Severity

When we switched our unit of analysis from claims in the previous section to service members in this section, we found that a lower percentage of reserve component (16 percent) than active component members (39 percent) had a VA-determined service-connected disability.30 (See table 2.) This is similar to our findings above on differences in claim approval rates. VA officials told us that reserve component members have less exposure to the hazards of military service and may not have as many disabilities for this reason. As we discuss later, another factor could be that reserve component members face challenges documenting the disabilities they incur during service.

<table>
<thead>
<tr>
<th>Number of members</th>
<th>Number with a service-connected disability</th>
<th>Percentage with a service-connected disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active component members</td>
<td>8,131,426</td>
<td>3,167,953</td>
</tr>
<tr>
<td>Reserve component members</td>
<td>2,686,276</td>
<td>428,850</td>
</tr>
<tr>
<td>All</td>
<td>10,817,702</td>
<td>3,596,803</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: “Reserve component members” served in the National Guard or Reserves but never served in an active component. “Active component members” served in an active component at some point in their career, including those who may have also served in a reserve component. Analysis is limited to service members who were living on January 1, 2012, and separated from service from 1985 through 2021.

30Disability counts include only service members who had a disability rating at some point from 2008 through 2021. VA assigns disability ratings to service members it determines have service-connected disabilities as part of disability compensation claims. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

Out of all veterans with a service-connected disability, VA rated the severity of active and reserve component veterans’ disabilities similarly.31 VA’s measure of a disability’s severity—disability ratings—averaged 60

30Unlike the preceding section, which analyzed claims filed from 2012 through 2021, this section uses service members as the unit of analysis. Counts of members with a service-connected disability include all those who had a disability rating at any point in 2008 through 2021, even if VA approved their claim before 2008. When calculating percentages, the denominator was all service members in our study population, including those who did not file any claims.

31We use the term “veteran” because all service members granted a service connection first had to establish they were veterans. See Department of Veterans Affairs, M21-1 Adjudication Procedures Manual, II.iii.1.B.1.a (Dec. 7, 2020).
percent for active and 58 percent for reserve component veterans. For both components, the most common disability ratings were 10 percent and 100 percent. (See fig. 12.)

**Figure 12: Distribution of Disability Ratings among Active and Reserve Component Veterans with Service-Connected Disabilities, 2008-2021**

Within each of the military occupations we studied, the percentage of reserve component members with a service-connected disability was 23...
The occupations we studied included pilots, occupations requiring a flight or diving physical, special operations forces (SOF) operators, and nuclear-related occupations. For example, reserve component pilots had a 25 percentage point lower rate of service-connected disability than active component pilots (34 percent and 59 percent, respectively).

Further, within each component, the percentage of members with a service-connected disability was higher within each of the military occupations we studied than it was for members who never held these occupations. For example, nuclear occupations had the lowest percentages of service members with a service-connected disability among our selected occupations (26 percent for reserve components and 53 percent for active components). These percentages were still higher than those for occupations outside the five that we studied (18 percent for reserve and 46 percent for active component members). (See fig. 13.)

Our analysis of service members’ military occupations is generally limited to those who separated from service on or after October 1, 2000, because DOD officials informed us that most of DOD’s military occupation data were not reliable prior to October 2000.

The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of service-connected disabilities among service members who had held these occupations. The provision included service members who participated in the Personnel Reliability Program, which provides a mandatory certification of reliability for all personnel working with nuclear materials. See Department of Defense Manual 5210.42, Nuclear Weapons Personnel Reliability Program (Jan. 13, 2015). DOD did not have data on participants in the Personnel Reliability Program, but officials did give us a list of occupations that they said were likely to require participation in that program. We refer to these occupations as nuclear-related occupations. Similarly, DOD officials identified occupations that likely required regular flight or diving physicals. We limited SOF occupations to operators because DOD officials told us they could not identify other SOF personnel. We refer to SOF operators as an occupation for brevity, but this category includes a group of occupations, including Navy SEALs, Army Rangers, and others.

The “all other occupations” category may include individual occupations with a high percentage of service members with service-connected disabilities. DOD and VA officials said the occupations we studied face greater risk for injuries resulting in chronic disability. For example, officials we interviewed said that SOF operators operate at a high tempo and face a greater risk of musculoskeletal injuries, and pilots, SOF operators, and service members in occupations requiring a diving physical are more likely to have high noise exposure, which could lead to a service-connected disability for hearing loss or other ear injuries. DOD officials also noted that pilots and divers have higher medical standards and more regular medical examinations than other service members and may find it easier to document a service connection.
### Figure 13: Percentage of Active and Reserve Component Members in Selected Military Occupations with a Service-Connected Disability, 2008-2021

<table>
<thead>
<tr>
<th>Military Occupation</th>
<th>Reserve</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diving physical</td>
<td>30</td>
<td>64</td>
</tr>
<tr>
<td>Flight physical</td>
<td>36</td>
<td>59</td>
</tr>
<tr>
<td>Pilots</td>
<td>34</td>
<td>59</td>
</tr>
<tr>
<td>Nuclear</td>
<td>26</td>
<td>53</td>
</tr>
<tr>
<td>All other occupations</td>
<td>18</td>
<td>46</td>
</tr>
</tbody>
</table>

Percentage of service members in that military occupation

Source: GAO analysis of Department of Veterans Affairs (VA) and Department of Defense (DOD) data.

Notes: “Reserve” indicates service members who served in the National Guard or Reserves but never served in an active component. “Active” indicates service members who served in an active component at some point in their career, including those who may have also served in a reserve component. Analysis is limited to service members who were living on January 1, 2012, separated from service from 1985 through 2021, and whose primary military occupations were identified in DOD data.

Occupation categories generally include service members who held each military occupation at some point from October 2000 through December 2021. DOD officials said most military occupation data were not reliable prior to October 1, 2000, and excluded most service members who separated from service before that date. “All other occupations” includes service members who did not hold any of the first five occupations during that time period.

Disability counts include only service members who had a disability rating at some point from 2008 through 2021. VA assigns disability ratings to service members it determines have service-connected disabilities as part of disability compensation claims. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

Within each of the military occupations we studied, a lower percentage of reserve than active component members had three types of service-connected disabilities we studied—musculoskeletal, mental health, and presumptive conditions. The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of musculoskeletal and mental health conditions among certain service members. We selected three other conditions—post-traumatic stress disorder, cancer, and presumptive conditions. Presumptive conditions are illnesses or diseases that VA presumes to be service-connected for the purpose of determining eligibility for disability compensation. See 38 C.F.R. § 3.309. Few service members within the occupations we studied had post-traumatic stress disorder or cancer, so we do not report them here. See appendix II, table 16 for a comparison of all five conditions.

35The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of musculoskeletal and mental health conditions among certain service members. We selected three other conditions—post-traumatic stress disorder, cancer, and presumptive conditions. Presumptive conditions are illnesses or diseases that VA presumes to be service-connected for the purpose of determining eligibility for disability compensation. See 38 C.F.R. § 3.309. Few service members within the occupations we studied had post-traumatic stress disorder or cancer, so we do not report them here. See appendix II, table 16 for a comparison of all five conditions.
occupations and both components, musculoskeletal conditions were the most common service-connected disability by a substantial margin.\textsuperscript{36}

Figure 14: Percentage of Active and Reserve Component Members of Selected Occupations Granted Service Connection for Certain Disabilities from 2012 through 2021

<table>
<thead>
<tr>
<th>Musculoskeletal conditions</th>
<th>Reserve</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special operations forces operators</td>
<td>18</td>
<td>58</td>
</tr>
<tr>
<td>Flight physical</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Pilots</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>Nuclear occupations</td>
<td>7</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Special operations forces operators</td>
<td>7</td>
</tr>
<tr>
<td>Flight physical</td>
<td>3</td>
</tr>
<tr>
<td>Pilots</td>
<td>2</td>
</tr>
<tr>
<td>Nuclear occupations</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presumptive conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Special operations forces operators</td>
<td>10</td>
</tr>
<tr>
<td>Flight physical</td>
<td>5</td>
</tr>
<tr>
<td>Pilots</td>
<td>5</td>
</tr>
<tr>
<td>Nuclear occupations</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) and Department of Defense (DOD) data  |  GAO-24-105400

Notes: “Reserve” indicates service members who served in the National Guard or Reserves but never served in an active component. “Active” indicates service members who served in an active component at some point in their career, including those who may have also served in a reserve component. Analysis is limited to service members who were living on January 1, 2012, separated from service from 1985 through 2021, and whose primary military occupations were identified in DOD data.

Occupation categories generally include service members who held each military occupation at some point from October 2000 through December 2021. DOD officials said most military occupation data are not reliable prior to October 1, 2000, and exclude most service members who separated from service before that date.

Analysis includes only disabilities that VA determined to be service-connected as part of disability compensation claims submitted from 2012 through 2021. More service members may exist who have disabilities incurred during service but did not submit a claim to VA. Presumptive conditions are

\textsuperscript{36}DOD officials said that musculoskeletal conditions are the most common disabilities for all military occupations. They also suggested that higher rates of service connection for musculoskeletal disabilities could be because they are easier to document than other types of conditions.
illnesses or diseases that VA presumes to be caused by military service for the purpose of determining eligibility for disability compensation.

VA Lacks a Mechanism for Communicating Data Limitations, Which Hindered Understanding of Differences between Components

While we found that a lower percentage of reserve than active component members were determined by VA to have a service-connected disability, incomplete data prevented a full understanding of these differences. Specifically, we could not study service members who separated from service before 1985, because personnel data in the VA/DOD Identity Repository (VADIR) were not reliable before then.37

We found that VA lacked a mechanism to clearly or consistently communicate VADIR data limitations to federal and non-federal users. When we received the VADIR data from VA, VA did not provide documentation or otherwise convey the limitations of the older data, beyond telling us that data on sex, race, and ethnicity in VADIR are more complete after 1980 and that some data on older service members may be missing from VADIR. However, VA provided no specific parameters about other variables that we later found to be unreliable before 1985. Furthermore, when we first asked officials from DOD’s Defense Manpower Data Center (DMDC) about the reliability of VADIR data, they did not inform us of this limitation. Only after we discovered the reliability issue did DMDC officials tell us they did not start regularly collecting personnel data from the military services until 1985. As a result, they said personnel data in VADIR before 1985 tends to be unreliable, and DMDC avoids using it.

After we raised the issue of the unreliable data, VA officials told us that because DOD provides the underlying data in the VADIR database, DOD is responsible for informing prospective data users of any limitations. However, throughout this study we received VADIR data and documentation from VA and primarily discussed VADIR limitations with VA officials. Additionally, notices in the federal register indicate that VA may disclose information from VADIR to other federal agencies in addition to DOD.38

37The VADIR database was established to support a One VA/DOD data-sharing initiative and to consolidate data transfers between DOD and VA. DMDC shares military personnel data with VA via VADIR as defined in a Memorandum of Understanding. VA then uses VADIR data to help determine veterans’ benefits. See Department of Veterans Affairs, Office of Inspector General, Quantitative Assessment of Care Transition: The Population-Based LC Database, Report No. 07-00380-202 (Washington, D.C.: Sept. 2007).

Office of Management and Budget guidance on executive branch agencies’ data practices states that federal agencies should support federal and non-federal stakeholders by sharing expert knowledge, such as on data limitations.\textsuperscript{39} Moreover, standards for internal control in the federal government state that management should internally and externally communicate quality information to achieve the entity’s objectives.\textsuperscript{40} Specifically, available information should address the expectations of both internal and external users.

The absence of a mechanism to clearly communicate the limitations of VADIR data on service members’ military personnel records is significant. This is because federal and non-federal users analyze these data to report information about older service members. For example, missing reliable data on older service members’ periods of wartime service means federal and non-federal researchers may not be able to study differences in VA benefits outcomes for those who served in the Vietnam War and earlier conflicts. Until VA better communicates limitations about VADIR’s data prior to 1985, using a consistent mechanism—such as providing prospective users of VADIR data a fact sheet on known reliability issues or similar documentation—federal and non-federal users of the data risk analyzing unreliable data or drawing inaccurate conclusions from those data.

Fifteen stakeholders we interviewed—including researchers and representatives from VSOs—identified a variety of challenges that members of the reserve components face in accessing disability compensation.


\textsuperscript{40}GO-14-704G, principles 14 and 15.
We grouped the challenges into two categories: (1) challenges reserve component members face in reporting and documenting health conditions they developed on duty, and (2) challenges VA claims processors face in locating necessary documentation to support reserve component members’ disability compensation claims. (See fig. 15.) These challenges, and the actions DOD and VA have taken to address them, are discussed in detail below.

Figure 15: Challenges Stakeholders Identified That May Affect Reserve and National Guard (Reserve Component) Members’ Access to Department of Veterans Affairs (VA) Disability Compensation

To provide context for the challenges that we describe further below related to reporting health conditions, first we provide an overview of the process reserve component members use to report such conditions. According to stakeholders, DOD, and VA officials, immediately reporting health conditions has important implications for reserve component members’ future access to disability compensation. This timing is important because, to demonstrate eligibility for disability compensation, reserve component members’ claims must generally have documentation of a disability resulting from a health condition that developed while on duty.

41 Each of the 15 stakeholders rated the impact of each challenge. When we discuss each challenge, we report the number of stakeholders who identified it as a challenge (i.e., rated its impact as major or moderate). We also report the overall number of stakeholders who rated the challenge, omitting those who indicated they did not have sufficient knowledge of the issue to rate it.

42 We examined actions taken by DOD, and as relevant, the military services or DOD’s six reserve components: (1) Air Force Reserve, (2) Air National Guard, (3) Army National Guard, (4) Army Reserve, (5) Marine Corps Reserve, and (6) Navy Reserve. We did not include the Coast Guard Reserve in this analysis because it includes less than 1 percent of reserve component members and would not affect our overall analysis of common challenges.
duty rather than during civilian life. Reporting health conditions immediately is critical when a reserve component member is participating in drill weekends or 2-week annual training, according to one stakeholder and one VA official.

The type of duty a reserve component member was performing when a health condition developed can affect eligibility for disability compensation. For example, a reserve component member who incurs an illness during the 2-week annual training may be eligible for disability compensation. However, a reserve component member who incurs an illness during a drill weekend is not eligible for disability compensation. (See fig. 16.) In addition, National Guard members who are activated by their governor for state active duty serve as state employees. During this type of duty, they are not eligible for VA disability compensation for disabilities resulting from health conditions that develop.

Figure 16: Reserve and National Guard Members’ Eligibility for VA Disability Compensation Under Certain Duty Statuses

<table>
<thead>
<tr>
<th>Duty status</th>
<th>Members of the Reserves</th>
<th>National Guard members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active duty</td>
<td>Full-time service</td>
<td>Full-time training, such as 2-week annual training that reserve component members generally attend</td>
</tr>
<tr>
<td>Active duty for training</td>
<td></td>
<td>Part-time training, such as the monthly drill weekend that reserve component members generally attend</td>
</tr>
<tr>
<td>Inactive duty training</td>
<td></td>
<td>Full-time, state-funded service performed by National Guard members who have been activated by their governor</td>
</tr>
<tr>
<td>State active duty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disabilities eligible for VA disability compensation
- All disabilities that develop on duty
- All disabilities that develop on duty
- Only disabilities resulting from an injury, heart attack, or stroke that occurred while on duty
- No disabilities eligible

Source: GAO analysis of Department of Veterans Affairs (VA) information.

43Specifically, service members must have a disability resulting from a health condition—an injury, illness, or aggravation of a pre-existing condition—that developed while they were on duty. According to VA officials, reserve component members who have never served on active duty generally must both incur the health condition and develop the disability while on duty to be eligible for disability compensation. That is, these individuals generally are not eligible for disability compensation or veteran status for delayed-onset disability. See 38 U.S.C. § 101(24)(B), (C); Bowers v. Shinseki, 26 Vet. App. 201, 207 (2013), aff’d, 748 F.3d 1351 (Fed. Cir. 2014). See also Hansen-Sorensen v. Wilkie, 909 F.3d 1379, 1382 (Fed. Cir. 2018). This section discusses the initial health condition, not the resulting disability.

44National Guard members can be activated for federal service under Title 10 or Title 32. See 10 U.S.C. § 12301 and 32 U.S.C. § 102.
For health conditions that develop during drill weekends or annual
trainings, reserve component members have multiple options to report the
condition and obtain medical documentation.

- One option is to report the health condition while on duty.
- Other options include reporting the condition to civilian providers or
during periodic health assessments (PHAs), according to
stakeholders and VA officials.

These two options may be used for a variety of reasons. For example,
according to three stakeholders, reserve component members may report
health conditions to civilian providers because of time limitations for
reporting health conditions during drill weekends. Reserve component
members may report health conditions during PHAs because these
provide a regular opportunity to report conditions to the military that may
affect their medical readiness, according to three stakeholders and one
VA claims processor.

In certain circumstances, a reserve component member may request a
line of duty (LOD) determination. LOD determinations are part of the
military process to evaluate and provide care for reserve component
members who have incurred or aggravated a health condition during
service. The LOD determination process will determine the duty status of
the reserve component member at the time a health condition developed.

Three stakeholders and three VA claims processors stated that obtaining
an LOD determination from the military is the best way to establish a
service connection.\(^45\) Further, two stakeholders and one VA claims
processor told us that, without an LOD determination from the military,
obtaining VA approval for a service-connected disability is difficult.

An affirmative LOD determination contains proof of both the health
condition and the fact that it developed while in an eligible duty status.
According to VA officials, if the military makes a negative LOD
determination, VA will conduct its own formal line of duty investigation to
determine whether the health condition developed in the line of duty. (See
fig. 17.)

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\(^45\)Seeking an LOD determination is not feasible for all health conditions, because military
services vary in the extent to which they will grant LODs. The Air Force grants
“administrative LODs” for minor conditions, whereas Army’s guidance specifically
excludes minor conditions from the LOD process.
Figure 17: Paths from Reserve Component Member Developing Health Conditions While on Duty to VA’s Evaluation of Disability Compensation Claims

This graphic pertains to Reserve and National Guard (reserve component) members who develop health conditions during drill weekends or 2-week annual training.

- **Reserve component member develops health condition on duty**: Member can report health condition using one or more options.
  - **Report issue to command while on duty**: Command has different ways to help reserve component members access care, for example:
    - “Sick call” care provided by military medical staff
    - Military-funded care from civilian emergency room
  - **Documentation**: Care may be recorded in Service Treatment Records, which could show member was on duty when injured

- **Report issue during visit with civilian provider at the reserve component member’s expense**: Because reserve component members serve part-time, members may use their own health insurance to access care from civilian providers for health conditions that developed on duty.
  - **Documentation**: Care may be recorded in private medical records. Reserve component members are to report significant health conditions to their command and facilitate the military’s access to their private medical records.

- **Report issue during a periodic health assessment (PHA)**: Reserve component members complete an online medical screening during this annual assessment of force readiness. Military medical staff determine if the issue needs further evaluation, and reserve component members may request an in-person exam.
  - **Documentation**: PHA results are to be recorded in reserve component member’s Service Treatment Records

- **If the reserve component member applies for disability compensation, VA will generally accept the military’s LOD determination as proof that the member’s health condition developed in the line of duty.**

- **Reserve component member decides whether or not to seek line-of-duty (LOD) determination**: The military will initiate LOD determinations in some cases. The form of determinations can vary. The military investigates the circumstances of the incident to determine whether or not it occurred in the line of duty.
  - **LOD not sought**: If the reserve component member applies for disability compensation, VA will conduct its own line of duty investigation, depending on the circumstances.
  - **LOD sought**: The military determines if the reserve component member developed the health condition while on duty, or if it was due to negligence or misconduct.
    - **LOD granted**: Reserve component member: Will not obtain health care paid for by the military to treat the health condition.
    - **LOD not granted**: Reserve component member: Can obtain health care paid for by the military to treat the health condition. May be referred for further evaluation in certain instances.

Source: GAO analysis of information from the Department of Defense (DOD), Department of Veterans Affairs (VA), and selected stakeholders. | GAO-24-105400

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- **a**If the military made an affirmative LOD determination, VA will accept it unless the circumstances indicate willful misconduct.
- **b**The goal of providing this health care is to enable the reserve component member to meet military retention standards (i.e., be considered fit for duty). These members may still apply for disability compensation at a later date, if the health condition develops into or aggravates a disability.
- **c**If the reserve component member is not expected to meet military retention standards within a year of diagnosis of the health condition, the member will be referred to the integrated disability evaluation system (IDES). IDES is a joint DOD and VA disability evaluation process. Under IDES, VA helps DOD determine if ill or injured service members are fit to continue military service and provide them with disability benefits, if appropriate. GAO did not include IDES in the scope of this review.
A reserve component member who does not seek or obtain an LOD determination from the military may later apply for disability compensation. As part of the disability claim review process, VA will conduct its own LOD investigation if one of the following applies: VA has concerns about whether the injury was caused by the reserve component member's willful misconduct, or the military did not grant the reserve component member an LOD determination.

Interviews with reserve component and military service officials and related documents identify three reporting options—immediately while on duty, through civilian exams at the member's expense, or through PHAs—that can contribute to an LOD determination. However, immediately reporting the health condition to command is the best way to obtain an affirmative LOD determination, according to one stakeholder and officials from one military service. This is because the more time that passes between the reserve component member developing a health condition and obtaining an LOD determination, the more difficult it becomes to demonstrate that the health condition developed during military service versus civilian life.

One stakeholder shared with us a scenario where a time lag would prevent the member from obtaining an LOD determination from the reserve component. The stakeholder said that if a reservist was injured during active duty for training and went to a military doctor 6 months later for knee pain, it would be difficult to link the knee pain to the member's service because many other factors could have caused the injury during the interceding time. If the reserve component member were to request an LOD determination from their commander after 6 months had passed, they may be unable to get one, according to the stakeholder.

Two stakeholders, one VA claims processor, and officials from one military service provided another reason why it is important that reserve component members report immediately. They told us that reserve component members who do similarly-demanding work for their civilian jobs are seen as equally likely to have developed their health conditions during their civilian jobs as during their military service. For example, one stakeholder told us that some pilots they work with file a disability compensation claim for hearing loss. However, some reserve component members serve as commercial pilots in their civilian life. In these cases, VA claims processors cannot determine if hearing loss occurred as part of

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46Even if the reserve component member does not seek an LOD determination, reporting and documenting the health condition could support a disability compensation claim in the future, according to five stakeholders and two agency officials. For example, officials from one military service said that reporting issues immediately to commanders, even if it does not result in an LOD determination, can help support a disability compensation claim, especially if it is documented well.
the members’ civilian jobs or military service. A VA official told us that VA cannot presume that a reserve component member’s health condition developed on duty if the condition has no clear connection to military service.\textsuperscript{47}

DOD and VA Partly Mitigated Challenges with Reporting of Health Conditions, but Reserve Component Members’ Knowledge Gaps about Reporting and Other Challenges Persist

DOD Took Some Actions to Address Challenges with Reporting Health Conditions

The 15 stakeholders we interviewed identified several challenges that may prevent reserve component members from reporting health conditions or result in inadequate documentation of such conditions. Many of these challenges involved reporting health conditions during drill weekends and 2-week annual training. We found that DOD has taken some actions that address certain aspects of these challenges. (See table 3.)

\textsuperscript{47}For purposes of disability compensation, active component members are generally presumed to have been in sound condition when enrolled for service, unless the evidence shows conditions noted at entrance into service (such as on the entrance examination).
### Table 3: DOD Actions That Address Stakeholder-Identified Challenges to Reserve and National Guard (Reserve Component) Members Reporting and Documenting Health Conditions

Table reports the number of stakeholders who characterized a challenge as major or moderate, out of the total number who rated the challenge, on a scale of major, moderate, or minor.

<table>
<thead>
<tr>
<th>Stakeholder-identified challenge</th>
<th>DOD action that addresses challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twelve of 15 stakeholders told GAO that reserve component members may not receive sufficient in-person periodic health exams to identify or track the progression of disabling conditions. Periodic health assessments (PHAs) are mandatory annual health exams for service members to report health conditions to the military that may affect their medical readiness.</td>
<td>DOD and the Defense Health Agency issued policies governing PHAs in 2016 and 2017. According to the Defense Health Agency, these policies standardized PHA requirements across the reserve components, including requiring an in-person exam if suggested by the information the reserve component member submits on the PHA or if the member requests one. Further, each military service (Army, Air Force, Navy, and Marine Corps) has a policy that generally requires reserve component members to complete annual PHAs and articulates strategies to ensure compliance. For example, Army's policy states that emails will be sent to alert reserve component members that they are due for a PHA. Air Force's policy designates a system that commander support staff can use to pull compliance reports.</td>
</tr>
<tr>
<td>Twelve of 13 stakeholders told GAO reserve component members may not receive a line of duty (LOD) determination from the military establishing whether a health condition developed in the line of duty. An affirmative LOD determination contains proof of both the health condition and its connection to military service. Three stakeholders and one VA claims processor said responsible staff may complete the LOD determination incorrectly or fail to put it in the member's personnel file.</td>
<td>Defense Health Agency officials told GAO in the summer of 2022 that they were drafting guidance summarizing responsibilities for making medical determinations during the LOD process. However, as of May 2023, DOD officials reported that the process had stalled, in part because of internal disagreement about which entity has primary ownership over aspects of the LOD process.</td>
</tr>
<tr>
<td>Thirteen of 14 stakeholders told GAO that reserve component members may have limited access to health care. For example, one stakeholder said seeing private providers can be cost-prohibitive and two stakeholders said that some reservists lack access to TRICARE.</td>
<td>The TRICARE Reserve Select program—created in 2004 and managed by the Defense Health Agency—provides access to subsidized health insurance to qualified members of the Selected Reserve and their families. Starting in 2030, additional members of the Selected Reserve will be eligible. With a TRICARE Reserve Select insurance plan, a reserve component member can see a military provider, as space is available, or a participating civilian provider.</td>
</tr>
</tbody>
</table>

Source: GAO analysis of information from the Department of Defense (DOD), Congressional Research Service, and selected stakeholders.  

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*Department of Defense Instruction 6200.06, Periodic Health Assessment (PHA) Program (Sept. 8, 2016); Defense Health Agency Procedural Instruction 6200.06, Periodic Health Assessment (PHA) Program (May 9, 2017).*

*Department of the Army Pamphlet 40-502, Medical Readiness Procedures (June 27, 2019); Air Force Instruction 48-170, Periodic Health Assessment (Oct. 7, 2020); SECNAV Instruction 6120.3A, Periodic Health Assessment for Individual Medical Readiness (June 14, 2019).*

In addition to the challenges described above, all 15 stakeholders identified gaps in reserve component members’ knowledge about their eligibility for VA disability compensation or the importance of immediately reporting health conditions and documenting medical treatment (see sidebar).48

Furthermore, all 15 stakeholders said that military culture discourages reporting health conditions.49 For example, one stakeholder underscored that service members are taught to fight through pain to do their job, so deemphasizing pain may be second nature to them. Another observed that if reserve component members are not encouraged to report health conditions, their conditions could become worse and eventually prevent them from serving. Twelve stakeholders said that this concern could be addressed with military trainings or guidance encouraging reserve component members to report health conditions immediately and explaining their eligibility for disability compensation.

Another knowledge gap may affect reserve component members’ ability to obtain adequate documentation of their health conditions from civilian providers. Eleven of 14 stakeholders said civilian medical providers may not know VA standards for documenting a service connection.50 For example, one stakeholder said that civilian providers may not include in private medical records that the reserve component member’s health condition occurred on duty. Further, one stakeholder said that the key to resolving this challenge is educating reserve component members about proper documentation, so they know what they need from their civilian providers.

In addition, nine of 13 stakeholders told us that knowledge gaps may result because reserve component members are not integrated into veterans’ communities and may not have access to information from

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48Fourteen stakeholders said this is a major challenge, and one said it was a moderate challenge.

49All 15 stakeholders said this is a major (7) or moderate (8) challenge.

50Eleven stakeholders told GAO it was a major (4) or moderate (7) challenge, and three said it was a minor challenge. One stakeholder indicated not having sufficient knowledge of the issue to rate it and was removed from this tally.
other veterans. Ten stakeholders said that this concern could be addressed by additional resources from VA during reserve component members’ service.

DOD and VA provide some guidance to help reserve component members make informed decisions about reporting health conditions. Officials from two reserve components stated that they provide informal briefings to reserve component members about the responsibility to report health conditions. However, these officials could not provide us with documentation of such briefings, with the exception of briefing slides we obtained from Navy officials. The officials told us the slides are used by one of Navy’s 118 Navy Reserve Centers to train newly recruited reserve component members and other individuals. Five reserve components or military services provided us with guidance—available in varying levels of degree and detail—that explains the LOD determination process to reserve component members.

VA also provides guidance about disability compensation to reserve component members. All these VA guidance documents describe reserve component members’ eligibility for disability compensation under different duty statuses. Specifically:

- VA has a pamphlet summarizing VA benefits for reserve component members that is available on its website.
- VA’s Transition Assistance Program (TAP) briefing provides information about disability compensation at the end of military service.

51Nine stakeholders said this is a major (4) or moderate (5) challenge, three said it was a minor challenge, and one said it was not a challenge. Two stakeholders indicated they did not have sufficient knowledge of the issue to rate it and were removed from this tally.

52When we asked about DOD guidance for reserve component members, we received responses from reserve component and military service officials.

to facilitate the transition to civilian life.\textsuperscript{54} In 2014, VA made the 6-hour TAP briefing available to anyone as a self-paced online class. The participant manual is also available online.\textsuperscript{55}

- VA’s Military Life Cycle Modules are online videos on a variety of topics available anytime. The 60-minute video on disability compensation has an accompanying resource sheet with links to VA’s websites and benefits hotline.

However, neither DOD’s nor VA’s guidance available to reserve component members—whether brochures, trainings, websites, or in some other format—addresses all the areas where stakeholders identified knowledge gaps. Specifically, guidance that the reserve components or military services provided to us generally did not cover reserve component members’ eligibility for disability compensation under different duty statuses. In addition, the guidance generally did not cover (1) the connection between immediately reporting health conditions and future disability compensation benefits, or (2) the importance of maintaining documentation of duty status and health conditions. (See table 4.)

\textsuperscript{54}Thirteen of 14 stakeholders said lack of access to TAP—or inadequate TAP coverage of issues specific to reserve component members—was a major (8) or moderate (5) challenge. One stakeholder said it was a minor challenge and another did not have sufficient knowledge of the issue to rate it and was removed from this tally. Generally, only service members who served 180 or more continuous days on active duty are eligible for TAP. 10 U.S.C. § 1142(a)(4). Eligible service members are required to participate, with some exceptions. 10 U.S.C. § 1144(c). DOD policy allows ineligible service members to attend TAP if resources permit. Department of Defense Instruction 1332.35, Transition Assistance Program (TAP) for Military Personnel (Sept. 26, 2019).

\textsuperscript{55}Department of Veterans Affairs, Benefits and Services Participant Guide, Version 5.0 (January 2023). We reported in December 2022 that online access to TAP promoted increased access for some service members, but VA’s virtual delivery of its live TAP briefing experienced some initial challenges. GAO, Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways, GAO-23-104538 (Washington, D.C.: Dec. 12, 2022), 12.
### Table 4: Guidance Available to Reserve Component Members about How Reporting and Documenting Health Conditions and Duty Status Affects Disability Compensation

<table>
<thead>
<tr>
<th>Outreach materials exist that cover</th>
<th>DOD reserve components</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Army Reserve</td>
<td>Army National Guard</td>
</tr>
<tr>
<td>Eligibility for disability compensation under various duty statuses?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Importance of immediately reporting health conditions, for disability compensation eligibility purposes?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Line of duty determination process?*</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Importance of maintaining documentation of health conditions and duty status?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**Legend:**
- ● Generally covered—means the topic is covered in guidance documents made available to reserve component members who participate in drill weekends or annual training.
- ○ Partially covered—means the topic is indirectly covered in the guidance documents or the guidance is not widely available to reserve component members who participate in drill weekends or annual training.
- ○ Not covered—means the topic is absent from the guidance or the guidance is not directed to reserve component members who participate in drill weekends or annual training.

*During the line of duty determination process, the military determines whether a reserve component member developed a health condition while in an eligible duty status and not because of negligence or misconduct. Obtaining an affirmative line of duty determination from the military during service can help a reserve component member prove eligibility for disability compensation.

We asked officials from the reserve components or military services and VA why their guidance to reserve component members does not include these topics. Officials from two reserve components told us that their focus is on the present needs of the military and service members. For example, officials from one of these reserve components said that their purpose is to support mission readiness through the LOD determination process, and that an ancillary effect is facilitating members’ eligibility for disability compensation. Officials from a third reserve component, and officials who described guidance available to members of the fourth reserve component, told us that such guidance is not offered because it is not required. Officials from a fifth reserve component said that they do not track the topic of eligibility for disability compensation. Finally, officials from the sixth reserve component said that it would be inappropriate to tell a reserve component member up front about disability compensation, because only VA can ascertain a member’s eligibility. VA officials told us that VA does not provide blanket responses to questions about reserve component claims because each service member’s situation is different, and there may be different circumstances surrounding each claim. In
addition, VA officials said that LOD determinations are mainly the responsibility of DOD.

While these officials did not see the need to include such topics in their guidance for reserve component members, VA’s strategic plan, various Executive Orders, and federal standards for internal control call for agencies to work together to anticipate and best serve the needs of people at crucial life junctures. Specifically:

- In their 2022-2027 joint strategic plan, VA and DOD established a goal to deliver benefits through an integrated approach that anticipates and addresses the needs of service members and veterans.\(^{56}\)

- *Executive Order 14058* states that individuals often navigate services across multiple agencies in specific moments of need.\(^{57}\) In such situations, it says the agencies should coordinate to achieve an integrated experience that meets individuals’ needs.\(^{58}\)

- *Executive Order 13707* says, among other things, that agencies should improve how information is presented to individuals by considering how the content, format, timing, and medium by which the information is conveyed affects comprehension and action by individuals, as appropriate.\(^{59}\) According to guidance implementing the Executive Order, well-presented information can help individuals make informed choices.\(^{60}\)

\(^{56}\)In particular, the plan states that, “VA and DOD leadership...have moved past the historically bifurcated view that DOD’s role ends and VA’s role begins when the Service member separates, to embrace a new appreciation of overlapping interests and intertwined responsibilities across the Service member and Veteran life cycle.” Department of Veterans Affairs (VA) and Department of Defense (DOD), VA-DOD Joint Executive Committee’s Joint Strategic Plan for Fiscal Years 2022-2027, (Washington, D.C.).


• Federal standards for internal control state that agencies should identify and communicate the information needed to accomplish their objectives.61

Anticipating the needs of veterans is important because documenting reserve component members’ health conditions during military service has downstream effects on their ability to later access VA disability compensation. DOD and VA could develop guidance to reserve component members early in service to make them aware of the incentives to report health conditions proactively and help them fully understand the consequences of not reporting. Guidance could include such information as (1) the circumstances under which reserve component members are eligible for disability compensation; (2) the importance of immediately reporting health conditions for any future disability compensation claims; and (3) the importance of maintaining documentation of treatments received for health conditions and their duty status when the health condition developed.

Once guidance is developed, both agencies have an important role in ensuring that the guidance is made prominently available to reserve component members. DOD has this role because of its authority over the six reserve components. If the reserve components and VA distributed this information, reserve component members would be more informed about the impact that reporting a health condition can have on their access to disability compensation. Due to the importance of reporting health conditions immediately, all six reserve components would need to provide this information to their members early in their service.

According to all nine of our stakeholders with relevant knowledge, discrimination in military facilities, such as those that provide health care, negatively affects certain reserve component members’ access to disability compensation.62 Specifically, four stakeholders told us that reserve component members with specific demographic characteristics—women, those from historically disadvantaged racial and ethnic groups, and LGBTQ+ people—may feel alienated or face discrimination at military

61GAO-14-704G, principles 14 and 15.

62Nine stakeholders said it was a major (3) or moderate (6) challenge. Six stakeholders indicated they did not have sufficient knowledge of the issue to rate it and were removed from this tally.
facilities when they report health conditions. While this situation may apply to active component service members, it is exacerbated for members of the reserve components by the importance of immediately reporting medical conditions, as discussed above.

Representatives from one VSO told us that bias leads to equity issues in military health care and that reserve component members are treated differently based on their looks and identities. For example, they told us that many members of historically disadvantaged racial and ethnic groups, especially Black women, may receive inadequate treatment in the military for pain because medical staff do not believe their descriptions of pain. Three additional stakeholders reported that reserve component members, mostly women, are not or fear they will not be believed when they report sexual assault, and two said that this discourages individuals from seeking medical treatment.

Stakeholders told us that, as a result of such bias, reserve component members from certain groups may not report or be appropriately assessed for health conditions. This in turn could leave them with inadequate documentation of the health condition and their duty status, which they would need to establish a service connection and qualify for disability compensation.

Furthermore, the 2019 Workplace and Equal Opportunity Survey of Reserve Component Members found that an estimated 15.5 percent of reserve component members indicated they had experienced racial/ethnic harassment or discrimination in the previous year, including

63The nine stakeholders identified this challenge at both VA facilities and DOD facilities, but in this report, we limit our scope to DOD facilities. Prior GAO work has examined health disparities in VA settings. GAO, VA Health Care: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities, GAO-20-83 (Washington, D.C.: Dec. 11, 2019).

64Prior GAO work has found that health disparities also exist in civilian settings. GAO, Racial and Ethnic Health Disparities, GAO-21-105354 (Washington, D.C.: Sept. 2021).

65In prior GAO work on Army’s Sexual Harassment/Assault Response and Prevention program, we identified five common barriers to reporting incidents of sexual harassment and assault, including fear of not being believed. Further, we found that these barriers generally align with common reporting barriers identified outside of the military. See GAO, Sexual Harassment and Assault: The Army Should Take Steps to Enhance Program Oversight, Evaluate Effectiveness, and Identify Reporting Barriers, GAO-22-104673 (Washington, D.C.: May 27, 2022).
through the military health system in some cases.\textsuperscript{66} Acknowledging concerns about racial and ethnic disparities in the military health system, in 2022 DOD directed the Defense Health Board—an independent advisory committee to the agency—to make recommendations to address the concern.

In addition to the DOD study, DOD developed its Military Equal Opportunity (MEO) policy to help address discrimination.\textsuperscript{67} The relevant DOD Instruction states that the MEO policy ensures that members of the military are treated with dignity and respect and are afforded equal opportunity in an environment free from prohibited discrimination.\textsuperscript{68} The policy includes procedures for processing allegations of discrimination and prohibits retaliation for reporting.\textsuperscript{69} It also aims, through training and appropriate accountability, to prevent discrimination from occurring.\textsuperscript{70}

Implementing MEO policies falls to the military services, and DOD’s Office for Diversity, Equity, and Inclusion (ODEI) is responsible for promoting diversity DOD-wide. Each of the four military services has an


\textsuperscript{67}Department of Defense Instruction 1350.02, \textit{DOD Military Equal Opportunity Program} (Dec. 20, 2022). In addition to its MEO policy, DOD also has the following related policies: Department of Defense Instruction 1020.05, \textit{Diversity and Inclusion Management Program} (Sept. 9, 2020); Department of Defense Directive 1020.02E, \textit{Diversity Management and Equal Opportunity in the DOD} (June 8, 2015) (incorporating change 2, effective June 1, 2018); and Department of Defense Directive 1440.1, \textit{The DOD Civilian Equal Employment Opportunity (EEO) Program} (May 21, 1987) (incorporating through change 3, Apr. 17, 1992; certified current as of Nov. 21, 2003). For our review of these policies, see GAO, \textit{DOD Civilian Workforce: Actions Needed to Analyze and Eliminate Barriers to Diversity}, GAO-23-105284 (Washington, D.C.: June 21, 2023).

\textsuperscript{68}The DOD Instruction cites prohibited discrimination on the basis of race, color, national origin, religion, sex (including pregnancy), gender identity, or sexual orientation.

\textsuperscript{69}DOD’s MEO policy does not specifically address discrimination at medical facilities, but a DOD official told us that reserve component members experiencing discrimination in these settings would follow the complaint process outlined in the MEO policy.

\textsuperscript{70}DOD Instruction 1350.02(1.2)(a)(3).
MEO policy that covers reserve component members. DOD’s MEO policy requires ODEI and the military services to oversee programs that help ensure that the policies are working as intended to help prevent discrimination. For example, robust oversight may help ensure that complaints of discrimination in medical settings are addressed, leading to fewer incidences of discrimination in the future. This in turn could give service members more confidence that they will be treated fairly if they report an injury. And it may mitigate the challenge stakeholders identified—that medical bias negatively impacts reserve component members’ ability to prove their eligibility for disability compensation.

ODEI is required to provide an annual report that includes aggregated data related to MEO prohibited discrimination complaints. According to ODEI officials, ODEI plans to release its first such annual report, which was under internal review as of May 2023. The report is expected to include: (1) an aggregation and assessment of information and data provided by the military services; (2) information regarding DOD efforts to improve MEO complaint, prevention, and response policies and procedures; and (3) recommendations to strengthen MEO complaint, prevention, and response efforts, if appropriate.

Nonetheless, we found two shortfalls in the military services’ and ODEI’s oversight of MEO policies and programs. These shortfalls could worsen the challenge that stakeholders identified pertaining to medical bias and its impact on disability compensation eligibility.


72DOD Instruction 1350.02(9.2).

73Examples of data military services are required to submit to ODEI include: (1) the number of complaints substantiated and unsubstantiated (formal and anonymous); (2) the demographics (e.g., race/ethnicity, gender, and pay grade) of the complainant and alleged offender; (3) the disposition of substantiated complaints, including no action, non-judicial punishment, discharge in lieu of court-martial or other adverse action, adverse administration action, court-martial.
Military service assessments. DOD policy requires the military services to assess reserve component MEO programs biennially.74 When we asked how the military services comply with this biennial policy requirement, military service or reserve component officials provided a variety of responses. (See table 5.) For example, they told us that three of six reserve components conducted inspections of their MEO programs using checklists, and one component plans to implement such inspections.

Table 5: How Military Officials Reported Complying with the Requirement to Biennially Assess Reserve Component Military Equal Opportunity (MEO) Programs

<table>
<thead>
<tr>
<th>Reserve Component</th>
<th>Recent biennial assessments</th>
<th>Plans for ongoing compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One-time Inspector General (IG) reviews</td>
<td>Inspections guided by checklists</td>
</tr>
<tr>
<td>Army Reserve</td>
<td>X</td>
<td>X&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Army National Guard</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Air Force Reserve</td>
<td>—&lt;sup&gt;b&lt;/sup&gt;</td>
<td>X</td>
</tr>
<tr>
<td>Air National Guard</td>
<td>—&lt;sup&gt;b&lt;/sup&gt;</td>
<td>X</td>
</tr>
<tr>
<td>Navy Reserve</td>
<td>X</td>
<td>—</td>
</tr>
<tr>
<td>Marine Corps Reserve</td>
<td>X</td>
<td>—</td>
</tr>
</tbody>
</table>

Legend:
X = used
— = not described as used

Note: Department of Defense Instruction 1350.02 establishes MEO policies, including the requirement for biennial assessment. DOD Military Equal Opportunity Program, Department of Defense Instruction 1350.02 (December 20, 2022).

<sup>a</sup>In a 2021 report, the Army Reserve IG recommended that Army Reserve improve its internal inspections of MEO programs. According to an official from the IG, the IG will check whether the recommendation has been implemented when it conducts a follow-up inspection.

<sup>b</sup>Air Force officials did not report using their one-time IG report to comply with the biennial assessment requirement, but its IG did complete such a report.

Differences in how the military services comply with the biennial assessments may reflect a lack of clarity in the policy. Specifically, officials from the Marine Corps said the DOD instruction does not provide guidance on how the assessment should be completed nor clear criteria of what the assessment should contain. When we brought the services’ different approaches to ODEI officials’ attention, they stated that the military services are not consistently assessing MEO programs. For

<sup>74</sup>DOD Instruction 1350.02(2.8)(g).
example, National Guard Bureau officials told us that Army National Guard’s policy requires data submissions as a form of oversight. Moreover, officials from the Navy Reserve told us they plan to submit data to ODEI in the future. ODEI officials told us submitting data does not appear to comply with the biennial MEO assessment requirement but said they would need to further investigate.

Furthermore, officials from Army Reserve, Navy, and Marine Corps told us they have met the biennial assessment requirement through one-time inspector general reviews, which were conducted in 2020 or 2021. However, we found that these reviews were not designed to provide ongoing oversight. Specifically, none of the officials we spoke with said these inspector general reviews were going to serve as the basis for ongoing compliance. For example, two military services conducted these reviews in response to a Secretary of Defense memorandum requiring inspectors general to conduct a one-time review.

In addition, ODEI officials told us that the biennial assessments must be done along the six elements of a Model MEO Program. We found that those six elements are established in a separate provision of DOD’s MEO policy than the biennial assessment requirement, and the biennial assessment requirement does not refer to them. ODEI officials acknowledged that several areas of the policy are unclear. Specifically, they said that the policy provides few specifics about how to measure the

75According to the policy, these data reflect progress made in achieving equal opportunity readiness goals.

76The inspectors general from all four military services conducted these one-time reviews of reserve component MEO programs in 2020 or 2021. The reports varied in scope. Air Force, Navy and Marine Corps IG’s reports covered both the active and reserve components. The Army Reserve IG’s report covered the Reserve in-depth but did not cover the National Guard. However, Army’s IG is undertaking another review covering the active and reserve components. See United States Army Reserve Command Office of Inspector General, Inspection of the Military Equal Opportunity (MEO) Program within the United States Army Reserve (May 14, 2021); Department of the Air Force Inspector General, Equal Opportunity Office Review (Dec. 1, 2020); Naval Inspector General, Assessment of the Navy Harassment Prevention and Military Equal Opportunity Office (Aug. 28, 2020); and Inspector General of the Marine Corps, Assessment of the Effectiveness of the Marine Corps Equal Opportunity Program (Jan. 19, 2021).

77Secretary of Defense Memorandum, Immediate Actions to Address Diversity, Inclusion, and Equal Opportunity in the Military Services (July 14, 2020).

78DOD Instruction 1350.02(3.2). The six elements are: (1) Demonstration of Leadership Commitment; (2) Evaluation of Effectiveness and Efficiency; (3) Integration of MEO into Strategic Mission; (4) Management and Program Accountability; (5) Prevention and Response; and (6) Compliance.
six elements of a Model MEO Program. For example, they told us that the dimension *Demonstration of Leadership Commitment* is somewhat vague and open to interpretation.

ODEI officials told us that they have begun to consider ways to better define what a biennial assessment should cover. However, they did not provide us with evidence that this effort is underway. Standards for internal control in the federal government state that management should define objectives in specific and measurable terms to enable it to identify risks to achieving those objectives. Clearer policies would improve the oversight environment for MEO policies and programs. This, in turn, may give reserve component members greater assurance that any complaints of discrimination will be addressed fairly and promptly, thereby facilitating reserve component members' access to medical documentation to support a disability compensation claim.

**ODEI compliance reviews.** In addition, ODEI is required to conduct compliance reviews of the DOD Component MEO policies and programs. According to DOD's MEO policy, these compliance reviews should “assess:

1. Impartiality, timeliness, and sufficiency of MEO prohibited discrimination complaints.
2. Timeliness and sufficiency of feedback provided to complainants.
3. Effectiveness of policies and programs in reducing incidents of MEO prohibited discrimination and providing appropriate complainant services, care, and support.”

Officials from ODEI told us they had not conducted these compliance reviews, citing staffing and funding limitations. They said that they now have additional resources and that they are planning to conduct a review in the future, but they did not provide a concrete time frame to do so. By performing oversight, ODEI can better ensure that MEO programs function as they are intended—to prevent and respond to incidents of discrimination. As we describe above, such assurance could give certain service members, including reserve component members, greater confidence that they will be supported if they report an incident of discrimination. Such an environment would help prevent medical bias

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79GAO-14-704G.

80Department of Defense Instruction 1350.02(2.6)(d). DOD components include the military services.
from occurring and facilitate reserve component members’ ability to obtain the medical documentation necessary for a future disability compensation claim.

During the Disability Compensation Claim Process, Documentation That Demonstrates Reserve Component Members’ Eligibility May Be Incomplete or Hard to Find

Gaps Exist in Military Services’ Planning for a New Form That Will Document Reserve Component Members’ Duty Status

Twelve of 15 stakeholders said reserve component members face challenges accessing disability compensation because they generally do not receive a comprehensive document showing their dates of duty and duty status, such as the DD Form 214.81 Specifically, three stakeholders said that the lack of a DD Form 214 makes it difficult for reserve component members to establish service connection as part of their disability compensation claims. Active component members can use their DD Form 214 to prove they were on duty when they developed a health condition. According to one advocacy group, the DD Form 214 is the “gold standard” for demonstrating military service. However, reserve component members generally do not receive one for drill weekends, 2-week annual trainings, or certain periods of active duty lasting 30 days or less.

Although DOD and the military services have begun to address this challenge, we identified gaps in military service planning. Specifically, in response to a requirement in the National Defense Authorization Act for Fiscal Year 2020, DOD issued a policy to create the DD Form 214-1. This form will be a new standard record of service for reserve component members that will list all periods of active duty, including the 2-week

81 Twelve stakeholders said it was a major (8) or moderate (4) challenge, and three said it was a minor challenge.
annual training.\(^{82}\) With the new policy, all newly-separated reserve component members will receive the form, and any length of active duty will be documented. In the policy, DOD put parameters around how the new form is to be implemented and established a deadline of February 2025 for implementation and issuance. However, according to a DOD official, the military services have significant discretion in how they implement the form.

This DOD official told us the efforts to roll out the new DD Form 214-1 are complex, as there are intricacies in the different military service data systems and each service has specific procedures for issuing, storing, and transferring DD Form 214s. According to information from the military services, the project involves multiple moving parts, including policy updates, systems upgrades, and involvement by several stakeholder groups. For example, Air Force officials described to us challenges with auto-populating the DD Form 214-1, and at least two services are developing or refining automated systems. In addition, the documents and interviews show that for two military services, the DD Form 214-1 project is tied to implementation of larger human resource systems.

Even with the importance of this form and the complexity involved with implementing it, the military services each began the project without fully applying many sound planning practices. Our prior work has identified key practices of sound planning relevant to project success.\(^{83}\) These sound planning practices call for developing project plans to provide a road map for systematic project execution. Using such practices provides a realistic representation of the time and resources needed for these projects and the means by which to gauge progress, identify and address potential problems, and promote accountability. While these practices may be

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\(^{82}\)Section 570 of the National Defense Authorization Act for Fiscal Year 2020 required that DOD create a standard record to account for reserve component service. DOD put forth the requirements for the new DD Form 214-1 in policy issued in February 2022. Department of Defense, DOD Instruction 1336.01 Certificate of Uniformed Service (DD Form 214/5 Series) (Feb. 17, 2022). However, the new form will not include dates of inactive duty for training and according to a DOD official, implementation of the form will not be retroactive. We discuss other methods to document duty status, including during drill weekends, in the next section.

\(^{83}\)GAO, VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization, GAO-12-846 (Washington, D.C.: Sept. 10, 2012). Although there is no established set of requirements for all plans, sound planning practices are important because they define what organizations seek to accomplish, identify specific activities to obtain desired results, and provide tools to help ensure accountability and mitigate risks.
organized in a variety of ways and use different terms, for the purposes of this report, we grouped them into six categories. (See table 6).

Table 6: Six Elements of Sound Planning GAO Used to Evaluate Military Services’ Efforts to Implement DD Form 214-1

| 1. Problem, goals, and methodology | In establishing the problem, goals, and methodology, the agency identifies the problem to be addressed and the causes of the problem, as well as the strategy, including goal and objectives, and the methodology for achieving these goals and objectives. |
| 2. Resources | The agency should identify the sources and types of resources or investments needed (e.g., budgetary, human capital, information technology, research and development, contracts) to complete project activities. If resource availability cannot be assured, the agency will need to establish alternate plans. The agency should develop a reliable estimate of the costs of these resources. |
| 3. Activities and timelines | An agency should identify and document the specific activities that must be performed to complete the project. The agency should develop a schedule that defines, among other things, when work activities will occur, how long they will take, and how they are related to one another, as well as interim milestones and checkpoints to gauge the completion of the project. |
| 4. Roles, responsibilities, and coordination | The agency should identify stakeholders—individuals and organizations that are involved in or may be affected by project activities—and ensure that they are included in developing and executing the project plan, allowing them to contribute appropriately. In addition to internal communications, management should ensure there are adequate means of communicating with, and obtaining information from, external stakeholders that may have a significant impact on the agency achieving its goals. |
| 5. Risk | Risk assessment generally includes estimating the significance of risks from both external and internal sources, assessing the likelihood of their occurrence, and deciding how to manage the risks. |
| 6. Performance management | The agency should describe how goals will be achieved and establish performance indicators to be used in measuring or assessing the relevant outputs, service levels, and outcomes of each program activity, and identify a process to monitor and report on progress. |


We found that all four military services applied at least one of the relevant practices. For example, Army, Air Force, Navy, and Marine Corps developed goals and a process for implementing the form. However, Air Force was the only military service that had fully established roles, responsibilities, and methods for coordination. In addition, only Navy could provide information on how the DD Form 214-1 rollout would be funded.

Additionally, when we requested detailed project or implementation plans, we received high-level time frames or descriptions that did not contain sufficient information to provide a realistic representation of the time needed to complete activities for rolling out the DD Form 214-1. The project plans also did not contain rigorous risk assessments, although Air Force officials told us they had identified two risks and mitigated them.
For example, they said that to limit unforeseen obstacles that those who interface with the form may face, they will implement rigorous pre-production testing of system changes.

Finally, the plans did not fully document how the military services will monitor their performance, although some officials described plans to do so through software testing and ongoing planning. For example, according to Air Force officials, they have used Agile software development, which is focused on incremental and rapid delivery of working software in small segments.84 Specifically, they told us they plan to test software iterations to ensure that they meet customer needs, consistent with best practices in Agile development.85 However, contrary to best practices in Agile development, Air Force officials told us they have not developed an implementation plan or road map to help monitor progress.86

Table 7 shows the extent to which the military services applied sound planning practices to the rollout of DD Form 214-1.

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84An Agile method includes, among other activities, rolling-wave planning in which near-term work is planned in detail and all future work is identified at a high level. It also includes processes for ensuring that the software meets customer needs. See GAO, Agile Assessment Guide: Best Practices for Agile Adoption and Implementation, GAO-20-590G (Washington, D.C.: Sept. 28, 2020).

85Best practices in Agile development call for teams to continually test and validate software iterations to ensure that they meet customer needs. One process agencies can use for meeting customer needs is acceptance testing, which is formal testing to determine whether or not a piece of the product satisfies acceptance criteria agreed to by the customer. See GAO-20-590G.

86Best practices in Agile development call for a high-level plan that outlines a set of releases and the associated features needed in a completed system. This plan—also referred to as a road map or vision—should be continuously revised as the plan evolves. Agile best practices also note that well-defined road maps are a key tool for ensuring that the software aligns with program goals and meets stakeholder needs. See GAO-20-590G.
Table 7: Extent to Which the Military Services Applied Sound Planning Practices to Implement the DD Form 214-1 Requirement, as of Early 2023

In 2019, Congress required the Department of Defense (DOD) to create a standard record to account for Reserve and National Guard service—the DD Form 214-1. DOD gave the four military services significant discretion in how to implement the form.

<table>
<thead>
<tr>
<th>Sound planning practice category</th>
<th>Army</th>
<th>Air Force</th>
<th>Navy</th>
<th>Marine Corps</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem, goals, and methodology</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Generally, the military services will take a two-pronged approach to implement the DD Form 214-1, involving policy changes and systems upgrades. Officials from all four services explained their process for systems upgrades.</td>
</tr>
<tr>
<td>2. Resources</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>Navy officials told us that costs associated with the new DD Form 214-1 would be paid through the budget for Navy’s human resources systems upgrade but did not specify which resources are dedicated to DD Form 214-1 functionality. The other services did not indicate how they would fund these projects, although we asked on more than one occasion.</td>
</tr>
<tr>
<td>3. Activities and timeline</td>
<td>○</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>The military services identified some key activities but did not develop detailed project plans to guide implementation and monitor progress toward delivering the DD Form 214-1.</td>
</tr>
<tr>
<td>4. Roles, responsibilities, and coordination</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>All the military services identified which internal groups would be responsible for implementing the DD Form 214-1. However, Army, Navy, and Marine Corps did not always assign individuals from those internal groups, identify their roles, or specify how individuals would coordinate. Air Force identified specific officials who are responsible for the rollout and provided a robust description of coordination occurring at working group meetings.</td>
</tr>
<tr>
<td>5. Risk</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>Air Force officials described some risks and possible mitigation strategies for implementing the DD Form 214-1, but none of the military services had documented a systematic risk assessment.</td>
</tr>
<tr>
<td>6. Performance management</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>Air Force and Navy officials explained how they plan to manage the project’s performance, such as through testing software changes and meeting regularly to organize work. However, neither Air Force nor Navy developed an implementation plan or road map to help monitor progress.</td>
</tr>
</tbody>
</table>
Marine Corps told us that they already have a significant amount of infrastructure in place to implement the form. However, developing and documenting comprehensive plans consistent with sound planning practices would better ensure that the military services are able to guide and monitor progress toward meeting the 2025 deadline. If the deadline is missed, reserve component members who separate after that date will be delayed in receiving a key document that could help them—and VA claims processors—prove eligibility for disability compensation benefits.

For VA to approve a disability compensation claim, it must include evidence that demonstrates the disability is service-connected. This evidence includes medical records documenting a health condition that began or worsened during service and is connected to a current disability. Reserve component members’ claims must additionally include service records demonstrating that they were on duty when their health condition developed. Some possible sources of this evidence are listed in table 8.

| Table 8: Examples of Records That May Be Needed for VA Disability Compensation Claims |
|-----------------------------------|-----------------------------------|
| **Medical records** | **Service records** |
| Medical records documenting a current disability, the initial incident that caused the disability, and a clear connection between the two (such as persistent symptoms over time). Records with this information may include: | Service records documenting a service member’s duty status when the initial incident occurred that caused the disability. Records with this information may include: |
| • Service treatment records for military outpatient visits | • Active duty: |
| • Military hospital inpatient records | • DD Form 214 |
| • Private medical provider records | • Active or Inactive duty for training: |
| | • Detailed annual retirement points statements, which list service creditable toward retirement by date and duty status |
| | • Pay stubs |
| | • Orders for annual training |
| | • Military Line of Duty determination that the reserve component member was on duty when the injury occurred |

While the implementation of the DD Form 214-1 discussed above will help document reserve component members’ active-duty service, it will not document drill weekends. As such, many reserve component claims will need additional records documenting service dates.

When a disability compensation claim is missing documentation, VA has a statutory duty—known as the duty to assist—to collect certain evidence...
needed to support the claim. A VSR is assigned to conduct this search for each claim and may receive assistance from other claims processors who specialize in searching for military medical records.

However, documentation of reserve component members’ medical treatments and their duty status on the date of an injury can be hard to find, according to 13 of 14 stakeholders. They described several reasons why reserve component members’ medical and service records may be hard to find, including the following.

- **Scattered.** Six stakeholders and three claims processors told us that when reserve component members change units or locations, such as when deploying or switching from an active to a reserve component, their records may not follow them to their next unit. Additionally, National Guard records may be kept at state National Guard headquarters. As a result, records may be scattered across multiple locations. Further, three claims processors told us that veterans may not remember the units in which they served.

- **Lost.** Five stakeholders and four claims processors said that reserve component records are often missing. Two stakeholders and a claims processor said records may get lost because they were housed at military units that have moved to another location or no longer exist. One claims processor also told us that units often send the records to the wrong place, and one stakeholder said records may have been destroyed. Additionally, a claims processor told us service members may not have kept their copies of documents demonstrating their duty status because they assume VA already has this information. VA officials told us no guidance instructs reserve component members on the evidence they should submit to document their duty status.

- **Never existed.** Two stakeholders and three claims processors told us reserve component members’ deployment locations may never have

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8738 U.S.C. § 5103A.

88In this report, we use the term “claims processors” to include VSRs, RVSRs, and Program Support Assistants in VBA’s Centralized Support Division. VSRs determine whether the veteran has qualifying service and gather evidence to support the claim. Certain VSRs—Authorization Quality Review Specialists—review the work of other VSRs. RVSRs determine whether the veteran’s disability is service-connected. Program Support Assistants work with DOD staff to obtain service treatment records from reserve component units. We spoke with all four types of claims processors.

89Thirteen stakeholders said it was a major (10) or moderate (3) challenge, and one said it was a minor challenge. One stakeholder did not have sufficient knowledge of the issue to rate it and was removed from this tally.
been recorded. Four stakeholders also said that some locations do not have medical facilities, limiting their ability to record documentation of injuries.

- **Older records.** Three stakeholders and three claims processors said these issues are compounded for older service members’ records. A claims processor said that older records are still stored on paper and more challenging to locate. One stakeholder said older records are less detailed and sometimes illegible, and another said that older units are more likely to be gone now.

Over the years, VBA and DOD have taken actions that may help facilitate claim processors’ searches for records. (See table 9.)

<table>
<thead>
<tr>
<th>Stakeholder-identified challenge</th>
<th>Documentation</th>
<th>Agency action related to the challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ten of 13 stakeholders told GAO that obtaining records from civilian medical providers can be challenging. For example, a VA official said service members may not remember or be able to locate all the providers they saw for their condition.</td>
<td>Civilian medical records</td>
<td>VA instituted the Private Medical Records Retrieval program in 2014 to gather private medical records. VA officials told GAO that it became more successful over time and now gathers 82 to 89 percent of requested documents.</td>
</tr>
<tr>
<td>Thirteen of 14 stakeholders said it can be hard to find documentation of reserve component members’ medical treatments and their duty status on the date of an injury.</td>
<td>Military medical records</td>
<td>DOD is implementing a new electronic medical records system called GENESIS that will include all future military medical records and some private records, according to DOD officials. DOD expects the rollout to be completed worldwide by March 2024.</td>
</tr>
<tr>
<td>Military medical records</td>
<td>In 2014, the military services began scanning and uploading service members’ service treatment records. VA’s data system automatically obtains copies of these records when a claim is filed. One claims processor told GAO that this automation has made locating medical records much easier.</td>
<td></td>
</tr>
<tr>
<td>DD Form 214</td>
<td>According to VA guidance, claims processors have ready access to data from DD Form 214, which documents active-duty service. The new DD Form 214-1 will document active duty and active duty for training that occurs after the form is rolled out (planned for February 2025).</td>
<td></td>
</tr>
<tr>
<td>Military personnel files</td>
<td>According to VA officials, claims processors have access to scanned copies of military personnel files, generally within 24 hours after requesting them. Claims processors must still manually sift through the documents to find documentation of duty status and dates of service, which could include pay stubs, orders, annual pay reports, or retirement statements.</td>
<td></td>
</tr>
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</table>
Ten of 13 stakeholders told GAO VA staff may be unfamiliar with issues specific to reserve component members’ service and documentation. For example, three stakeholders said claims processors may not know what records, besides a DD Form 214, can document duty status.

Documentation of duty status

VA officials told GAO they are rolling out a new training program for claims processors in 2022-2024. Claims processors will complete a diagnostic assessment to identify their developmental needs. They will be assigned an individualized learning plan based on these assessments to help them fill gaps in their knowledge.

Additionally, in 2017 and 2022, VA added additional sources of duty status information to its guidance for claim processors.

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</tr>
</tbody>
</table>

Note: Fifteen selected stakeholders identified and rated the impact of 15 challenges reserve component members may face accessing disability compensation. GAO reports the number of stakeholders who identified each challenge (e.g., rated its impact as major or moderate) out of those who rated it. Tallies omit stakeholders who indicated they did not have sufficient knowledge of the issue to rate it.

Ten stakeholders said it was a major (4) or moderate (6) challenge, one said it was a minor challenge, and two said it was not a challenge. Two stakeholders did not have sufficient knowledge of the issue to rate it and were removed from this tally.

Thirteen stakeholders said it was a major (10) or moderate (3) challenge, and one said it was a minor challenge. One stakeholder did not have sufficient knowledge of the issue to rate it and was removed from this tally.

According to VA guidance, medical records from the mid-1990s through 2013 are now being scanned as well. Claims processors can access these records as they are scanned.

Ten stakeholders said it was a major (7) or moderate (3) challenge, and three said it was a minor challenge. Two stakeholders indicated they did not have sufficient knowledge of the issue to rate it and were removed from this tally.

Even with these actions, all four types of claims processors we spoke with told us they do not have ready access to reserve component members’ dates of drill weekends or annual training. To document the dates of service on these types of duty status, VBA’s internal guidance instructs claims processors to use the veteran’s detailed retirement points statement for the year in question. However, VBA’s guidance does not explain how claims processors can find this statement, and a VA official told us they may have to look in several places. When claims processors find the correct statement, one RVSR told us that it is often difficult to understand. He said he once incorrectly granted a service connection to a National Guard member who was ineligible. He had relied on the member’s retirement points statement, which he said did not clearly state that the member had been serving on state orders when injured. If claims processors cannot verify a reserve component member’s duty status on

90Retirement points statements summarize reserve component members’ service that is creditable toward retirement. Annual detailed statements list the points credited each year by date and duty status.
the date of the injury, VBA guidance instructs them to administratively deny the disability claim before any medical evidence is reviewed.91

DOD and VA officials provided differing reasons that claims processors do not have ready access to duty status data. DOD payroll officials told us that data on service members’ duty status and service dates was available and could be regularly transmitted to VA claims processors. However, VA would need to request the data needed. DMDC officials told us such an effort would increase the amount of data transmitted to VA from 12 to 48 data points per service member per year.92 They recognized the benefits of these data but were concerned that transmitting these data would be a major expansion of the amount of data shared. VA officials said they were not aware that such data transmission was a possibility but would look into it. They also stated that VA’s current process of verifying duty status has proven effective and that retirement points statements are normally included in personnel files.

Nonetheless, all four types of claims processors we spoke with said gaps in personnel files often exist and that military units rarely have any additional information. One claims processor said claims involving drill weekends were the most challenging to process, due in part to missing duty status data.

VA’s 2022-2028 strategic plan aims to enhance the exchange of personnel data with DOD to ensure immediate access to reliable and accurate data needed to determine eligibility for benefits.93 Working with DOD to provide claims processors with ready access to reliable data on reserve component members’ service dates and duty status would be consistent with this aim. It would enable VA to grant veterans more service connections for disabilities, according to one RVSR. Furthermore, ensuring that VA claims processors have ready access to these data could help VA fulfill its duty to assist reserve component members with obtaining support for their disability claims.

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92Specifically, DMDC officials told us VA receives one data point per month for each reserve component member—number of drills attended. However, they noted that reserve component members typically perform four drills per month over 2 days. If VA were to receive a data point for each of these drills, it would amount to 48 per year.

Eleven of 13 stakeholders told us that VA claims processors may not have time to sufficiently search for reserve component members’ records. As described above, processing claims from reserve component members may take more time due to difficulties locating their medical or duty status records, according to stakeholders and claims processors.

VBA’s performance management system gives VSRs points for accomplishing claim processing tasks. Point values vary depending on how much time the task historically has taken, according to VBA officials. If VSRs take longer than average to complete a task, it can affect their overall performance rating. VSRs earn more points for complex or time-consuming tasks, such as characterizing the nature of a claimant’s service. They can also request extra time from their supervisor on a case-by-case basis for tasks that take more time than anticipated.

However, the performance management system does not give extra points for reserve component claims, even though VA officials and training documents indicate such claims may require additional time. Without extra credit, three claims processors told us that VSRs feel they must rush through reserve component claims and that this time pressure may cause some VSRs to miss or skip steps. This indicates that the time pressure may also work against another performance standard for VSRs: high-quality work that leads to accurate claims decisions. One claims processor described it as a balancing act between quality and efficiency.

In fiscal year 2022, VBA quality reviews found that 10 percent of VSRs

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94 Eleven stakeholders described this as a major (6) or moderate (5) challenge, and two said it was not a challenge. Two stakeholders indicated they did not have sufficient knowledge of the issue to rate it and were removed from this tally.

95 Service members with a dishonorable discharge generally are not eligible for disability compensation. 38 U.S.C. §§ 1110, 1131. VBA guidance instructs VSRs to conduct their own characterization of a claimant’s discharge under certain circumstances.

96 VA officials told us reserve component service treatment records typically take longer to gather from DOD. Also, VBA’s training curriculum requires VSRs to take courses on determining veteran status and obtaining service records. Both trainings focus on reserve component claims. The section on reserve component service treatment records says they can be more complex to obtain than active component records and may be in several locations.
failed to request all pertinent personnel records from the military services for the claims reviewed.\(^{97}\)

VBA officials told us no extra points are awarded for reviewing reserve component members’ claims because (1) this issue was not raised as an area of concern in previous reviews of the performance standards and (2) VBA had not studied reserve component claims to determine if they were more complex or time-consuming than other claims. However, during the course of our review, VA’s 3-year cycle for reviewing performance standards began and VBA officials told us they decided to include reserve component claims as part of the review. They expect any resulting updates to the performance management system to be implemented in 2024.\(^{98}\)

DOD and VA Have Not Monitored Claim Approval Rates to Assess Any Additional Actions Needed to Address Challenges

We found that VA has not specifically monitored disability compensation approval rates of reserve component members or compared them to those from the active components. Moreover, VA and DOD officials told us neither department has recently assessed the challenges that reserve component members face in accessing disability compensation.\(^{99}\) When we initially contacted the departments about our study, neither one was aware of any difference in claim approval rates between the active and reserve components.

VA and DOD both have goals in their strategic plans to make evidence-based decisions and to deliver high-quality services. Further, their joint strategic plan includes a goal for an integrated approach to delivering benefits. In addition, federal standards for internal control require agencies to conduct monitoring activities and to use quality information to

\(^{97}\)VBA guidance requires monthly individual quality reviews of an average of three randomly selected claims processed by each VSR and RVSR. The reviewer follows a checklist to assess the actions taken or that should have been taken on each claim. See Department of Veterans Affairs, *Veterans Benefits Manual*, M21-4, chapter 6.5 (Washington, D.C.: July 14, 2023). VBA provided us with data on the percentages of VSRs who made certain errors in fiscal year 2022.

\(^{98}\)VBA officials told us they review the performance standards every 3 years. Reviews include feedback sessions with selected employees from VA’s regional offices chosen for their specialties or by their labor unions. The process takes over a year, depending on what VBA’s analysis finds, discussions with leadership, and labor union negotiations.

\(^{99}\)A 2012 DOD report studied reserve component members’ access to DOD’s disability evaluation process. It suggested several possible factors that could contribute to reduced access, which mirrored some of our findings. Department of Defense, *Report of the Eleventh Quadrennial Review of Military Compensation* (Washington, D.C.: June 2012).
achieve objectives.

Monitoring reserve component members’ disability compensation claim approval rates and assessing information about related challenges would contribute to all of these goals. However, neither department plans to conduct such monitoring or assessment.

Our findings in this report show differences in approval rates between active and reserve component members. Stakeholders also identified a set of challenges that may diminish reserve component members’ access to VA disability compensation. VA officials told us that more information is needed to determine whether differences in approval rates are due to challenges, such as lack of documentation of injuries, or less exposure to the hazards of military service.

Accordingly, our findings provide VA an opportunity to build on our work by monitoring trends over time in claim approval rates of reserve component members compared to active component members. VA could regularly share this information with DOD. In turn, both departments could use this information to inform whether course corrections, additional interventions, or analyses are needed to address challenges facing reserve component veterans in accessing disability compensation. It is important that both VA and DOD actively use this information, because each has purview over policies and programs that affect reserve component members’ access to VA disability compensation.

Providing eligible veterans with VA disability compensation is a central part of the nation’s commitment to veterans. This obligation includes eligible members of the reserve components, who have increasingly been called upon to meet our nation’s national security needs. We found that VA approved reserve component claims at lower rates than active component claims. These differences increased for some groups and decreased for others when comparing components by demographic factors, such as military rank, race, and sex. However, incomplete data prevented a full understanding of these differences for certain populations within our study. Furthermore, VA lacks a mechanism to clearly and consistently communicate to federal and non-federal users the limitations of these data. Such a mechanism could help users of these data avoid analyzing unreliable data and drawing inaccurate conclusions from that data.

100 GAO-14-704G, principles 13 and 16.
Stakeholders identified a set of challenges that may affect whether reserve component members report and document health conditions that develop on duty. Reserve component members may not understand the importance of immediately reporting and documenting their injuries, among other issues, without DOD and VA working together to develop guidance. Once guidance is developed, both agencies have a role in ensuring the guidance is made prominently available to reserve component members. In addition, within DOD we found two shortfalls in ODEI’s oversight of programs intended to prevent and respond to incidents of discrimination: lack of clear policies for the military services and insufficient reviews of service MEO programs. Until DOD’s MEO policy is clarified and ODEI performs its required oversight of MEO programs, an environment exists where some reserve component members do not feel comfortable reporting health conditions. This negatively affects their access to documentation needed to prove eligibility for disability compensation.

A second set of challenges involves VA claims processors locating necessary documentation to support disability compensation claims. Documentation verifying reserve component members’ duty status when they were injured is necessary for a disability compensation claim to succeed. One potential source of duty status data will be a new DD Form 214-1, which the military services intend to implement by 2025. However, the services did not fully apply many sound project planning practices when planning to implement this new form. Developing and documenting plans that fully apply these sound practices would better ensure the military services are able to guide and monitor implementation of the DD Form 214-1. In addition, without ready access to duty status data from DOD, VA claims processors may be unable to locate documentation critical to claims’ success.

Overall, these challenges, along with the differences in approval rates we found between active and reserve component members, indicate that the one-third of our nation’s armed forces who serve in the reserve components may have diminished access to disability compensation compared to their active component counterparts. Our findings provide an opportunity for VA and DOD to build on our work. In particular, VA could begin monitoring claim approval rates of reserve component members compared to those of the active components. VA and DOD could both use this information to inform whether course corrections, additional interventions, or analyses are needed to address challenges facing reserve component members in accessing disability compensation.
Ultimately, more fully understanding these issues could help better ensure equitable access to benefits for reserve component members.

### Recommendations for Executive Action

We are making 14 recommendations: five to DOD, four to the military services, and five to VA.

- VA’s Under Secretary for Benefits should ensure that VBA develops a mechanism, such as a document that lists known reliability issues with VADIR, to better communicate to federal and non-federal users the limitations of its incomplete data, particularly the unreliable variables on military personnel records from before 1985. (Recommendation 1)

- The Secretary of Defense should work with the Secretary of Veterans Affairs to develop guidance, such as outreach materials, brochures, or trainings, which: (1) makes reserve component members aware of their potential eligibility for disability compensation under various duty statuses; (2) explains how reporting health conditions when they occur can affect subsequent eligibility for disability compensation; and (3) explains the importance of obtaining and maintaining sufficient documentation of duty status and medical treatment received. (Recommendation 2)

- The Secretary of Veterans Affairs should work with the Secretary of Defense to develop guidance such as outreach materials, brochures, or trainings, which: (1) makes reserve component members aware of their potential eligibility for disability compensation under various duty statuses; (2) explains how reporting health conditions when they occur can affect subsequent eligibility for disability compensation; and (3) explains the importance of obtaining and maintaining sufficient documentation of duty status and medical treatment received. (Recommendation 3)

- The Secretary of Defense should ensure that DOD’s reserve components make the guidance on reporting and documenting health conditions for the purposes of disability compensation prominently available to reserve component members. (Recommendation 4)

- VA’s Under Secretary for Benefits should make the guidance on reporting and documenting health conditions for the purposes of disability compensation prominently available to reserve component members. (Recommendation 5)

- The Secretary of Defense should ensure the Director of ODEI clarifies policies for military service assessments of their reserve component Military Equal Opportunity programs, to reduce medical bias, which in turn
could help improve reserve component members’ access to disability compensation. (Recommendation 6)

The Secretary of Defense should ensure the Director of ODEI conducts oversight reviews of the military services’ Military Equal Opportunity programs, in accordance with DOD policy, to reduce medical bias, which in turn could help improve reserve component members’ access to disability compensation. (Recommendation 7)

The Secretary of the Army should develop and document plans so the Army can implement the new DD Form 214-1 by February 2025. Such plans should fully apply sound planning practices, such as (1) identifying resources; (2) developing activities and timelines; (3) establishing roles, responsibilities, and coordination; (4) conducting a risk assessment; and (5) establishing performance management, such as goals and indicators to measure progress. (Recommendation 8)

The Secretary of the Air Force should develop and document plans so the Air Force can implement the new DD Form 214-1 by February 2025. Such plans should fully apply sound planning practices, such as (1) identifying resources; (2) developing activities and timelines; (3) conducting a risk assessment; and (4) establishing performance management, such as goals and indicators to measure progress. (Recommendation 9)

The Secretary of the Navy should develop and document plans so the Navy can implement the new DD Form 214-1 by February 2025. Such plans should fully apply sound planning practices, such as (1) identifying resources; (2) developing activities and timelines; (3) establishing roles, responsibilities, and coordination; (4) conducting a risk assessment; and (5) establishing performance management, such as goals and indicators to measure progress. (Recommendation 10)

The Secretary of the Navy should ensure the Commandant of the Marine Corps develops and documents plans so the Marine Corps can implement the new DD Form 214-1 by February 2025. Such plans should apply sound planning practices, such as (1) identifying resources; (2) developing activities and timelines; (3) establishing roles, responsibilities, and coordination; (4) conducting a risk assessment; and (5) establishing performance management, such as goals and indicators to measure progress. (Recommendation 11)
VA’s Under Secretary for Benefits should work with DOD to ensure VA claims processors have ready access to a reliable source of data verifying reserve component members’ dates of service and duty status. (Recommendation 12)

VA’s Under Secretary for Benefits should monitor differences in initial disability compensation claim approval rates between active and reserve component members, including trends over time, and use this information to inform whether course corrections, additional interventions, or analyses are needed to address challenges facing reserve component members in accessing disability compensation. (Recommendation 13)

The Secretary of Defense should ensure that that the Under Secretary of Defense for Personnel and Readiness, in consultation with VA’s Under Secretary for Benefits, uses information from VA about differences in initial disability compensation claim approval rates between active and reserve component members, including trends over time, to inform whether course corrections, additional interventions, or analyses are needed to address challenges facing reserve component members in accessing disability compensation. (Recommendation 14)

Agency Comments and Our Evaluation

We provided a draft of this report to DOD and VA for review and comment. See appendix III for DOD’s comments and appendix IV for VA’s comments. DOD and, where applicable, the Army, Air Force, and Navy, concurred with our recommendations. VA concurred with recommendation 3 and concurred in principle with recommendations 1, 5, 12, and 13. For all five recommendations aimed at VA, the department described steps it would take to address these recommendations.

In addition, VA provided a general comment as part of its comment letter, which we incorporated as appropriate. Specifically, VA commented that the term “veteran” is statutorily defined to mean a person who served in the active military, naval, air, or space service, and who was discharged or released under conditions other than dishonorable. Therefore, VA noted that service in the National Guard or Reserves does not automatically confer veteran status for VA benefit purposes. In response, we revised our terminology to clarify this point. VA further explained that reserve component members who have not served on active duty are not generally entitled to benefits for conditions with a delayed onset or that do not become disabling until after separation from service. We added this information to our report.
We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, the Secretary of Veterans Affairs, the Secretaries of the Air Force, Army, and Navy, and the Commandant of the Marine Corps. In addition, the report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.

Elizabeth H. Curda
Director, Education, Workforce, and Income Security Issues
Appendix I: Objectives, Scope, and Methodology

The research objectives of this report were (1) how did the Department of Veterans Affairs’ (VA) disability compensation and pension claim approval rates for members of the reserve components compare to those for members of the active components, from 2012 through 2021; (2) how did the frequency and severity of reserve component members’ service-connected disabilities compare with active component members; and (3) what stakeholder-identified challenges do reserve component members face in accessing VA disability compensation, and to what extent have the Department of Defense (DOD) and VA addressed them?

Analysis of VA Disability Compensation and Pension Claims

The Identifying Barriers and Best Practices Study Act contains a provision for GAO to compare active and reserve component members’ disability compensation and pension program claims and service-connected disabilities from 2008 through 2018.\(^1\) Due to reliability concerns about disability compensation claims data filed before 2012, and to make use of the most recent data available, we adjusted the timeframe to disability compensation claims filed from 2012 through 2021.\(^2\) We used two units of analysis: claims, analyzed in objective 1, and veterans, analyzed in objective 2.

Objective 1: Claim approval rates

For our first objective, we analyzed VA data on initial disability compensation and pension claims filed from 2012 through 2021.\(^3\) We excluded other types of claims, such as supplemental claims or appeals.\(^4\) We also excluded open claims that did not yet have final VA decisions for all disabilities claimed. We classified each claim for disability compensation as either approved (i.e., VA determined that at least one disability was service-connected) or denied (i.e., VA determined that no disabilities were service-connected). To isolate claims based on reserve component service, we classified veterans into two mutually-exclusive groups:

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\(^{2}\)We discuss our data reliability concerns in more detail later in this section.

\(^{3}\)Initial claims are service members’ first claims for disability compensation or pension benefits.

\(^{4}\)Claimants who are unsatisfied with the initial claim decision have various review options. Our analysis excluded these options: (1) supplemental claims, in which the claimant provided new evidence; (2) higher-level reviews, in which the claimant requested that a more senior VA claims processor review the claim; and (3) appeals, in which the claimant appealed to the Board of Veterans’ Appeals.
Appendix I: Objectives, Scope, and Methodology

- **Active component members**: service members who served in an active component at any point in their career, including those who may have also served in a reserve component.

- **Reserve component members**: service members who served in the National Guard or Reserves but never served in an active component.

We calculated claim approval rates (percentage of claims approved) for members of the active and reserve components. We also calculated claim approval rates according to the following characteristics of the service member who filed the claim:

- **most recent service branch**;
- **most recent rank**: junior enlisted (pay grade E1 through E4), mid-grade and senior enlisted (pay grade E5 through E9), officer (pay grade O0-O10), and warrant officer (pay grade WO1-WO5);
- **most recent period of wartime or peacetime service**;
- **race and ethnicity**;

---

5In appendix II, we further break out the reserve component members into two groups: those whose most recent service was in the Reserves, and those whose most recent service was in the National Guard. We also break out the active component members into those who only served in the active components and those who served in both the active and reserve components. It is possible that claims filed by some members of the active component group could be based on reserve component service, but no claims in the reserve component group are based on active component service.

6We excluded service members whose most recent reported service was from non-active military branches such as the U.S. Public Health Service or military academies.

7We grouped enlisted ranks into junior enlisted (military pay grades E1-E4) and mid-grade and senior enlisted (E5-E9) for clarity of reporting and to compare newer enlisted with more senior enlisted service members.

8In this report, we used the same racial and ethnic categories VA uses, which are based on the 1997 U.S. Office of Management and Budget standards on race and ethnicity. We categorized service members into six mutually-exclusive categories. "Hispanic" includes all service members who identified their ethnicity as Hispanic, regardless of race. We divided non-Hispanic service members into five racial groups: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. We did not report data on service members VA categorized as having multiple races, unknown race, or a race that did not fall into one of VA’s race and ethnicity groups. VA data did not include additional information on a specific racial or ethnic category for these service members.
Appendix I: Objectives, Scope, and Methodology

Objective 2: Service members with service-connected disabilities

- sex;\textsuperscript{9} and
- age in 2019.\textsuperscript{10}

For our second objective, we analyzed VA data on service members and their service-connected disabilities.\textsuperscript{11} To limit our study population to service members who could have filed claims during our study timeframes, we excluded those who died before January 1, 2012, or separated from the military after December 31, 2021. Due to data reliability concerns discussed later in this section, we also excluded service members who separated from the military before January 1, 1985. We analyzed the following by component (active and reserve):

- the number and percentage of service members who received disability compensation and pension benefits; and
- the number of service members VA determined had a service-connected disability and their most recent average combined disability ratings.\textsuperscript{12}

We also compared, by component, the number of service members who had been pilots, special operations forces (SOF) operators, or who held military occupations that likely required regular diving physicals, flight

\textsuperscript{9}VA’s data only includes binary sex categories for service members —male or female— and does not include data on transgender or non-binary service members.

\textsuperscript{10}We did not report service members born prior to 1930 or after 2000 as the number of claims filed by reserve component members born in those years was very small.

\textsuperscript{11}Unlike objective one, where we used claims as the unit of analysis, we used service members as the unit of analysis for objective two. When calculating percentages, the denominator was all service members in our study population, including those who did not file any claims.

\textsuperscript{12}VA provided each veteran’s most recent disability rating held from 2008 through 2021, regardless of when VA assigned that rating. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.
Appendix I: Objectives, Scope, and Methodology

physicals, or participation in the Personnel Reliability Program, DOD officials told us that DOD’s occupation data were unreliable before October 1, 2000, and provided a list of service members who held each of the above occupations as their primary occupation at any point between that date and December 31, 2021. We calculated:

- the number of service members from each component who held each of these occupations and had a service-connected disability from 2008 through 2021.
- the number of service members holding the above occupations whom VA determined had specific types of service-connected disabilities as part of claims submitted from 2012 through 2021. These disabilities were: musculoskeletal conditions, mental health conditions, presumptive conditions, post-traumatic stress disorder, and cancer.

Data Reliability

For objectives one and two, we collected data from several VA and DOD databases. We interviewed VA and DOD officials on the types of data they collected and could provide for our purposes. We initially asked VA and DOD to provide administrative data on service members who separated from service before 2022 and claims filed from 2008 through 2021.

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13The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of service-connected disabilities among service members who had held these occupations. The provision included service members who participated in the Personnel Reliability Program, which provides a mandatory certification of reliability for all personnel working with nuclear materials. See Department of Defense Manual 5210.42, Nuclear Weapons Personnel Reliability Program (Jan. 13, 2015). DOD did not have data on participants in the Personnel Reliability Program, but officials did give us a list of occupations that they said were likely to require participation in that program. Most of the occupations DOD identified were related to nuclear energy or weapons, but some were in other areas such as chemical weapons or missile operations. We refer to these occupations as nuclear-related occupations. Similarly, DOD officials identified occupations that likely required regular flight or diving physicals. We limited SOF occupations to operators because DOD officials told us they could not identify other SOF personnel. We refer to SOF operators as an occupation for brevity, but this category includes a group of occupations, including Navy SEALS, Army Rangers, and others.

14The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of musculoskeletal and mental health conditions among certain service members. Presumptive conditions are illnesses or diseases that VA presumes to be service-connected for the purpose of determining eligibility for disability compensation. See 38 C.F.R. § 3.309. We identified disabilities using VA’s diagnostic code numbers, which are established by regulation. Unlike the other disabilities we evaluated, cancers are not explicitly categorized in VA’s diagnostic code list, so VA officials provided us with a list of diagnostic codes they consider to be cancers.
To assess the reliability of data provided by VA, we reviewed VA’s data dictionaries to confirm we obtained the correct data, conducted electronic testing on the data to assess its accuracy and completeness, interviewed VA and DOD officials on any potential reliability issues with the data, and followed up with those officials on any data discrepancies we identified. To assess the reliability of data provided by DOD, we reviewed the computer code they used to fulfill our data request to ensure the data met our requirements. Our reliability testing yielded the following results. (See table 10.)

Table 10: Results of Data Reliability Testing on Selected Variables from VA and DOD Datasets

<table>
<thead>
<tr>
<th>Agency</th>
<th>Source of data</th>
<th>Variables assessed</th>
<th>Reliability determination</th>
<th>Reason, if unreliable</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>Corporate database</td>
<td>Claims, disabilities, demographics, and service characteristics</td>
<td>Reliable only for service members who left service on or after January 1, 1985, and claims filed after 2011.</td>
<td>Data on several key variables including military component unreliable for most years before 1985, based on service members’ date of separation. For claims, we found that about 305,000 claims (12 percent of our total) resulted in a disability compensation award but identified no claimed disability. As most of these claims were filed from 2008 through 2011, we limited our analysis to claims filed on or after January 1, 2012.</td>
</tr>
<tr>
<td>Beneficiary Identification Records Locator Subsystem</td>
<td>Service members’ demographic and service characteristics</td>
<td>Reliable only for service members who left service on or after January 1, 1985.</td>
<td>Data on rank (pay grade) unreliable for most years before 1985, based on service members’ date of separation.</td>
<td>VADIR was missing records for 19 percent of service members living in 2008 and separated from service before 2022. Almost all the missing records were for service members who separated from service before 1985 or who had no date of separation in the data. In addition, DOD officials told us that they avoid using VADIR data from before 1985, because that is the year DOD began receiving electronic personnel records from all military services, including the reserve component.</td>
</tr>
<tr>
<td>VA/DOD Identity Repository (VADIR)</td>
<td>Service members’ demographic and service characteristics</td>
<td>Reliable only for service members who left service on or after January 1, 1985.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We determined data on military occupations obtained from DOD to be sufficiently reliable for our purposes. However, data on service members’ military service and demographic factors from VA’s Corporate, BIRLS, and VADIR databases were partially unreliable due to missing records and data described in table 11. Without the missing records, we had no assurance that the data included the complete population of service members meeting our criteria.

To meet GAO data reliability standards, we performed additional data testing and determined that the records of service members who separated from service in 1985 or later were sufficiently reliable for us to conduct the full range of analyses in our methodology. Officials from DOD’s Defense Manpower Data Center (DMDC) told us they avoid using VADIR data before 1985, because DMDC did not finalize receiving electronic personnel records from the service branches until that year. Additionally, officials said the reserve components were the last to start sending their data to DMDC. As a result, we determined that VADIR data before 1985 is unreliable and revised our scope to include only service members who separated from service on or after January 1, 1985.

In addition, we found that about 305,000 claims, or 12 percent of the total number of claims filed, were associated with a disability compensation benefit award but no disability. Most of these claims were filed from 2008 through 2011. VA officials told us that for some older claims, VA’s data requirements at the time called for an approved disability to be associated only with the claimant’s most recent claim. If a claimant filed a second claim, the disability would be removed from the initial claim and included with the second claim. As a result, we deemed the data on claims filed from 2008 through 2011 to be unreliable. We removed them from our
Appendix I: Objectives, Scope, and Methodology

Scope of analysis and only analyzed claims filed from January 1, 2012, through December 31, 2021.

Objective 3: Stakeholder-Identified Challenges in Accessing VA Disability Compensation

For the third objective, we began by conducting a literature review to identify challenges affecting reserve component members’ access to disability compensation. However, we found very few relevant studies, and so we relied on interviews to identify these challenges. We selected 15 stakeholders, including three researchers and representatives from nine Veterans Service Organizations (VSO) and three veterans service providers. We selected these stakeholders based on their knowledge or direct work with service members with disabilities or from the reserve components, recommendations from other stakeholders, and other criteria, as shown in table 11. The perspectives of the stakeholders we interviewed are not representative of all service members, but nonetheless provide important insights from individuals knowledgeable about these challenges.

<table>
<thead>
<tr>
<th>Selection Criteria</th>
<th>Veterans Service Organizations (VSO)</th>
<th>Researchers</th>
<th>Service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Represent / work with reserve component members</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Represent / work with service members with disabilities</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Congressionally chartered and VA-recognized⁴</td>
<td>6</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Represent specific groups (e.g., women service members)</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Recommended by other stakeholders</td>
<td>6</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Published research on reserve component members</td>
<td>n/a</td>
<td>3</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Legend: n/a=criterion was not applied to group.
Source: GAO.

Note: Stakeholders included three researchers and representatives from nine VSOs, a county veterans office, a nonprofit veterans service provider, and a legal service provider. Most of the stakeholders met more than one of GAO’s criteria.

⁴Congressionally chartered veteran service organizations have been granted charters by Congress through the enactment of public laws. VA recognizes certain VSOs for the purpose of helping veterans with their claims.

⁵Specific veteran groups represented by stakeholders included: enlisted veterans, officers, Navy, Marines, National Guard, women, and underrepresented groups.

We interviewed stakeholders and four groups of VA claims processors about issues that may affect or limit reserve component members’ access...
Appendix I: Objectives, Scope, and Methodology

to disability compensation. We compiled a list of 15 issues that at least four interviewees had identified as challenges.

To obtain consensus on the degree to which the issues identified in our initial interviews were challenges, we sent stakeholders a questionnaire asking them to rate the impact of each (i.e., major, moderate, minor, or no impact). We systematically compiled their responses and present these results in this report. When we discuss each challenge, we report the number of stakeholders who identified it as a challenge (i.e., thought it had a major or moderate impact) out of those who rated it. Stakeholders had an option to indicate that they did not have sufficient knowledge of the issue to rate it. We omit those stakeholders from the tally for that challenge.

After stakeholders identified the challenges, we identified the actions DOD and VA have taken that may have helped address those challenges. The scope of this analysis included four DOD military services and six DOD reserve components. We analyzed agency documents including policies, reports, and training materials, and project plans. We also reviewed relevant federal laws, regulations, and executive orders. We interviewed officials who administer relevant DOD and VA programs and initiatives and officials from each military service and reserve component. We assessed DOD’s and VA’s actions against their internal policies and strategic plans; federal standards for internal control principles 13, 14, 15, and 16; and sound practices for project management identified in our previous work.

VA arranged for us to speak with claims processors from four geographically dispersed regional offices. We spoke with (1) three Veteran Service Representatives (VSR); (2) two VSRs who serve as Authorization Quality Review Specialists; (3); two Rating Veteran Service Representatives (RVSR); and (4) two Program Support Assistants from the Centralized Support Division.

For brevity, in this report we refer to challenges with a major impact as major challenges, with a minor impact as minor challenges, etc.

We did not include the Coast Guard Reserve in this analysis because it includes less than 1 percent of reserve component members and would not affect our overall analysis of common challenges. We also did not include the Space Force because it did not have a reserve component.

To evaluate actions DOD has taken to address challenges with documenting dates of service and duty status, we compared military service plans to implement the new DD Form 214-1 against sound planning practices.\textsuperscript{19} Two analysts independently rated whether each military service had generally applied, partially applied, or did not apply each sound planning practice. We gave a rating of “generally applied” if the military service followed most of the steps associated with the sound planning practice, leaving no significant gaps between the service’s actions and those called for by the practice. We gave a rating of “partially applied” if the military service had followed some of the steps associated with the sound planning practice but had not applied others, leaving significant gaps. We gave a rating of “not applied” if the military service had not substantively followed any of the steps associated with the sound planning practice. The scale was adapted from our prior work.\textsuperscript{20}

We conducted this performance audit from September 2021 through October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

\textsuperscript{19}GAO-12-846.

\textsuperscript{20}For more information about the scale, see GAO, VA Disability Benefits: Compensation Program Could Be Strengthened by Consistently Following Leading Reform Practices, GAO-22-104488 (Washington, D.C.: July 18, 2022).
Appendix II: Analysis of Department of Veterans Affairs Data

This appendix contains the results of our analysis of VA data on (1) 10.8 million service members who were living on January 1, 2012, and separated from service in the years 1985 through 2021; and (2) initial disability compensation and pension claims these members filed from 2012 through 2021. We divided service members into four mutually-exclusive groups for the purposes of this appendix:

- Active only: members who only served in the five active components (Air Force, Army, Coast Guard, Marine Corps, or Navy);¹
- Active and Reserve: members who served in both an active component and a reserve component (the Reserves or National Guard);
- National Guard only: members who never served in an active component and whose most recent service was in the Air National Guard or Army National Guard;
- Reserve only: members who never served in an active component and whose most recent service was in one of the five Reserves (Air Force Reserve, Army Reserve, Coast Guard Reserve, Marine Corps Reserve, or Navy Reserve).²

Table 12: Number and Percentage of Service Members Receiving VA Disability Compensation and Pension Benefits, by Military Service Component, 2008-2021

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Number of Service Members</th>
<th>Receiving Disability Compensation</th>
<th>Receiving Pension Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
</tr>
<tr>
<td>Active only</td>
<td>4,409,415</td>
<td>1,782,556 (40%)</td>
<td>13,174 (0.3%)</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>3,722,011</td>
<td>1,379,767 (37%)</td>
<td>19,310 (0.5%)</td>
</tr>
<tr>
<td>National Guard only</td>
<td>952,321</td>
<td>194,070 (20%)</td>
<td>4,544 (0.5%)</td>
</tr>
<tr>
<td>Reserve only</td>
<td>1,733,955</td>
<td>231,657 (13%)</td>
<td>7,302 (0.4%)</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data.  
Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” members never served in an active component. “Active only” members never served in the National Guard or Reserves. Analysis is limited to service members who were living on January 1, 2012, and separated from service from 1985 through 2021. Counts include veterans who received benefits at any point from 2008 through 2021.

¹We did not include the Space Force because our data only included one Space Force member. We did not report on groups with fewer than 10 members to ensure anonymity. For details on our methodology, see appendix I.

²In the main body of this report, the “active only” and “active and Reserve” groups are combined into “active component members.” The “National Guard only” and “Reserve only” groups are combined into “reserve component members.”
### Table 13: Number and Percentage of Service Members with Service-Connected Disabilities, by Military Service Component, 2008-2021

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Number with a Service-Connected Disability</th>
<th>Percentage with a Service-Connected Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active only</td>
<td>1,784,751</td>
<td>40</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>1,383,202</td>
<td>37</td>
</tr>
<tr>
<td>National Guard only</td>
<td>195,293</td>
<td>21</td>
</tr>
<tr>
<td>Reserve only</td>
<td>233,557</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. "National Guard only" and "Reserve only" members never served in an active component. "Active only" members never served in the National Guard or Reserves. Analysis is limited to service members who were living on January 1, 2012, and separated from service from 1985 through 2021. Disability counts include only service members who had a disability rating at any point from 2008 through 2021. VA assigns disability ratings to service members it determines have service-connected disabilities as part of disability compensation claims. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

### Table 14: Number of Veterans with Service-Connected Disabilities, by Most Recent Disability Rating and Military Service Component, 2008-2021

<table>
<thead>
<tr>
<th>Service Component</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active only</td>
<td>1,276</td>
<td>206,733</td>
<td>129,299</td>
<td>125,400</td>
<td>121,077</td>
<td>105,894</td>
<td>151,000</td>
<td>166,057</td>
<td>189,694</td>
<td>194,588</td>
<td>393,733</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>924</td>
<td>226,537</td>
<td>103,508</td>
<td>99,413</td>
<td>103,856</td>
<td>83,009</td>
<td>121,481</td>
<td>140,261</td>
<td>145,474</td>
<td>132,557</td>
<td>226,182</td>
</tr>
<tr>
<td>National Guard only</td>
<td>163</td>
<td>31,341</td>
<td>12,968</td>
<td>11,707</td>
<td>12,493</td>
<td>10,946</td>
<td>17,285</td>
<td>21,292</td>
<td>21,145</td>
<td>18,775</td>
<td>37,178</td>
</tr>
<tr>
<td>Reserve only</td>
<td>286</td>
<td>44,858</td>
<td>16,865</td>
<td>14,900</td>
<td>15,338</td>
<td>13,196</td>
<td>19,493</td>
<td>25,112</td>
<td>21,890</td>
<td>18,824</td>
<td>42,795</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. "National Guard only" and "Reserve only" veterans never served in an active component. "Active only" veterans never served in the National Guard or Reserves. Analysis is limited to veterans who were living on January 1, 2012, separated from service from 1985 through 2021, and had a disability rating at any point from 2008 through 2021. VA assigns veterans a disability rating in 10 percentage point increments depending on the severity of their service-connected disabilities. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.
Appendix II: Analysis of Department of Veterans Affairs Data

### Table 15: Number of Service Members with Service-Connected Disabilities, by Military Occupation and Service Component, 2000-2021

<table>
<thead>
<tr>
<th>Occupations requiring diving physicals</th>
<th>Number of service members</th>
<th>Active only</th>
<th>Active and Reserve</th>
<th>National Guard only</th>
<th>Reserve only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1,273</td>
<td>836</td>
<td>*</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Number with service-connected disability</td>
<td>875</td>
<td>469</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Occupations requiring flight physicals</td>
<td>Number of service members</td>
<td>39,780</td>
<td>60,719</td>
<td>6,860</td>
<td>11,187</td>
</tr>
<tr>
<td></td>
<td>Number with service-connected disability</td>
<td>30,127</td>
<td>29,378</td>
<td>2,987</td>
<td>3,423</td>
</tr>
<tr>
<td>Occupations working with nuclear materials*</td>
<td>Number of service members</td>
<td>59,154</td>
<td>67,035</td>
<td>11,290</td>
<td>17,165</td>
</tr>
<tr>
<td></td>
<td>Number with service-connected disability</td>
<td>36,195</td>
<td>30,923</td>
<td>4,010</td>
<td>3,519</td>
</tr>
<tr>
<td>Special Operations Forces operators</td>
<td>Number of service members</td>
<td>6,544</td>
<td>5,778</td>
<td>600</td>
<td>506</td>
</tr>
<tr>
<td></td>
<td>Number with service-connected disability</td>
<td>5,788</td>
<td>4,337</td>
<td>364</td>
<td>242</td>
</tr>
<tr>
<td>Pilots</td>
<td>Number of service members</td>
<td>25,962</td>
<td>41,799</td>
<td>4,917</td>
<td>6,649</td>
</tr>
<tr>
<td></td>
<td>Number with service-connected disability</td>
<td>20,038</td>
<td>19,893</td>
<td>2,131</td>
<td>1,857</td>
</tr>
<tr>
<td>All other occupations</td>
<td>Number of service members</td>
<td>1,986,382</td>
<td>2,756,391</td>
<td>734,299</td>
<td>1,226,390</td>
</tr>
<tr>
<td></td>
<td>Number with service-connected disability</td>
<td>1,013,115</td>
<td>1,162,327</td>
<td>166,151</td>
<td>186,594</td>
</tr>
</tbody>
</table>

Legend: *=Less than 10
Source: GAO analysis of Department of Veterans Affairs (VA) and Department of Defense (DOD) data. | GAO-24-105400

Notes: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” members never served in an active component. “Active only” members never served in the National Guard or Reserves. Analysis is limited to service members who were living on January 1, 2012, separated from service from 1985 through 2021, and whose primary military occupations were identified in DOD data. Counts generally include service members who held primary occupations in each of the above categories at some point from October 1, 2000, through December 31, 2021. According to DOD officials, DOD occupation data are not reliable prior to October 2000. Disability counts include only service members who had a disability rating at some point from 2008 through 2021. VA assigns disability ratings to service members it determines have service-connected disabilities as part of disability compensation claims. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

*DOD officials provided a list of occupations that likely require participation in the Personnel Reliability Program, which provides a mandatory certification of reliability for all personnel working with nuclear materials.
### Table 16: Number of Veterans Granted Service Connection for Certain Disabilities, by Military Occupation and Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Military Occupation</th>
<th>Service-connected disability type</th>
<th>Service Component</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Active only</td>
</tr>
<tr>
<td>Occupations requiring diving physicals</td>
<td>Cancer</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Mental health condition</td>
<td>213</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal condition</td>
<td>548</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Presumptive condition</td>
<td>298</td>
</tr>
<tr>
<td>Occupations requiring flight physicals</td>
<td>Cancer</td>
<td>532</td>
</tr>
<tr>
<td></td>
<td>Mental health condition</td>
<td>4,643</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal condition</td>
<td>16,907</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder</td>
<td>1,622</td>
</tr>
<tr>
<td></td>
<td>Presumptive condition</td>
<td>9,195</td>
</tr>
<tr>
<td>Occupations working with nuclear materials*</td>
<td>Cancer</td>
<td>377</td>
</tr>
<tr>
<td></td>
<td>Mental health condition</td>
<td>8,347</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal condition</td>
<td>19,266</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder</td>
<td>2,592</td>
</tr>
<tr>
<td></td>
<td>Presumptive condition</td>
<td>9,786</td>
</tr>
<tr>
<td>Special Operations Forces operators</td>
<td>Cancer</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td>Mental health condition</td>
<td>2,334</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal condition</td>
<td>4,424</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder</td>
<td>1,426</td>
</tr>
<tr>
<td></td>
<td>Presumptive condition</td>
<td>3,041</td>
</tr>
<tr>
<td>Pilots</td>
<td>Cancer</td>
<td>426</td>
</tr>
<tr>
<td></td>
<td>Mental health condition</td>
<td>2,596</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal condition</td>
<td>11,331</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder</td>
<td>919</td>
</tr>
<tr>
<td></td>
<td>Presumptive condition</td>
<td>6,193</td>
</tr>
</tbody>
</table>
## Table 17: Number of Initial VA Disability Compensation Claims Submitted, Approved, and Denied, by Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Claims Submitted in 2012-2021</th>
<th>Claims Approved</th>
<th>Percentage Approved</th>
<th>Claims Denied</th>
<th>Percentage Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>747,190</td>
<td>644,310</td>
<td>86%</td>
<td>102,880</td>
<td>14%</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>733,471</td>
<td>568,283</td>
<td>77%</td>
<td>165,188</td>
<td>23%</td>
</tr>
<tr>
<td>National Guard only</td>
<td>91,347</td>
<td>63,989</td>
<td>70%</td>
<td>27,358</td>
<td>30%</td>
</tr>
<tr>
<td>Reserve only</td>
<td>124,979</td>
<td>79,172</td>
<td>63%</td>
<td>45,807</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. "National Guard only" and "Reserve only" claimants never served in an active component. "Active only" claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.
Table 18: Number of Initial VA Pension Claims Submitted, Approved, and Denied, by Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Claims Submitted in 2012-2021</th>
<th>Claims Approved</th>
<th>Percentage Approved</th>
<th>Claims Denied</th>
<th>Percentage Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>8,057</td>
<td>2,727</td>
<td>34%</td>
<td>5,330</td>
<td>66%</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>9,186</td>
<td>3,839</td>
<td>42%</td>
<td>5,347</td>
<td>58%</td>
</tr>
<tr>
<td>National Guard only</td>
<td>2,510</td>
<td>867</td>
<td>35%</td>
<td>1,643</td>
<td>65%</td>
</tr>
<tr>
<td>Reserve only</td>
<td>4,462</td>
<td>1,504</td>
<td>34%</td>
<td>2,958</td>
<td>66%</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.

Table 19: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Military Service and Component, 2012-2021

<table>
<thead>
<tr>
<th>Military Service</th>
<th>Number of Claims</th>
<th>Air Force</th>
<th>Army</th>
<th>Coast Guard</th>
<th>Marine Corps</th>
<th>Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>Submitted</td>
<td>159,665</td>
<td>309,203</td>
<td>15,645</td>
<td>92,431</td>
<td>170,069</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>140,957</td>
<td>266,011</td>
<td>13,736</td>
<td>81,033</td>
<td>142,404</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>Submitted</td>
<td>118,606</td>
<td>339,416</td>
<td>6,700</td>
<td>138,132</td>
<td>130,244</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>95,435</td>
<td>263,026</td>
<td>5,474</td>
<td>109,908</td>
<td>94,096</td>
</tr>
<tr>
<td>National Guard only</td>
<td>Submitted</td>
<td>16,374</td>
<td>74,972</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>12,223</td>
<td>51,766</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Reserve only</td>
<td>Submitted</td>
<td>16,073</td>
<td>74,253</td>
<td>1,345</td>
<td>17,299</td>
<td>15,910</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>10,415</td>
<td>45,390</td>
<td>914</td>
<td>11,444</td>
<td>10,916</td>
</tr>
</tbody>
</table>

Legend: n/a=not applicable, as the Coast Guard, Marine Corps, and Navy do not have National Guard components.

Source: GAO analysis of Department of Veterans Affairs (VA) data. Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. This analysis does not include the Space Force because VA data only included one Space Force member during GAO’s study period. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.
### Table 20: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Rank and Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Most Recent Rank</th>
<th>Number of Claims</th>
<th>Junior Enlisted</th>
<th>Mid-grade and Senior Enlisted</th>
<th>Warrant Officer</th>
<th>Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>Submitted</td>
<td>291,455</td>
<td>378,720</td>
<td>13,852</td>
<td>62,812</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>220,473</td>
<td>350,232</td>
<td>13,345</td>
<td>60,027</td>
<td></td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>Submitted</td>
<td>365,496</td>
<td>286,769</td>
<td>5,867</td>
<td>75,287</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>258,260</td>
<td>236,903</td>
<td>5,451</td>
<td>67,644</td>
<td></td>
</tr>
<tr>
<td>National Guard only</td>
<td>Submitted</td>
<td>33,616</td>
<td>49,521</td>
<td>1,679</td>
<td>6,509</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>19,773</td>
<td>37,360</td>
<td>1,437</td>
<td>5,408</td>
<td></td>
</tr>
<tr>
<td>Reserve only</td>
<td>Submitted</td>
<td>62,210</td>
<td>49,334</td>
<td>1,200</td>
<td>12,194</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>34,090</td>
<td>34,976</td>
<td>966</td>
<td>9,119</td>
<td></td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021. GAO divided enlisted service members into two groups according to their pay grade: junior enlisted (E1 through E4) and mid-grade and senior enlisted (E5 through E9).

### Table 21: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Most Recent Service Period and Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>Submitted</td>
<td>11,627</td>
<td>34,171</td>
<td>70,126</td>
<td>631,265</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>9,227</td>
<td>18,014</td>
<td>45,955</td>
<td>571,113</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>Submitted</td>
<td>1,125</td>
<td>36,518</td>
<td>124,666</td>
<td>571,162</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>768</td>
<td>20,058</td>
<td>75,521</td>
<td>471,936</td>
</tr>
<tr>
<td>National Guard only</td>
<td>Submitted</td>
<td>2,118</td>
<td>3,601</td>
<td>12,998</td>
<td>72,630</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>1,381</td>
<td>1,751</td>
<td>7,580</td>
<td>53,277</td>
</tr>
<tr>
<td>Reserve only</td>
<td>Submitted</td>
<td>4,791</td>
<td>5,784</td>
<td>31,842</td>
<td>82,562</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>3,286</td>
<td>2,601</td>
<td>17,655</td>
<td>55,630</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Notes: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.
Appendix II: Analysis of Department of Veterans Affairs Data

Federal law defines two separate time periods for the Vietnam War: November 1, 1955, through May 7, 1975, for claimants who served in the Republic of Vietnam, and August 5, 1964, through May 7, 1975, for other claimants. However, VA data only defined the latter period as the Vietnam War.

Federal law also defines the Persian Gulf War as beginning on August 2, 1990, and ending on the date later prescribed by law or Presidential proclamation. VA divided this period into two segments: Persian Gulf War (August 2, 1990, through September 10, 2001) and Global War on Terror (September 11, 2001, through December 31, 2021, the last date for which VA provided data).

Table 22: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Race or Ethnicity and Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Military Service Component</th>
<th>Number of Claims</th>
<th>Race or Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>American Indian or Alaskan Native</td>
<td>Asian</td>
</tr>
<tr>
<td>Active Only</td>
<td>Submitted</td>
<td>9,249</td>
<td>31,327</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>7,974</td>
<td>27,268</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>Submitted</td>
<td>8,245</td>
<td>25,576</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>6,383</td>
<td>20,546</td>
</tr>
<tr>
<td>National Guard only</td>
<td>Submitted</td>
<td>858</td>
<td>3,241</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>567</td>
<td>2,232</td>
</tr>
<tr>
<td>Reserve only</td>
<td>Submitted</td>
<td>977</td>
<td>3,375</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>595</td>
<td>2,208</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Notes: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.

GAO categorized claimants into six mutually-exclusive categories. “Hispanic” includes all claimants who identified their ethnicity as Hispanic, regardless of race. Non-Hispanic claimants were divided into the five racial groups in the table. GAO did not report data on claimants VA categorized as having multiple races, unknown race, or a race outside VA’s race and ethnicity groups. VA data did not include additional information on a specific racial or ethnic category for these claimants.

Table 23: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Sex and Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Military Service Component</th>
<th>Number of Claims</th>
<th>Female Claimants</th>
<th>Male Claimants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>Submitted</td>
<td>127,294</td>
<td>619,886</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>109,457</td>
<td>534,850</td>
</tr>
<tr>
<td>Active and Reserve</td>
<td>Submitted</td>
<td>102,705</td>
<td>630,766</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>77,633</td>
<td>490,650</td>
</tr>
<tr>
<td>National Guard only</td>
<td>Submitted</td>
<td>13,629</td>
<td>77,718</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
<td>9,044</td>
<td>54,945</td>
</tr>
</tbody>
</table>
### Table 24: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Age in 2019 and Military Service Component, 2012-2021

<table>
<thead>
<tr>
<th>Military Service Component</th>
<th>Number of Claims</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80-89</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Only</td>
<td>Submitted</td>
<td>153,506</td>
<td>220,060</td>
<td>203,640</td>
<td>111,315</td>
<td>39,463</td>
<td>14,587</td>
<td>1,199</td>
</tr>
<tr>
<td></td>
<td>Approved</td>
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Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021. VA data only includes binary sex categories for claimants — male or female — and does not include data on transgender or non-binary claimants.

### Table 25: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Year Submitted and Military Service Component

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<thead>
<tr>
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Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.
## Appendix II: Analysis of Department of Veterans Affairs Data

### Year Claim Submitted

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Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: The four service component groups are mutually-exclusive. “National Guard only” and “Reserve only” claimants never served in an active component. “Active only” claimants never served in the National Guard or Reserves. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.
Appendix III: Comments from the Department of Defense

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1800

Ms. Elizabeth Curda
Director, Education, Workforce, and Income Security
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548

Dear Ms. Curda,


Attached is DoD’s response to the subject report. My point of contact is COL Kimberley Davis who may be reached by email at kimberley.d.davis6.mil@mail.mil and by phone at 703-693-8104.

Sincerely,

[Signature]

Ofer Martin
Performing the Duties of the Assistant Secretary of Defense for Manpower and Reserve Affairs

Attachment:
As stated
Appendix III: Comments from the Department of Defense

83828382
GAO DRAFT REPORT DATED SEPTEMBER 11, 2023
GAO-24-105400 (GAO CODE 105400)

"VA DISABILITY BENEFITS: ACTIONS NEEDED TO ADDRESS CHALLENGES RESERVE COMPONENT VETERANS FACE ACCESSING COMPENSATION"

DEPARTMENT OF DEFENSE COMMENTS TO THE GAO RECOMMENDATIONS

RECOMMENDATION 1: Veterans Affairs (VA). (Recommendation 1)

DoD RESPONSE: N/A

RECOMMENDATION 2: The Government Accountability Office (GAO) recommends that the Secretary of Defense should work with the Secretary of Veterans Affairs to develop guidance, such as outreach materials, brochures, or trainings, which: (1) makes Reserve Component members aware of their potential eligibility for disability compensation under various duty statuses; (2) explains how reporting health conditions when they occur can affect subsequent eligibility for disability compensation; and (3) explains the importance of obtaining and maintaining sufficient documentation of duty status and medical treatment received. (Recommendation 2)

DoD RESPONSE: The Department of Defense (DoD) concurs with the recommendation and is dedicated to working with the VA to develop guidance and outreach materials. This will be done as a collaborative effort involving appropriate offices within the Office of the Under Secretary of Defense for Personnel and Readiness and in consult with the Military Departments. We remain committed to the welfare of our Service members and will continue to take steps to ensure they have the resources and knowledge to safeguard their rights and benefits.

RECOMMENDATION 3: VA. (Recommendation 3)

DoD RESPONSE: N/A

RECOMMENDATION 4: The GAO recommends that the Secretary of Defense should ensure that DoD’s Reserve Components make the guidance on reporting and documenting health conditions for the purposes of disability compensation prominently available to Reserve Component members. (Recommendation 4)

DoD RESPONSE: DoD concurs with the recommendation. Upon the completion of the DoD and VA collaborative effort to produce guidance and outreach materials, the Department will direct the Secretaries of the Military Departments to make the final products prominently available to their Reserve Component members.

RECOMMENDATION 5: VA. (Recommendation 5)
DoD RESPONSE: N/A

RECOMMENDATION 6: The GAO recommends that the Secretary of Defense should ensure the Director of the Office for Diversity, Equity, and Inclusion (OEDI) clarifies policies for Military Service assessments of their Reserve Component military equal opportunity (MEO) programs, to reduce medical bias, which in turn could help improve Reserve Component members’ access to disability compensation. (Recommendation 6)

DoD RESPONSE: DoD concurs with the recommendation. OEDI will clarify policy in the next revision of DoD Instruction (DoDI) 1350.02, for which the Secretaries of the Military Departments are responsible for ensuring their Reserve MEO programs are assessed. OEDI will coordinate with the Military Departments on the frequency of assessment for the Reserve MEO programs. The next revision of DoDI 1350.02 is expected during fall 2024.

RECOMMENDATION 7: The GAO recommends that the Secretary of Defense should ensure the Director of OEDI conducts oversight reviews of the Military Services’ MEO programs, in accordance with DoD policy, to reduce medical bias, which in turn could help improve Reserve Component members’ access to disability compensation. (Recommendation 7)

DoD RESPONSE: DoD concurs with the recommendation. OEDI, in coordination with the Military Departments, will establish a schedule to assess the effectiveness of the Military Services’ MEO offices beginning in Fiscal Year 2025. Additionally, OEDI in coordination with the Defense Equal Opportunity Management Institute, will develop a standardized assessment methodology to help ensure consistency in the assessment process.

RECOMMENDATION 8: The GAO recommends that the Secretary of the Army should develop and document plans so the Army can implement the new DD Form 214-1 by February 2025. Such plans should fully apply sound planning practices, such as: (1) identifying resources; (2) developing activities and timelines; (3) establishing roles, responsibilities, and coordination; (4) conducting a risk assessment; and (5) establishing performance management, such as goals and indicators to measure progress. (Recommendation 8)

DoD RESPONSE: The Department of the Army concurs with the recommendation.

RECOMMENDATION 9: The GAO recommends that the Secretary of the Air Force should develop and document plans so the Air Force can implement the new DD Form 214-1 by February 2025. Such plans should fully apply sound planning practices, such as: (1) identifying resources; (2) developing activities and timelines; (3) conducting a risk assessment; and (4) establishing performance management, such as goals and indicators to measure progress. (Recommendation 9)

DoD RESPONSE: The Department of the Air Force concurs with the recommendation.

RECOMMENDATION 10: The GAO recommends that the Secretary of the Navy should develop and document plans so the Navy can implement the new DD Form 214-1 by February
Appendix III: Comments from the Department of Defense

2025. Such plans should fully apply sound planning practices, such as: (1) identifying resources; (2) developing activities and timelines; (3) establishing roles, responsibilities, and coordination; (4) conducting a risk assessment; and (5) establishing performance management, such as goals and indicators to measure progress. (Recommendation 10)

DoD RESPONSE: The Department to the Navy concurs with the recommendation.

RECOMMENDATION 11: The GAO recommends that the Secretary of the Navy should ensure the Commandant of the Marine Corps develops and documents plans so the Marine Corps can implement the new DD Form 214-1 by February 2025. Such plans should apply sound planning practices, such as: (1) identifying resources; (2) developing activities and timelines; (3) establishing roles, responsibilities, and coordination; (4) conducting a risk assessment; and (5) establishing performance management, such as goals and indicators to measure progress. (Recommendation 11)

DoD RESPONSE: The Department to the Navy concurs with the recommendation.

RECOMMENDATION 12: Secretary of Veterans Affairs. (Recommendation 12)

DoD RESPONSE: N/A

RECOMMENDATION 13: Secretary of Veterans Affairs. (Recommendation 13)

DoD RESPONSE: N/A

RECOMMENDATION 14: The GAO recommends that the Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness, in consultation with VA’s Under Secretary for Benefits, uses information from VA about differences in initial disability compensation claim approval rates between Active and Reserve Component veterans, including trends over time, to inform whether course corrections, additional interventions, or analyses are needed to address challenges facing Reserve Component veterans in accessing disability compensation. (Recommendation 14)

DoD RESPONSE: DoD concurs with the recommendation. The Department is dedicated to support and address the needs of Service members. When comprehensive data and trend differences between Active and Reserve Component veteran disability compensation claim approval rates becomes available, the Under Secretary of Defense for Personnel for Readiness will collaborate with the VA’s Under Secretary for Benefits to ensure that the challenges facing the Reserve Component Service members and veterans are properly identified and remediated. We are committed to improving the lives of Reserve Component veterans and providing them with the support they deserve.
October 13, 2023

Ms. Elizabeth Curda
Director
Education, Workforce
and Income Security Issues
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Curda:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: VA Disability Benefits: Actions Needed to Address Challenges Reserve Component Veterans Face Accessing Compensation (GAO-24-105400).

The enclosure contains a general comment and the action plan to implement the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Kimberly Jackson
Chief of Staff

Enclosure
Appendix IV: Comments from the Department of Veterans Affairs

Enclosure

Department of Veterans Affairs (VA) Response to the Government Accountability Office (GAO) Draft Report

VA Disability Benefits: Actions Needed to Address Challenges Reserve Component Veterans Face Accessing Compensation
(GAO-24-105400)

Recommendation 1: VA’s Under Secretary for Benefits should ensure that VBA develops a mechanism, such as a document that lists known reliability issues with VADIR, to better communicate to federal and non-federal users the limitations of its incomplete data, particularly the unreliable variables on military personnel records from before 1985.

VA Response: Concur in principle. Please note, data contained in VA/Department of Defense (DoD) Identity Repository (VADIR) are received from and owned by the DoD Manpower Data Center (DMDC). However, the Veterans Benefits Administration (VBA) will work collaboratively with DOD DMDC to produce documentation regarding the scope and limitations of the DOD data contained in VADIR to better communicate this information with other Federal and non-Federal users.

Target Completion Date: To be determined (TBD)

Recommendation 3: The Secretary of Veterans Affairs should work with the Secretary of Defense to develop guidance such as outreach materials, brochures, or trainings, which: (1) makes reserve component members aware of their potential eligibility for disability compensation under various duty statuses; (2) explains how reporting health conditions when they occur can affect subsequent eligibility for disability compensation; and (3) explains the importance of obtaining and maintaining sufficient documentation of duty status and medical treatment received.

VA Response: Concur. VBA will ensure documentation is available that addresses all three components of the recommendation. Once finalized, VBA will work with DOD to provide this guidance, through the interagency governance structure for the Transition Assistance Program.

Target Completion Date: TBD

Recommendation 5: The Secretary of Veterans Affairs should make the guidance on reporting and documenting health conditions for the purpose of disability compensation prominently available to reserve component members.

VA Response: Concur in principle. VBA is committed to making guidance available for all Service members on the evidence needed to support claims for service-connected disability compensation. However, VBA has limited access to reserve component members to make guidance available to them prior to their transition from Reserve service. As the reserve component members need this information prior to transition,
Appendix IV: Comments from the Department of Veterans Affairs

Enclosure

Department of Veterans Affairs (VA) Response to the Government Accountability Office (GAO) Draft Report

VA Disability Benefits: Actions Needed to Address Challenges Reserve Component Veterans Face Accessing Compensation
(GAO-24-105400)

it is incumbent upon the military services to make available the guidance on reporting and documenting health conditions for the purpose of disability compensation prominently to reserve component members. VBA will work with DOD to provide guidance to promote alignment and implementation of this recommendation along with recommendation 3.

Target Completion Date: TBD

Recommendation 12: VA’s Under Secretary for Benefits should work with DOD to ensure VA claims processors have ready access to a reliable source of data verifying reserve component members’ dates of service and duty status.

VA Response: Concur in principle. DOD is responsible for ensuring these data are collected by Reserve components and that these data are complete and accurate when provided to VA. However, VA will work with DOD under the existing joint Military Personnel Data Workgroup to ensure claims processors have access to all available data.

Target Completion Date: TBD

Recommendation 13: VA’s Under Secretary for Benefits should monitor differences in initial disability compensation claim approval rates between active and reserve component Veterans, including trends over time, and use this information to inform whether course correction, additional interventions, or analysis are needed to address challenges facing reserve component Veterans in accessing disability compensation.

VA Response: Concur in principle. VBA will develop a report to monitor the approval ratings on claims for disability compensation for reserve component Veterans in comparison to the active duty components and solicit input from the Advisory Committee on Disability Compensation (ACDC) on the path forward for addressing any identified disparities. VA will commission a study to examine the approval ratings of claims for disability compensation among Selected Reserve (Reserve and National Guard) component Veterans in comparison to their active duty counterparts.

Target Completion Date: TBD
Appendix IV: Comments from the Department of Veterans Affairs

Enclosure

Department of Veterans Affairs (VA) Response to the
VA Disability Benefits: Actions Needed to Address Challenges Reserve Component Veterans Face Accessing Compensation
(GAO-24-105400)

General Comment:

The draft report describes two “groups of veterans”: “active component veterans,” described as “veterans who served in an active component at any point in their career” and “reserve component veterans,” described as “veterans who served in the National Guard or Reserves but never served in an active component.” However, service in the National Guard or Reserves does not automatically confer veteran status for VA benefit purposes. The term “veteran” is statutorily defined as “a person who served in the active military, naval, air, or space service, and who was discharged or released under conditions other than dishonorable.” 38 U.S.C. § 101(2). Reservists’ drill one weekend per month and 2 weeks of annual training constitute “training duty.” Training duty will not be considered “active military, naval, air, or space service” unless the individual became disabled or died during the period of training duty from a qualifying disease or injury incurred in the line of duty. 38 U.S.C. § 101(24); see Bowers v. Shinseki, 748 F.3d 1351, 1353 (Fed. Cir. 2014). It is unclear whether “reserve component veterans” is intended to refer to only those individuals who have actually established “veteran” status for VA purposes, or whether the term refers to all individuals with prior reserve service. This distinction is potentially pertinent to the analysis. Because Reservists must show that they became disabled during service, unlike members of an active component, Reservists generally are not entitled to benefits for conditions that have a delayed onset or do not become disabling until after separation. Moreover, because reserve duty is not active military, naval, air, or space service unless the reservist first establishes disability during service due to a disease or injury incurred in the line of duty, a Reservist generally cannot benefit from the statutory presumption that a disease or injury incurred during active service was incurred in the line of duty. See 38 U.S.C. § 105(a).
### Appendix V: GAO Contact and Staff

#### Acknowledgments

**GAO Contact**

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<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Elizabeth H. Curda</td>
<td>(202) 512-7215</td>
<td><a href="mailto:curdae@gao.gov">curdae@gao.gov</a></td>
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**Staff**

In addition to the contact named above, James Whitcomb (Assistant Director), Brittni Milam (Analyst-in-Charge), Rebecca Gertler, Scott Hiromoto, Srinidhi Vijaykumar, and Adam Windram made key contributions to this report. Also contributing to this report were Walker Adams, James Bennett, Melinda Cordero, Holly Dye, Mary Edgerton, Alex Galuten, Laura Hoffrey, Gina Hoover, Anjalique Lawrence, Kimberly Mayo, Monica Savoy, Adam Wendel, and Zoe Ziliak Michel.
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Automated answering system: (800) 424-5454 or (202) 512-7700

A. Nicole Clowers, Managing Director, ClowersA@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

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