



Testimony

Before the Subcommittee on Disability Assistance and Memorial Affairs,
Committee on Veterans' Affairs, House
of Representatives

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VA DISABILITY BENEFITS

Process for Identifying Conditions Presumed to be Service Connected and Challenges in Processing Complex Gulf War Illness Claims

Statement of Elizabeth Curda, Director Education,
Workforce and Income Security

GAO Highlights

Highlights of [GAO-21-253T](#), a testimony before the Subcommittee on Disability Assistance and Memorial Affairs, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

VA provides disability compensation to millions of veterans with service-connected disabilities. Veterans are generally entitled to these benefits if they can prove their injuries or illnesses were incurred or aggravated by active military service. For certain claims, VA presumes a condition is due to a veteran's service. For example, VA can provide benefits to any veteran with certain symptoms, from respiratory disorders to gastrointestinal issues, who served in Southwest Asia from 1990 to the present, without the veteran needing to prove cause. GAO refers to these as Gulf War Illness claims.

In 2017, GAO issued *Gulf War Illness: Improvements Needed for VA to Better Understand, Process, and Communicate Decisions on Claims* ([GAO-17-511](#)), which identified needed improvements in VA's processing of Gulf War Illness claims. In 2018, GAO issued *Agent Orange: Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations* ([GAO-19-24](#)). This statement summarizes information from these reports on how VA determined certain presumptive conditions and challenges VA faced with processing Gulf War Illness claims.

What GAO Recommends

In GAO's 2017 report, it recommended that VA develop a plan to establish a single case definition of Gulf War Illness and make Gulf War Illness training mandatory for medical examiners. VA implemented the recommendations.

View [GAO-21-253T](#). For more information, contact Elizabeth Curda at (202) 512-7215 or curdae@gao.gov.

December 9, 2020

VA DISABILITY BENEFITS

Process for Identifying Conditions Presumed to be Service Connected and Challenges in Processing Complex Gulf War Illness Claims

What GAO Found

GAO has reported on the Department of Veterans Affairs' (VA) use of research to identify and add new illnesses to its list of presumptive conditions for both Gulf War Illness and Agent Orange—a tactical herbicide used extensively during the Vietnam Era. VA entered into agreements with the National Academy of Sciences to assess the link between certain exposures and illnesses experienced by veterans, and uses the Academy's findings to inform its lists of presumptive conditions. GAO also reported in 2017 that VA did not have a single set of uniform criteria to define Gulf War Illness (a case definition) that could improve research, clinical diagnosis, and treatment of Gulf War veterans. GAO recommended that VA prepare and document a plan to develop a single case definition. In response, VA convened a group of subject matter experts from VA and the Department of Defense to create a multi-step plan to develop a case definition. According to VA, it is in the final stages of the plan and will bring together experts in 2021 to review new research and work toward delineating a definition. Further, according to VA, the department continues to support research on conditions related to Gulf War service as well as Agent Orange exposure and will use the findings to consider future presumptive conditions.

In 2017, GAO reported on challenges that VA faced in processing complex, presumptive disability claims for veterans who served in the Gulf War—claims that were being denied at higher rates than other disability claims. At the time of GAO's review, VA officials stated that Gulf War Illness claims may be denied at a higher rate, in part, because they are not always well understood by VA staff, and veterans sometimes do not have medical records to adequately support their claims. The challenges we identified included:

- **Inconsistent requests for disability medical exams.** VA claims processors can request that a veteran undergo a disability medical exam to help determine whether the conditions in the claim exist and are linked to service. GAO found that claims processors were inconsistent in asking for an exam, in part, due to confusion about the guidance. VA issued training on the topic and in April 2017 completed a review of Gulf War claims to assess the effectiveness of the training and help ensure future consistency.
- **Inconsistent disability medical exam reports.** Veterans Health Administration disability medical examiners did not always complete medical exam reports properly and sometimes offered a medical opinion when one was not necessary. GAO recommended that VA require all examiners to complete Gulf War medical exam training before conducting these exams, and VA implemented this recommendation. Since our 2017 report, VA has allowed contracted medical examiners to complete these exams, and in 2018 GAO found VA was not monitoring whether all contractors completed required training. GAO recommended VA improve its oversight of training, but the department has not fully implemented this recommendation from GAO's 2018 report.

Chair Luria, Ranking Member Bost, and Members of the Subcommittee:

Thank you for the opportunity to discuss our prior work on the process the Department of Veterans Affairs (VA) uses to identify and evaluate disability compensation claims that are presumed to be service connected, particularly for those veterans who served in a Gulf War conflict. VA provides compensation benefits to veterans with disabling conditions that were incurred or aggravated during active military service.¹ The Veterans Benefits Administration (VBA) reported that in fiscal year 2019, it paid an estimated \$85 billion in disability compensation to nearly 5 million veterans. The vast majority of these veterans served during the Gulf War Era (1990 to present) and the Vietnam Era (1961-1975), about 2.6 million and 1.4 million respectively.²

According to the Department of Defense (DOD), veterans who served in the Southwest Asia theater of operations may have been exposed to certain environmental hazards and developed medical issues, which we refer to as Gulf War Illness, upon their return. The exact causes of Gulf War Illness are not always known and veterans' symptoms vary widely, but can include fatigue, headaches, joint pain, indigestion, insomnia, respiratory disorders, skin problems, and memory impairment. VA refers to claims for Gulf War Illness as "undiagnosed illness," "medically unexplained chronic multisymptom illness," and "infectious disease" claims. For the purposes of this testimony, we collectively refer to these three types of claims as Gulf War Illness claims, which are presumed to be service connected if a veteran served during the Gulf War and meets other criteria. VA also presumes that veterans who served in the Republic of Vietnam beginning on January 9, 1962 and ending on May 7, 1975 who have certain diseases incurred them as a result of exposure to Agent Orange or other tactical herbicides during their service.³

¹See 38 U.S.C. §§ 1110 and 1131. This does not include disabilities incurred by a veteran's own willful misconduct or abuse of alcohol or drugs. In this statement, we refer to illnesses or diseases that VA presumes to be caused by military service for the purpose of disability compensation as presumptive conditions.

²Veterans Benefits Administration, Annual Benefits Report Fiscal Year 2019.

³VA affords presumption of exposure for other locations and timeframes as well. See, for example, GAO, *Agent Orange: Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations*, [GAO-19-24](#) (Washington, D.C.: Nov. 15, 2018).

At your request, my testimony today summarizes findings from our 2017 report on (1) how VA has used research to inform its decision-making on presumptive conditions in its disability compensation program, and (2) the challenges VA faced with processing disability compensation claims for Gulf War Illness.

In developing this testimony, we primarily drew from our prior report on Gulf War Illness claims.⁴ We also reviewed other relevant reports on environmental hazards that may be linked to veterans' medical issues, such as Agent Orange.⁵ We incorporated information on VA's response to recommendations we made in our previous reports. The reports cited throughout this statement include detailed information on the scope and methodology of our prior reviews.

We conducted the work on which this statement is based 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.

Background

VA pays monthly disability benefits to veterans with service-connected disabilities (i.e., injuries or diseases incurred or aggravated while on active military duty) according to the severity of their disability.⁶ VA's disability claims process starts when a veteran submits a claim to VA. A claims processor then reviews the claim and helps the veteran gather the relevant evidence needed to evaluate the claim. In addition to a veteran's military service records, such evidence includes: 1) medical treatment records obtained from DOD, the Veterans Health Administration (VHA), and private medical service providers; and 2) the results of any disability medical exams deemed necessary by claims processors to evaluate the claim. VBA claims processors review disability medical exam results to

⁴GAO, *Gulf War Illness: Improvements Needed for VA to Better Understand, Process, and Communicate Decisions on Claims*, [GAO-17-511](#) (Washington, D.C.: June 29, 2017).

⁵See, for example, [GAO-19-24](#).

⁶38 U.S.C. § 1101 et seq. VA's ratings are awarded in 10-percent increments up to 100 percent. For example, for 2020, basic monthly payments are \$142.29 for a veteran with a 10-percent disability rating, and \$3,406.04 for a veteran with a 100-percent disability rating, a spouse, and one child.

assess whether a veteran has disabilities that are connected to military service. VBA claims processors generally schedule disability medical exams either with a VHA examiner or one of VBA's contractors that provide these exams.⁷

Process for Determining Eligibility Based on Presumptive Gulf War Conditions

Gulf War Illness claims are different from other claims in that VA can award benefits to veterans who served in a Gulf War conflict since 1990 and display certain symptoms without the veteran having to prove the symptoms are related to their military service. VA does require proof, however, of a veteran's service in the Gulf War region and existence of the claimed symptoms. VBA claims raters review each claim to determine if relevant criteria are met, including verifying the veteran's deployment location, establishing whether the veteran's symptoms have lasted for a minimum of 6 months, and assessing the severity of the veteran's condition.⁸ VBA may request a disability medical examination to obtain additional information about the veteran's disability.

All three categories of Gulf War illnesses (undiagnosed illness, medically unexplained chronic multisymptom illness, and infectious diseases) are presumed to be related to a veteran's service in the Gulf War (see fig. 1).

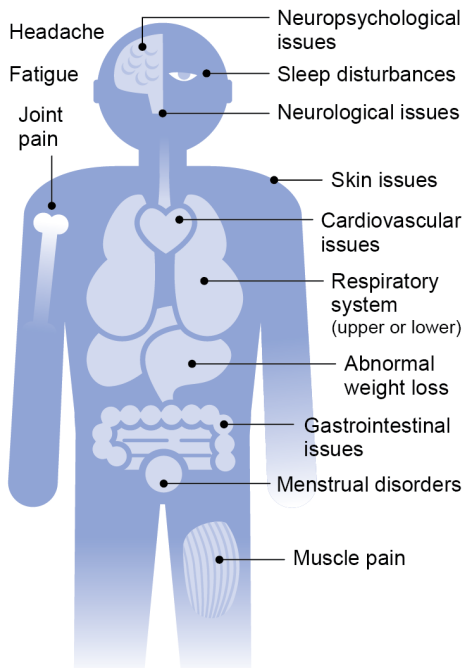
⁷In our 2017 report, we reported that VHA examiners were primarily responsible for completing Gulf War medical exams. Since then, VBA has allowed contractors to complete these medical exams.

⁸The minimum 6 month time period does not apply to claims for certain infectious diseases.

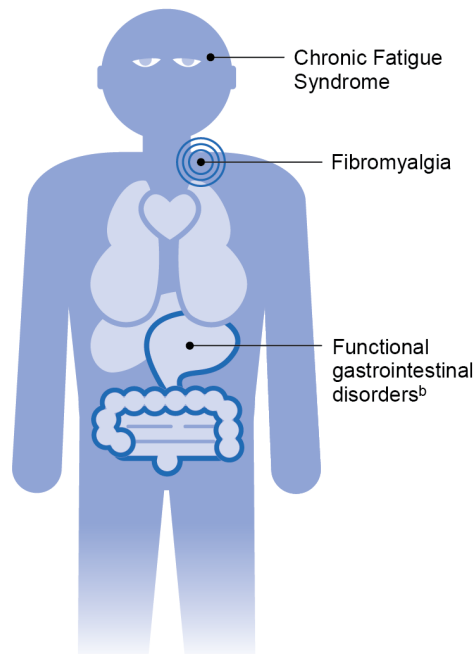
Figure 1: Symptoms and Medical Issues the Department of Veterans Affairs (VA) Associates with Gulf War Illness

There are three categories of Gulf War Illness according to Department of Veterans Affairs (VA) regulations:

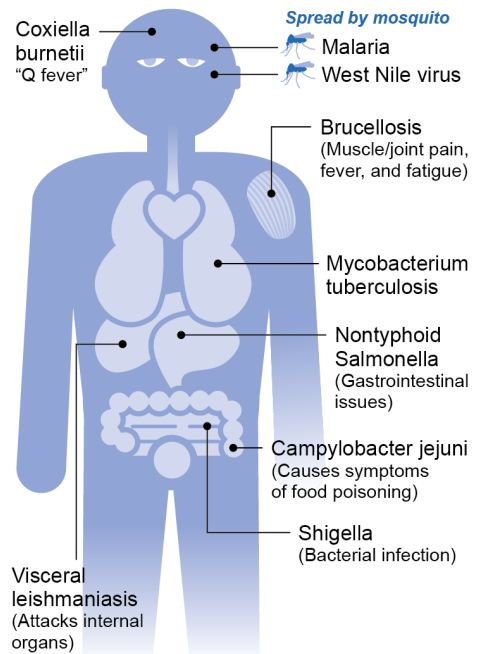
Undiagnosed illness signs/symptoms^a



Medically unexplained chronic multisymptom illness



Certain infectious diseases



Source: GAO analysis of 38 C.F.R. § 3.317. | GAO-21-253T

Note: The symptoms of undiagnosed illness and the chronic multisymptom illnesses are examples—not an exhaustive list—of medical issues that veterans with Gulf War Illness can be compensated for with a presumption of being service connected.

^aThe symptoms listed below may be manifestations of either undiagnosed illness or medically unexplained chronic multisymptom illness. For simplicity, these symptoms are listed only once, under the category of undiagnosed illness.

^bIrritable bowel syndrome is one common type of functional gastrointestinal disorder.

Infectious disease claims are generally more straightforward for VBA to process than those for undiagnosed illnesses and medically unexplained chronic multisymptom illness because they are diagnosable conditions with known exposures in Southwest Asia. If a veteran is diagnosed with one of the qualifying infectious diseases and meets the other criteria in the law, their claim will be granted on a presumptive basis.

Claims for undiagnosed illness and medically unexplained chronic multisymptom illness can be more complicated for VBA to process, in part, because of the largely unknown nature of the exposures that cause the symptoms and the wide variation in symptoms among veterans. In

2017, we reported that to qualify for disability compensation under a presumptive service connection based on symptoms of undiagnosed illness or medically unexplained chronic multisymptom illness, veterans must meet certain criteria (in addition to certain criteria all veterans must meet to qualify for disability compensation):

1. They must have served on active military duty in the Southwest Asia theater of operations at any time from August 2, 1990, to the present.
2. They must have a chronic disability resulting from an undiagnosed illness, a medically unexplained chronic multisymptom illness, or a combination of both, that manifested either during active duty or to a degree of 10 percent or more not later than December 31, 2021.⁹

VBA claims processors often rely on information from disability medical exams to support their decision on whether to grant or deny claims for undiagnosed illnesses and medically unexplained chronic multisymptom illnesses.

Disability medical examiners have to determine which category the veteran's disability falls into, and depending on the category, it may be necessary for the examiner to include in the exam report a medical opinion as to whether the condition may have been caused by a veteran's service. For an undiagnosed illness or a diagnosable but medically unexplained chronic multisymptom illness of unknown cause, a medical examiner does not need to include a medical opinion and should presume the illness is caused by service. If, however, the examiner determines that the veteran has a diagnosable multisymptom illness with a partially understood cause or a disease with a clear and specific cause and diagnosis, the claim would not be rated as presumptive. Instead, the medical examiner is instructed to include their medical opinion with supporting rationale as to whether the disability pattern is "at least as likely as not" related to the veteran's service.

Similar to Gulf War Illness claims, VBA checks military records to confirm exposure to Agent Orange and qualifying military service. If a veteran's disease is presumed by VA to be associated with exposure, no further evidence would be needed.

⁹VA considers an illness(es) or symptom(s) to be chronic if it has been exhibited intermittently or constantly for 6 months or more. VBA assigns ratings of 0 to 100 percent disability in increments of 10 percentage points based on the severity of the disability. This rating percentage then determines the monthly payment amount the veteran will receive.

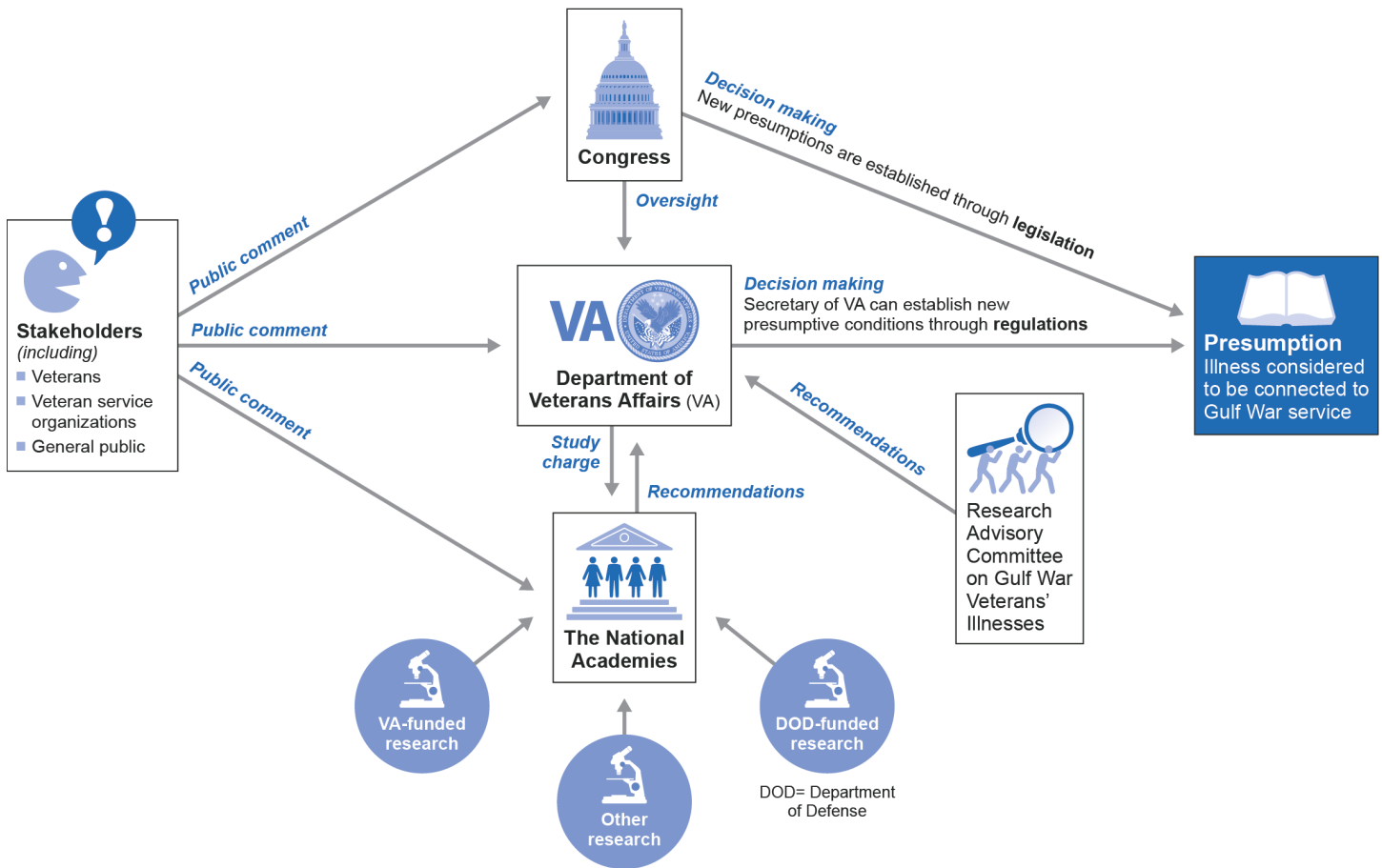
VA Has Considered Research When Adding Presumptive Conditions

We have previously reported on VA's use of research to identify and add new conditions to its list of presumptions for both Gulf War Illness and claims involving Agent Orange.¹⁰ At the direction of Congress, VA has commissioned research to better understand Gulf War Illness and disabilities related to Agent Orange exposure. In both cases, VA entered into agreements with the National Academy of Sciences (Academy).¹¹ See figure 2 for an example of the process VA uses to identify presumptive conditions for Gulf War veterans.

¹⁰See [GAO-17-511](#), [GAO-19-24](#).

¹¹The studies were conducted by the National Academy of Medicine. The National Academy of Medicine was established in 1970 under the charter of the National Academy of Sciences to advise the nation on medical and health issues. The National Academies of Sciences, Engineering, and Medicine are private, nongovernmental institutions that work together to provide independent, objective advice to the nation about complex problems and to inform public policy decisions.

Figure 2: Decision-Making Process for Establishing Presumptive Conditions for Gulf War Veterans



Source: GAO analysis of agency documents and information from VA officials. | GAO-21-253T

Gulf War Illness: In 1998, legislation was enacted that required VA to seek to enter into an agreement with the Academy to study topics related to Gulf War Illness.¹² Since 2000, the Academy has published a series of reports related to Gulf War Illness that review the scientific and medical literature regarding the associations between conditions, exposure to toxic agents and environmental or wartime hazards, and preventative medicine or vaccines. VA has considered this research when adding to the list of presumptive conditions. For example, VA officials told us that in 2010 the department added nine infectious diseases to the list of

¹²Pub. L. No. 105-277, § 1603, 112 Stat. 2681, 2681-745 (1998).

recognized Gulf War Illness-related conditions in its regulations based on a 2006 Academy report.^{13,14}

As part of VA's process in determining whether to add a new presumptive condition for Gulf War Illness, officials from VA's Office of Research and Development and Post-Deployment Health will review and consider recommendations from the Academy. If the department determines it should add a presumptive condition, VA develops regulations.¹⁵ VA officials said they follow a similar internal review process when the department considers recommendations or suggested presumptive conditions from other stakeholders, such as veterans advocacy groups or the Research Advisory Committee on Gulf War Veterans' Illnesses. For example, in 2017 we reported that VA officials said a stakeholder group worked with VA leadership to consider adding brain cancer to the list of Gulf War presumptive conditions. Officials said the agency decided not to proceed, citing limited scientific evidence from 2016 Academy report findings, but also said they would ask the Academy to include more recent research in a future review of this condition. According to VA, the department continues to follow data on exposures and brain cancer.

There is no single set of uniform criteria to define Gulf War Illness (referred to as a case definition) used to study Gulf War medical issues and to evaluate claims. According to VA, servicemembers and veterans began reporting symptoms after their return from service in the Persian Gulf War in 1991.¹⁶ The exact cause of the symptoms was unknown, but according to DOD, U.S. troops might have been exposed to a variety of potentially hazardous substances, such as pesticides, smoke from oil well

¹³See Presumptions of Service Connection for Persian Gulf Service, 75 Fed. Reg. 59,968 (Sept. 29, 2010). In 1998, legislation was enacted that required VA to seek to enter into an agreement with the Academy to study Gulf War Illness related topics. See Pub. L. No. 105-277, § 1603, 112 Stat. 2681, 2681-745 (1998). VA relied on findings from one of these studies when determining that it should provide disability compensation to Gulf War veterans who have these nine infectious diseases (see figure 1 in this statement for the nine diseases).

¹⁴See National Academies of Sciences, Engineering, and Medicine, *Gulf War and Health: Volume 5. Infectious Diseases* (Washington, D.C.: The National Academies Press, 2006).

¹⁵Such conditions can also be added through legislation.

¹⁶We first reported on the quality of the treatment and diagnostic services provided to Gulf War veterans by VA and the Department of Defense in 1997. See GAO, *Gulf War Illnesses: Improved Monitoring of Clinical Progress and Reexamination of Research Emphasis Are Needed*, [GAO/NSIAD-97-163](#) (Washington, D.C.: June 23, 1997).

fires, and depleted uranium, that could be linked to their medical conditions.¹⁷ The symptoms Gulf War veterans were describing did not correspond easily to recognized categories of diseases, and presented a problem for health care diagnoses and treatment procedures, as well as for VBA staff who evaluate disability compensation claims.

In 2017, we found that a single case definition uniformly used to study Gulf War Illness could further improve the research, clinical diagnosis, and treatment of veterans with Gulf War Illness. We recommended that VA prepare and document a plan to develop a single case definition of Gulf War Illness and that this plan include near- and long-term specific actions, such as analyzing and leveraging information in existing datasets and identifying any areas for future research to help VA achieve this goal. VA has since implemented this recommendation by working with subject matter experts from VHA, VBA, and the DOD to create a seven-step plan to develop a single case definition of Gulf War Illness. Once a case definition is derived, VA officials said they would seek input from academics and other experts to validate this definition. According to VA, it continues to make progress with implementing its plan and is currently undergoing studies to collect available data. According to VA, it is in the final stages of the plan and will bring together experts in 2021 to review recent research and work toward delineating a definition. Completing the plan should position VA to reach its long-standing goal of establishing a single case definition and ultimately, better meet the healthcare needs of Gulf War veterans.

Agent Orange: In 2018, we reported that the Academy identified there is either sufficient evidence of an association with exposure to this tactical herbicide or limited or suggestive evidence of its association with certain

¹⁷We previously reported on the lack of information that DOD has regarding specific exposures, which can make conducting research challenging. For example, in 2016, we reported that the effects of exposing individuals to burn pit emissions are not well understood. At that time, DOD officials stated that there are short-term effects from being exposed to toxins from the burning of waste. However, the officials also stated that DOD does not have enough data to confirm whether direct exposure to burn pits causes long-term health issues. See, GAO, *Waste Management: DOD Has Generally Addressed Legislative Requirements on the Use of Burn Pits but Needs to Fully Assess Health Effects*, [GAO-16-781](#) (Washington, D.C.: Sept. 26, 2016).

diseases.¹⁸ For example, the Academy identified sufficient evidence of association with both chloracne and non-Hodgkin's lymphoma. Examples of diseases for which the Academy has found inadequate or insufficient evidence to determine an association include kidney disease and pancreatic cancer. In making determinations regarding the association between certain diseases and exposure to herbicide agents, the Secretary of Veterans Affairs is required to take into account the Academy's reports. Once the Secretary finds that such an association exists, the Secretary is then required to prescribe regulations, providing that a presumption of service connection was warranted for that condition.¹⁹

VA recognizes 14 presumptive conditions associated with exposure to Agent Orange or other herbicides during military service for which veterans may be eligible to receive disability compensation benefits.²⁰ The list of conditions provided by the VA has generally incorporated the findings of reviews performed by the Academy. The list includes five diseases that have been identified as having sufficient evidence of association, such as Hodgkin's disease, and nine that have been identified as having limited or suggestive evidence of association, such as Parkinson's disease and prostate cancer.²¹ The 2014 Academy biannual report, issued in 2016, listed four more diseases it categorized as having limited or suggestive evidence of association, but VA has not yet made the determination to include these four diseases on its list of presumptive

¹⁸For the 2014 Institute of Medicine report, which was issued in 2016, the committee reviewed the U.S. Agricultural Health Study, which found that individuals exposed to commercial herbicides could also suffer from adverse health effects, such as prostate cancer. National Academies of Sciences, Engineering, and Medicine, 2016.

¹⁹38 U.S.C. § 1116.

²⁰The 14 presumptive diseases are: chloracne (or similar acneform disease), Hodgkin's disease, non-Hodgkin's lymphoma, chronic B-cell leukemias, soft tissue sarcomas, Parkinson's disease, ischemic heart disease, multiple myeloma, porphyria cutanea tarda, peripheral neuropathy (early-onset), AL amyloidosis, respiratory cancers, diabetes mellitus (type 2), and prostate cancer.

²¹In the Academy's biannual reports, for a disease identified as having sufficient evidence of association, the evidence is sufficient to conclude that there is a positive association—that is, a positive association has been observed between herbicides and the outcome in studies for which chance, bias, and confounding could be ruled out with reasonable confidence. For a disease identified as having limited or suggestive evidence of association, the evidence is suggestive of an association between herbicides and the outcome but is limited, because chance, bias, and confounding could not be ruled out with confidence.

conditions.²² These diseases are: cancer of the urinary bladder, hypertension, stroke, and hypothyroidism.²³ According to VA, the department continues to study the science of these conditions and it is currently awaiting results from two major studies: VE-HEROeS, which is looking at health outcomes in Blue Water Navy Veterans,²⁴ and a Vietnam Mortality study, both of which VA expects will provide at least some evidence to consider.

Challenges Identified by GAO in 2017 for Processing Gulf War Illness Claims

We previously reported on challenges VA faced in processing disability claims for Gulf War Illness. These challenges included an inconsistent understanding among VBA claims processors of when to order disability medical exams to help determine veterans' eligibility, and inaccurate disability medical exams for Gulf War Illness by medical examiners. We also noted a lower approval rate for Gulf War Illness claims and a wide range in approval rates across VBA's regional offices.²⁵ At the time of our review, VA officials stated that Gulf War Illness medical issues may be denied at a higher rate, in part, because they are not always well understood by VA staff, and that veterans sometimes do not have the medical records to adequately support their claims.

Requesting Gulf War Medical Exams

In the 2017 report, we noted that VBA claims processors had different interpretations of when to order a disability medical exam for a Gulf War Illness claim, and that VBA's own internal review identified inconsistencies.²⁶ Based on its internal review, VBA implemented

²²See National Academies of Sciences, Engineering, and Medicine, *Veterans and Agent Orange: Update 2014* (Washington, D.C.: The National Academies Press, 2016).

²³The Academy's November 2018 report changed the assessment of hypertension from limited or suggestive association to sufficient association. It also identified a new health outcome, monoclonal gammopathy of undetermined significance, for which there is sufficient evidence of association.

²⁴Following passage of the Blue Water Navy Vietnam Veterans Act of 2019, beginning Jan. 1, 2020, veterans who served within a certain distance from the shore of Vietnam, or who had service in or near the Korean Demilitarized Zone may be entitled to presumed service connection disability compensation for certain conditions related to herbicide exposure. Pub. L. No. 116-23, 133 Stat. 966.

²⁵For our 2017 report, we assessed VBA approval data for fiscal years 2010 through 2015.

²⁶Specifically, VBA conducted two Special Focus Reviews on Gulf War Illness claim denials in 2015 and 2016 that revealed confusion regarding the guidance for VBA staff on the exam process. These reviews found incorrect claim decisions related to the medical exam process, including VBA claims processors failing to obtain medical exams when they were necessary to properly evaluate a veteran's claim.

nationwide training for claims processors. At the time of our review, VBA said it planned to complete another internal review to help ensure that training was effective. According to VBA, it conducted this consistency study in April 2017 and found that most participants reported increased knowledge on requesting and reviewing Gulf War medical examinations due to the training.²⁷ The Gulf War general medical exam can be used to help determine a veteran's entitlement to VA disability benefits. We also noted that according to VBA guidance, the Gulf War general medical exam must be requested when there is evidence of a chronic condition and qualifying service in Southwest Asia. For example, if a claim includes medical records that show a veteran has complained of symptoms that fall under the undiagnosed illness or chronic multisymptom illness categories, claims processors should request a Gulf War general medical exam.²⁸

Conducting and Reporting on a Gulf War Medical Exam

Medical examiners we interviewed for our 2017 report said that conducting Gulf War general medical exams was challenging because of the range of symptoms that could qualify as Gulf War Illness. In addition, several examiners said they faced challenges responding to the VBA guidance that accompanied the Gulf War general medical exam request. For example, VBA's *Notice to Examiners* asked medical examiners to evaluate a veteran's symptoms and determine if they are due to an undiagnosed illness or a medically unexplained chronic multisymptom illness, or related to a known diagnosis or illness. Several VHA medical examiners told us it can be difficult to determine whether veterans' symptoms are undiagnosed illnesses or medically unexplained chronic multisymptom illnesses, which would be considered presumptive conditions. Medical examiners had different views on and approaches for how to assess veterans for undiagnosed illnesses. For example, two examiners said that to determine that a veteran should be categorized as having an undiagnosed illness would require ruling out all known diseases that could cause the veteran's symptoms. Our report noted that doing so, however, was beyond the scope of a medical exam for disability compensation purposes.

²⁷VBA periodically conducts targeted reviews, called "consistency studies," to assess and test staff accuracy and consistency in processing specific types of claims.

²⁸According to VBA guidance, if a claims rater determines the evidence provided by the veteran is adequate to substantiate the claim without a Gulf War general medical exam, the rater may decide not to request one.

According to several VBA claims rating staff we interviewed for our 2017 report, medical examiners sometimes provided a medical opinion related to service connection when one was unnecessary because the veteran had a presumptive condition. If this opinion included language that indicated the veteran's condition may not be related to their service, a claims rater may have inadvertently denied a claim that should have been presumptively granted.

In our 2017 report, we found that VHA offered voluntary Gulf War Illness training to its disability medical examiners. We recommended that VA make this training mandatory, and VA implemented this recommendation. All VHA examiners had completed the training as of November 2017. Since the time of our report, VA has begun to allow VBA contracted medical examiners to conduct Gulf War exams. According to VBA officials, contractors are required to take all of the same training as VHA examiners. In 2018, however, we reported that VA did not have a system in place to track and monitor that all contract examiners had completed necessary training.²⁹ We recommended that VA implement a process to monitor training and VA has not yet fully implemented this recommendation.

In conclusion, while medical conditions can become presumptive by different means, research has been key for VA to determine when to add new presumptions. Nevertheless, many veterans continue to experience medical issues that are not fully understood, making on-going research important. Our prior work also shows the importance of ensuring that claims processors and medical examiners have clear information on how to process presumptive claims, especially for those that are not straightforward, such as medically unexplained chronic multisymptom illnesses.

Chair Luria, Ranking Member Bost, and Members of the Subcommittee, this completes my prepared statement. I would be pleased to respond to any questions you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Elizabeth Curda, Director, Education, Workforce and Income Security, 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 statement. GAO staff who made key contributions to

²⁹GAO, *VA Disability Exams: Improved Performance Analysis and Training Oversight Needed for Contracted Exams*, [GAO-19-13](#) (Washington D.C., Oct. 12, 2018).

this testimony are Nyree Ryder Tee (Assistant Director), Aimée Elivert (Analyst-in-Charge), Karyn Angulo, Susan Aschoff, James E. Bennett, Christina Bixby, Elizabeth Field, Alexander G. Galuten, Nisha R. Hazra, Walter Vance, and Kathleen L. Van Gelder. Contributors to the underlying reports can be found in those reports.

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