

**STATEMENT FOR THE RECORD: RONALD E. BROWN, PRESIDENT, NATIONAL GULF WAR RESOURCE CENTER (NGWRC) & GULF WAR VETERAN.  
BEFORE THE U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,  
DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS.  
FOR A July 13, 2017 HEARING ENTITLED:  
Examining VA's Processing of Gulf War Illness Claims.**

Thank you, Chairman Bergman, Bost, Ranking Members Kuster, Esty all other members of the House Veterans' Affairs Subcommittee on Oversight and Investigations and Disability Assistance and Memorial Affairs. I thank you for holding this joint investigative hearing on the VA's Disability Claim Process with Respect to Gulf War Illness claims.

My name is Ronald Brown; I'm President of the National Gulf War Resource Center (NGWRC). The NGWRC is a small 501 (c) (3) non-profit veteran service organization, which is comprised of sick Persian Gulf War veterans who volunteer our time to advocate for our fellow veterans suffering from the complexities of modern warfare. We specialize in Gulf War Illness claims, we work with veterans to educate and assist them in the claims process. We also work with policy makers inside the VA, to accomplish two goals: first, to insure clinicians are better trained about conditions facing this group of veterans to insure the veterans receive the best health care possible. Secondly, we are working to address and correct issues affecting this group of veterans, such as the high denial rate of Gulf War illness related claims.

We, the NGWRC have been working on addressing problems within the Gulf War Illness-related disability claim process with senior VA leadership for over the past three years. Everything in this GAO report has been addressed, corrective recommendations have been offered, but corrective action promised by the VA clearly wasn't carried out. I'm left scratching my head on exactly what has been accomplished, Our brain cancer presumptive has come to a standstill, those affected veterans and their families still can't obtain service connection, Gulf War presumptive claims are still denied at 80% plus rate, Examiners are still not trained on Gulf War related C&P exams. Adjudicators from around the country are poorly trained on Gulf War Illness-related presumptive conditions; the priority is to clear the claims backlog, causing many wrongfully denied veterans to wait years for a long drawn out appeals process.

After last year's hearing (PERSIAN GULF WAR: An Assessment OF VA's Disability Claim Process with Respect to Gulf War Illness) we was contacted by the Government Accountability Office (GAO) concerning an investigation Congressman Coffman had initiated on Gulf War claims. We provided data the Veterans Benefit Administration (VBA) had shared with us on these claims to GAO representative Nora Boretti. This data suggested to us that the VBA has a serious problem with presumptive Gulf War Illness claims. The data provided Gulf War presumptive claims denial and approval rates from 2001-2017. In addition to the VBA data, we also provided actual blacked out presumptive condition claims that had been wrongfully denied. These claims had actual language the VBA used in its denial, and showed that the examiners and adjudicators had failed to follow statute, regulations (38 CFR § 3.317), and VA procedures. With each claim, we also provided blacked out medical evidence that proved that the veteran suffered from a medically unexplained chronic multisymptom illness. We also provided C&P exams, some in which the examiner failed to follow the guidance in the notice to examiners and

provided an unnecessary medical opinion which caused the claim to be denied. Prior to providing these claim examples to the GAO, we first highlighted the errors and sent them to senior VBA leadership, who had them reviewed by VBA's quality control (Star Team) and the decisions had been overturned.

As previously stated, the NGWRC has been working to address the problems adjudicating Gulf War Illness-related disability claims for over three years. One of our first meetings was with Under Secretary Allison Hickey which led to a special focus review Gulf War Illness-related disability claims. VBA was instructed to randomly pull a statistical sample from claims dated 2011-2015 and have the Star Team review them. The findings of this Special focus review follows:

#### Special focus review overview:

During the period of August through December 2015, Compensation Service (the Quality Review staff) conducted a special focus review (SFR) of Gulf War (GW) cases. This review was the result of a meeting that took place on August 17<sup>th</sup>, 2015 with Under Secretary for Benefits, Allison Hickey; Tom Murphy, Director of Compensation Service; and Brad Flohr, Senior Advisor, Compensation Service, along with Ron Brown, President, National Gulf War Resource Center. It was noted that the National Gulf War Resource Center had numbers that reflected GW cases were not being decided correctly. From this meeting, a decision was made to have Compensation Service (the Quality Review staff) do a SFR on GW claims that were denied.

This review involved Veterans of the earlier Gulf War period that served between August 1990 and July 1991.

A total of 311 cases from the first two quarters of Fiscal Year 2015 were reviewed. Although some of these cases included claims for other disabilities that were not related to Gulf War, this review was restricted to the Gulf War related illnesses on each claim. The findings below are presented based on a claim based review. This means that if an error was found with a specific issue denied, the entire case was erroneous.

#### FINDINGS:

Of the 311 cases reviewed, 291 were properly denied, and 20 were improperly denied. This corresponds to a 94% accuracy rate within our sample.

The VBA testified as to the special focus review findings at last year's hearing. After the hearing we (NGWRC) received the special focus review findings from the VBA. After reviewing the findings we determined that the VBA had not done the review as was agreed upon in the meeting with Under Secretary Allison Hickey, only claims from the first two quarters of Fiscal year 2015 were reviewed instead of claims from Fiscal years 2010-2015 as agreed upon. We contacted Secretary Bob McDonald who instructed the VBA to do a second Special focus review in which claims from Fiscal years 2011-2015 would be reviewed. The VBA drew 111 less claims than what was agreed upon (311) in this second special focus review. The findings are listed below:

## Gulf War Special Focus Review

### BACKGROUND

During December 2015 Compensation Service Quality Assurance Staff performed a special focus review of Gulf War (GW) denied claims. This review was the result of a meeting between the Under Secretary for Benefits (USB) and the President of the National Gulf War Resource Center. The National Gulf War Resource Center had data that reflected GW cases were being prematurely denied. The USB agreed to have Compensation Service Quality Assurance staff perform a special focus review of denied GW claims.

The initial review conducted during December 2015 involved Veterans of the earlier Gulf War period who served between August 1990 and July 1991. A total of 311 denied GW claims from the first two quarters of fiscal year 2015 were reviewed. The review was restricted to GW related illnesses. The review was not restricted to denials of claims for medically unexplained chronic multisymptom illnesses (MUCMIs). The December 2015 review resulted in an accuracy rate of 94%. The Gulf War Resource Center questioned why this review was not limited to denied claims for service connection for MUCMIs. They also questioned why the review only included claims denied during the first two quarters of fiscal year 2015. The GW Resource Center stated their data showed the prematurely denied claims were for service connection for MUCMIs and they understood Compensation Service would do a special focus review specific to denial of GW claims for service connection for MUCMIs only. Subsequently, Compensation Service agreed to do another review restricted to looking at denied GW claims for MUCMIs across FY11 through FY14.

Based upon the findings of the GW special focus review in December 2015, national training on GW claims processing was provided to all field offices in June 2016.

### OVERVIEW

A second special focus review was completed by the Quality Assurance staff during the month of September 2016. The cases reviewed were specific to denied claims for service connection for MUCMIs, specifically chronic fatigue syndrome (CFS), fibromyalgia, and irritable bowel syndrome (IBS) as well as functional gastrointestinal disorders) under 38 CFR 3.317(a)(2)(B). A total of 200 cases from fiscal years 2011 through 2014 (50 cases from each year) were requested for review. One of the 200 cases could not be located after a thorough search. There were no documents uploaded into the Veterans Benefits Management System (VBMS) for this case; so a review could not be performed. Therefore, the total number of decisions reviewed for this special focus review was 199.

Compensation Service, Quality Assurance  
October 2016

## FINDINGS

Of the 199 cases reviewed, 178 decisions were correct, and 21 decisions were prematurely denied. This corresponds to an 89% accuracy rate within the sample. As stated above 50 cases from each fiscal year (FY11, FY12, FY13, and FY14) were reviewed. There was not much difference in the percentage of cases that were denied properly across the fiscal years reviewed.

- FY11: 44 correct with 6 prematurely denied.
- FY12: 43 correct with 7 prematurely denied.
- FY13: 47 correct with 2 prematurely denied.
- FY14: 44 correct with 6 prematurely denied.

The reason for the premature denials is shown below:

- 6 errors cited because a decision was made based on an insufficient exam.
- 5 errors cited for failure to request the proper VA exam or DBQ with the required verbiage to the examiner.
- 4 errors cited for failure to obtain a VA exam.
- 6 errors cited for denying the claim when evidence showed the disability persisted for 6 months and service connection was warranted.

Of the 21 errors cited, 15 were related to the exam process.

In the process of determining whether the denials reviewed were appropriate, the reason for denial shown on the decision code sheet was recorded. It was found that 88% of these cases were coded as not incurred/caused by service, 9% were coded as no diagnosis and 3% were coded as not established by presumption.

It must be noted that there are a limited number of reasons for denial populated in VBMS-R. These reasons for denial have no bearing on whether or not service connection was considered under the Code of Federal Regulations that covers compensation for certain disabilities occurring during the Persian Gulf War (38 CFR 3.317). Rather, the claimed GW disabilities are identified by the "Environmental Hazard in the Gulf War/ Undiagnosed Illness" special issue and the "88" diagnostic code prefix on the code sheet.

It is imperative that the reviewer fully review the narrative in these decisions to ascertain whether service connection was properly considered under 38 CFR 3.317.

#### **SUMMARY**

The accuracy rate of this GW special focus review with an emphasis on MUCMIs is 89% for the claims reviewed from FY11 through FY14. The problem areas found were related to improper exam requests, insufficient exam reports, and improper denials of diagnosed disabilities. No specific trends were identified by fiscal year.

#### **RECOMMENDATIONS**

Based on a careful analysis of the data gleaned from this GW special focused review conducted by Compensation Service Quality Assurance staff, the recommendation is made to administer a consistency study on GW claims to all regional offices to validate the June 2016 GW training which covered the GW claim process, when to order a GW exam and the proper language that should be included in the exam request. The consistency study is scheduled to be conducted during the 2<sup>nd</sup> Quarter of FY 17.

From the fairly small numbers of veterans the NGWRC has helped with the claims process, it is abundantly clear that the VBA has a systemic problem with Gulf War Illness-related disability claims. Adjudicators are not well trained, the emphasis isn't on accuracy; rather, on clearing the backlog of claims. The statute, VA regulation and VA procedure (M21-1 manual) often aren't followed. To complicate the issue C&P examiners aren't properly trained on these types of claims, despite VAs insistence that they are, this GAO report found the examiners training on these types of claims is optional, not mandatory as we were led to believe, and only about 10% of VA's examiners have completed the optional Gulf war Illness course. In the claims we have reviewed, got the VBA to overturn, and provided to the GAO (15 – 20 claims), it is abundantly clear that most examiners who preform Gulf War exams don't understand guidance in the Notice to Examiners in Southwest Asia claims (below) that they are to provide a medical statement, and not a medical opinion about service connection for disability type (1) an undiagnosed illness, and (2) a diagnosable but medically unexplained chronic multi-symptom illness. As pointed out in this GAO report, adjudicators often fail to recognize that the examiner has provided an unnecessary medical opinion concerning service connection, and the veterans are wrongfully denied.

j. Notice to Examiners in Southwest Asia Claims *Please examine this Veteran, who has service in Southwest Asia, for any chronic disability pattern. Please review the claims folder as part of your evaluation and state, with your findings, that it was reviewed. The Veteran has claimed a disability pattern related to [insert symptoms described by Veteran].*

*Please provide a medical statement explaining whether the Veteran's disability pattern is:*

- (1) an undiagnosed illness*
- (2) a diagnosable but medically unexplained chronic multi-symptom illness of unknown etiology*
- (3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or*
- (4) a disease with a clear and specific etiology and diagnosis.*

*If, after examining the Veteran and reviewing the claims file, you determine that the Veteran's disability pattern is either (1) an undiagnosed illness; or (2) a diagnosable but medically unexplained chronic multisymptom illness of unknown etiology, then no medical opinion or rationale is required as these conditions are presumed to be caused by service in the Southwest Asia theater of operations.*

*If, after examining the Veteran and reviewing the claims file, you determine that the Veteran's disability pattern is either (3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or (4) a disease with a clear and specific etiology and diagnosis, then please provide a medical opinion, with supporting rationale, as to whether it is "at least as likely as not" that the disability pattern or diagnosed disease is related to a specific exposure event experienced by the Veteran during service in Southwest Asia.*

Many of veterans that we assisted in the appeals process were wrongfully denied because the Regional Benefits office imposed a nexus requirement. The decision letter stated that the claim was

denied because “your service treatment records are silent for complaints, treatment, or a diagnosis for your claimed condition of [Fibromyalgia, Chronic Fatigue Syndrome or Irritable Bowel Syndrome]”. These types of denials are direct violations of U.S.C. 38 § 1118 which states that these conditions (diagnosable but medically unexplained chronic multi-symptom illnesses) are presumptions of service connection associated with service in the Southwest Asia theater of operations and “shall be considered to have been incurred in or aggravated by service notwithstanding that there is no record of evidence of such illness during the period of such service.” The United States Court of Appeals for Veterans Claims upheld the statute when it ruled in the case *Gutierrez v. Principi*, 19 Vet.App.1 (2004), that a Gulf War veteran does not have to prove any link to the veteran’s service and the VA cannot impose a nexus requirement under the provisions of 38 CFR § 3.317. The Courts ruling follows:

*Gutierrez v. Principi*:

“In this case, the Board finds that the veteran's initial claims for VA compensation, the initial VA evaluations, and the veteran's initial statements to the VA following his discharge from active service (in which he fails to mention any disability associated with joint and muscle pain, fatigue, dizziness, decreased vision, memory loss, and loss of concentration) provides affirmative evidence that the undiagnosed illnesses were not incurred during his active military service. It further fundamentally undermines the veteran's credibility in that it is his central contention that he has had these disabilities over an extended period following his discharge from service. If this was the case, the Board finds no rational reason to believe that there would not be at least some evidence or indications in support of the veteran's contention or that the veteran would not have noted these difficulties earlier or during his initial examinations. The Board finds that these facts do not support the veteran's case. The only evidence of record before the Board specifically linking the veteran's current alleged disabilities to his service or to Gulf War syndrome consist[s] of the veteran's own evidentiary assertions. Such evidence is of limited probative weight. While the veteran is competent to describe manifestations perceivable to a lay party, he is not competent to diagnose himself with disabilities and then associate those disabilities with his active service or with any form of Persian Gulf syndrome R. at 14-15 (emphasis added). If this were a claim for direct service connection, a nexus between Mr. Gutierrez's disabilities and his period of active service would be required. See *Caluza*, supra. In this case, however, evidence is not required “specifically linking” Mr. Gutierrez's disabilities to his service or the Gulf War. See *Brock*, supra. Congress has decided as a matter of policy, stemming at least in part from difficulty of proof, that, even though a Persian Gulf War veteran’s symptom may not at this time be attributed to a specific disease, the symptoms may nonetheless be related to conditions in the Southwest Asia theater of operations and, for that reason, are presumed to be service connected. See 38 U.S.C. 1117; 38 C.F.R. 3.317 (a)(1)(i).

**Thus, Mr. Gutierrez was not required to provide evidence linking his current conditions to events during service and the Board erred by imposing such a nexus requirement.** Further, as stated above, section 1117 and 3.317 require that undiagnosed illnesses become manifest to a degree of 10% or more during the presumption period that ends on December 31, 2006. See 38 C.F.R. 3.317(a)(1)(i).

Accordingly, the Board erred by failing to account for that, as well as the other factors discussed below, in determining that Mr. Gutierrez's complaints were not credible because he had not sought treatment for these conditions earlier or did not complain about them during his initial medical examinations. The Board also found that, although Mr. Gutierrez had complained of joint and muscle pain, fatigue, dizziness, and loss of concentration, the objective medical evidence failed to show any such disabilities. R. at 15. The evidence of record reveals that Mr. Gutierrez consistently complained during VA medical examinations about fatigue, muscle and joint pain, neurologic signs or symptoms (loss of concentration and memory), and sleep disturbances. See R. at 98, 106-108, 125-28, 228-29, 329, 348-53, 423, 426-27.

These symptoms are specifically identified by VA in its own regulation as possible manifestations of an undiagnosed illness in Gulf War veterans. See 38 C.F.R. 3.317(b).”

Another troubling and frequent problem we see in Gulf War Illness-related disability claims is that often the examiner, usually a Nurse Practitioner, will override the diagnoses from a medical specialist. Medical specialists are the ones who have run all the necessary testing to rule out all other clinical diagnosis that could produce symptoms before they diagnose a CMI such as fibromyalgia. The specialist often is the one treating the veteran or at least advising the veteran’s primary care provider. As recently as two weeks ago, we assisted a veteran whose claim for fibromyalgia and chronic fatigue Syndrome was denied because the examiner stated that the veteran’s diagnosis wasn’t confirmed by a specialist. Ironically the veteran was diagnosed by James N. Baraniuk, MD (Professor of Medicine, Division of Rheumatology, Immunology and Allergy, Director of the Chronic Pain and Fatigue Research Center, Georgetown University). Dr. Baraniuk is one of the nation’s leading experts on disabilities occurring in Persian Gulf veterans.

We have also seen exams where the veterans have a clinical diagnosis of Fibromyalgia, Chronic Fatigue Syndrome, and Irritable Bowel Syndrome and the Adjudicator’s try and lump the veteran’s conditions under one rating even though all three conditions carry their own rating criteria in 38 CFR § 3.317. Generally this hurts the veteran as they are given a lower rating percentage.

After three years of trying to get the VA to correct issues with Gulf War Illness-related disability claims; I honestly feel that the only way to a viable fix is thru legislative action. I believe that Congress needs to reevaluate the statute; I don’t think it was congressional intent for a process in which most Gulf War Illness-related disabled veterans are denied service connection for their illnesses. In the last hearing in March of 2016 Representative Kuster had mentioned that perhaps Congress needs to go back and look at the legislation they did to create Undiagnosed Illness and I agree I think this desperately needs to happen.

I also think that Congress needs to reevaluate USC 1117 and 1118. It is almost impossible to add presumptive conditions for Gulf war veterans in part because this statute requires positive proof concerning exposures. How’s this possible, Gulf war veterans were exposed to a variety of environmental and chemical hazards, unlike our Vietnam veterans whose main exposure was herbicides? I honestly believe Congress needs reevaluate this legislation and change the positive proof wording to benefit of the doubt since there are so many exposure variables that will never be known.

Without, guidance from Congress, I do think that the VBA or VA will take action to address problems within the Gulf War Illness-related disability claim process. I say this because I have spent the last three years addressing the same issues identified in this GAO report with Senior VA, VBA and VHA leadership with very little to show for it. They have had 26 years to get this correct and it’s still not even close. So, I honestly hope Congress can assist in providing legislative help for Gulf War veterans. Below are the same recommendations I provided at the last hearing, with a new recommendation highlighted in yellow.

Recommendations:

Have VA report back to Congress quarterly with the type of training being conducted and with proof the Gulf War medical and adjudicator training has indeed been done by all required VA employees. Make it



**mandatory and ongoing!!! ONE AND DONE TRAINING ABSOLUTLY HAS NOT WORKED ON GULF WAR MEDICAL AND AJUDICATOR TRAINING (NEW Recommendation).**

Training. Training the front-line adjudicators concerning Gulf War illness related claims would be the most effective tool in solving the high denial rate of Gulf War illness related claims. Gulf War illness related claims make up 29% of the current back log. This training would further serve to reduce the growing number of appeals. If the policy makers in the Central office are serious about fixing the high denial rates of Gulf War illness related claims, they need to ensure that each regional office around the country is doing mandatory training. The upper management in the Central office should direct the directors of each Regional Benefits Office to ensure their front-line adjudicators are using the M21-1 manual. This manual provides the adjudicators all the references needed to accurately adjudicate claims. References in this manual include U.S. code, VA Regulation (CFR) and related U.S. Court of Appeals for Veterans' Claims cases. This manual is an excellent tool if used.

Transparency, the VBA must continue to provide Veteran Service Organizations with data on these types of claims. This ensures that VSO organizations can monitor and keep tract of denial and approval rates as well as provide critical information to the veterans they represent. Have VA report back to Congress quarterly with the type of training being conducted and with proof the Gulf War medical and adjudicator training has indeed been done by all required VA employees.

In closing, below is the Data VBA furnished the NGWRC on Gulf War presumptive claims from Fiscal years 2002-2017 This data covers more years than the GAO's report and paints an even darker picture of the systemic problems VA has with Gulf War presumptive claims!!

**UDX and CMI Decisions**

**UDX Issue Denial Reasons**

**CMI Issue Denial Reas**

UDX = Undiagnosed Illness, defined as diagnostic codes containing 88xx in the hyphenated code OR has a GW1 special issue basis type and excludes CMI diagnostic codes in the primary code/hyphenated code . CMI = Chronic Multisymptom Illness has the same code structure as UDX 88XX in the hyphenated code but fibromyalgia 5025, IBS 7319, and chronic fatigue syndrome 6354 is located in the primary code OR has a CMI condition with GW special issue.

| UDX and CMI |           |              |           |              |        |          |
|-------------|-----------|--------------|-----------|--------------|--------|----------|
| FY          | Issues    |              | Veterans  |              | Total  |          |
|             | NOTSVCCON | SVCCONNECTED | NOTSVCCON | SVCCONNECTED | ISSUES | VETERANS |
| 2002        | 19        | 2            | 8         | 2            | 21     | 10       |
| 2003        | 5,189     | 415          | 1,891     | 330          | 5,604  | 2,085    |
| 2004        | 8,122     | 963          | 3,139     | 730          | 9,085  | 3,609    |
| 2005        | 9,367     | 951          | 4,001     | 727          | 10,318 | 4,478    |
| 2006        | 9,747     | 984          | 4,308     | 708          | 10,731 | 4,765    |
| 2007        | 12,571    | 1,353        | 5,185     | 915          | 13,924 | 5,779    |
| 2008        | 15,143    | 1,534        | 6,001     | 1,026        | 16,677 | 6,676    |
| 2009        | 19,961    | 1,991        | 7,376     | 1,267        | 21,952 | 8,181    |
| 2010        | 26,216    | 3,274        | 9,416     | 2,072        | 29,490 | 10,682   |
| 2011        | 25,021    | 3,904        | 9,128     | 2,530        | 28,925 | 10,663   |
| 2012        | 32,368    | 5,731        | 11,489    | 3,622        | 38,099 | 13,699   |
| 2013        | 33,331    | 6,152        | 13,065    | 4,184        | 39,483 | 15,751   |
| 2014        | 25,580    | 4,199        | 10,672    | 3,146        | 29,779 | 12,866   |
| 2015        | 38,041    | 5,583        | 15,505    | 4,177        | 43,624 | 18,327   |
| 2016        | 38,015    | 5,831        | 15,477    | 4,594        | 43,846 | 18,681   |
| FYTD 2017   | 15,567    | 2,663        | 6,819     | 2,145        | 18,230 | 8,403    |
| CMI         |           |              |           |              |        |          |
| FY          | Issues    |              | Veterans  |              | Total  |          |
|             | NOTSVCCON | SVCCONNECTED | NOTSVCCON | SVCCONNECTED | ISSUES | VETERANS |
| 2002        | 3         | 2            | 3         | 2            | 5      | 5        |
| 2003        | 1,070     | 226          | 866       | 209          | 1,296  | 1,044    |
| 2004        | 1,904     | 575          | 1,534     | 507          | 2,479  | 1,967    |
| 2005        | 2,358     | 526          | 1,961     | 482          | 2,884  | 2,355    |
| 2006        | 2,579     | 534          | 2,025     | 469          | 3,113  | 2,398    |
| 2007        | 3,290     | 747          | 2,405     | 599          | 4,037  | 2,904    |
| 2008        | 3,947     | 903          | 2,779     | 701          | 4,850  | 3,355    |
| 2009        | 5,339     | 1,185        | 3,556     | 895          | 6,524  | 4,278    |
| 2010        | 7,168     | 1,990        | 4,654     | 1,484        | 9,158  | 5,818    |
| 2011        | 6,770     | 2,352        | 4,545     | 1,817        | 9,122  | 5,984    |
| 2012        | 9,560     | 3,344        | 6,097     | 2,556        | 12,904 | 8,081    |
| 2013        | 10,280    | 3,431        | 7,184     | 2,877        | 13,711 | 9,468    |
| 2014        | 8,270     | 2,437        | 5,857     | 2,180        | 10,707 | 7,625    |
| 2015        | 11,312    | 3,297        | 8,066     | 3,001        | 14,609 | 10,489   |
| 2016        | 10,952    | 3,598        | 7,942     | 3,277        | 14,550 | 10,676   |
| FYTD 2017   | 4,894     | 1,733        | 3,677     | 1,577        | 6,627  | 5,009    |
|             |           |              | 63,151    | 22,633       |        |          |

| UDX       |           |              |           |              |        |          |
|-----------|-----------|--------------|-----------|--------------|--------|----------|
|           | Issues    |              | Veterans  |              | Total  |          |
| FY        | NOTSVCCON | SVCCONNECTED | NOTSVCCON | SVCCONNECTED | ISSUES | VETERANS |
| 2002      | 16        |              | 7         |              | 16     | 7        |
| 2003      | 4,119     | 190          | 1,530     | 143          | 4,309  | 1,611    |
| 2004      | 6,218     | 388          | 2,417     | 274          | 6,606  | 2,598    |
| 2005      | 7,009     | 425          | 2,922     | 289          | 7,434  | 3,111    |
| 2006      | 7,168     | 450          | 3,078     | 287          | 7,618  | 3,274    |
| 2007      | 9,281     | 606          | 3,752     | 363          | 9,887  | 3,998    |
| 2008      | 11,196    | 631          | 4,389     | 384          | 11,827 | 4,657    |
| 2009      | 14,622    | 806          | 5,405     | 438          | 15,428 | 5,691    |
| 2010      | 19,048    | 1,284        | 6,895     | 717          | 20,332 | 7,334    |
| 2011      | 18,251    | 1,552        | 6,704     | 892          | 19,803 | 7,242    |
| 2012      | 22,808    | 2,389        | 8,166     | 1,364        | 25,197 | 9,013    |
| 2013      | 23,051    | 2,721        | 9,214     | 1,610        | 25,772 | 10,253   |
| 2014      | 17,310    | 1,762        | 7,390     | 1,171        | 19,072 | 8,226    |
| 2015      | 26,729    | 2,286        | 11,132    | 1,462        | 29,015 | 12,124   |
| 2016      | 27,063    | 2,233        | 10,971    | 1,567        | 29,296 | 12,091   |
| FYTD 2017 | 10,673    | 930          | 4,684     | 669          | 11,603 | 5,196    |
|           |           |              | 88,649    | 11,630       |        |          |

**UDX and CMI Decisions**

**UDX Issue Denial Reasons**

**CMI Issue Denial Reasons**

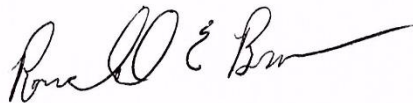
| ISSUES                                   | 2002 | 2003 | 2004  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  | 2016  | 2017  | Grand Total |
|--|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| 38 CFR 3.383 (Paired Extremity)          |      |      | 1     |       |       |       |       |       |       |       |       | 1     | 1     | 1     |       | 1     | 5           |
| Constitutional/Developmental Abnormality |      |      |       | 1     | 2     | 3     |       | 4     | 9     | 2     | 8     | 11    | 3     | 2     | 1     | 2     | 48          |
| No Diagnosis                             |      | 109  | 246   | 423   | 468   | 605   | 620   | 937   | 1,369 | 1,363 | 2,573 | 3,485 | 3,308 | 4,755 | 4,520 | 2,162 | 26,943      |
| Not Aggravated by Service                |      | 1    | 1     | 1     | 2     | 7     | 8     | 2     | 4     | 5     | 9     | 15    | 10    | 19    | 12    | 2     | 98          |
| Not Established by Presumption           | 1    | 282  | 492   | 548   | 619   | 773   | 929   | 1,330 | 1,807 | 1,853 | 2,355 | 2,416 | 1,731 | 2,181 | 2,265 | 983   | 20,565      |
| Not In Country                           |      | 1    | 5     | 6     | 4     | 4     | 5     | 10    | 20    | 22    | 15    | 22    | 23    | 10    | 4     |       | 151         |
| Not in Line of Duty                      |      | 1    | 1     |       |       |       |       | 1     | 2     |       |       | 1     | 3     | 1     | 9     | 1     | 20          |
| Not Incurred/Caused by Service           | 2    | 675  | 1,154 | 1,378 | 1,482 | 1,894 | 2,374 | 3,040 | 3,928 | 3,507 | 4,574 | 4,304 | 3,167 | 4,269 | 4,057 | 1,711 | 41,516      |
| Not Secondary                            |      | 1    | 4     | 1     | 2     | 4     | 11    | 15    | 29    | 18    | 26    | 25    | 24    | 73    | 84    | 32    | 349         |
| Hearing Normal for VA Purposes           |      |      |       |       |       |       |       |       |       |       |       |       |       | 1     |       |       | 1           |
| Grand Total                              | 3    | 1070 | 1904  | 2358  | 2579  | 3290  | 3947  | 5339  | 7168  | 6770  | 9560  | 10280 | 8270  | 11312 | 10952 | 4894  | 89696       |

## Done Results 2017-4421 3-15-17 includes Special Issues GW Presumpt

|                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| UDX and CMI Decisions | UDX Issue Denial Reasons | CMI Issue Denial Reasons |
|-----------------------|--------------------------|--------------------------|

| Issues                                   | 2002      | 2003        | 2004        | 2005        | 2006        | 2007        | 2008         | 2009         | 2010         | 2011         | 2012         | 2013         | 2014         | 2015         | 2016         | 2017         | Grand Total   |
|--|-----------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| 8 CFR 3.383 (Paired extremity)           |           |             |             |             |             | 1           |              |              |              |              |              | 2            | 1            | 1            | 1            |              | 6             |
| Constitutional/Developmental abnormality |           | 25          | 25          | 28          | 30          | 42          | 49           | 58           | 68           | 69           | 68           | 75           | 53           | 64           | 53           | 30           | 737           |
| Learning Normal for VA purposes          |           | 4           | 2           | 6           | 6           | 9           | 8            | 21           | 16           | 10           | 23           | 30           | 33           | 35           | 44           | 16           | 263           |
| Not Diagnosed                            |           | 268         | 406         | 518         | 600         | 791         | 987          | 1,316        | 1,707        | 1,757        | 2,645        | 3,581        | 3,149        | 5,393        | 5,232        | 2,156        | 30,506        |
| Not Aggravated by Service                |           | 7           | 20          | 21          | 40          | 36          | 55           | 51           | 64           | 67           | 107          | 144          | 114          | 205          | 223          | 78           | 1,232         |
| Not Established by resumption            | 1         | 1,111       | 1,614       | 1,836       | 1,864       | 2,424       | 2,883        | 3,655        | 4,956        | 4,860        | 5,812        | 5,706        | 4,484        | 5,986        | 6,177        | 2,355        | 55,724        |
| Not In Country                           |           | 1           | 4           | 7           | 25          | 5           | 18           | 15           | 22           | 15           | 28           | 39           | 15           | 10           | 3            | 2            | 209           |
| Not in Line of Duty                      |           | 3           | 2           | 2           | 3           | 1           | 4            | 5            | 4            | 2            | 3            | 5            | 14           | 12           | 26           | 12           | 98            |
| Not Incurred/Caused by service           | 15        | 2,685       | 4,136       | 4,570       | 4,579       | 5,938       | 7,159        | 9,442        | 12,083       | 11,370       | 13,971       | 13,307       | 9,299        | 14,769       | 14,895       | 5,888        | 134,106       |
| Not Secondary                            |           | 14          | 9           | 19          | 21          | 33          | 32           | 59           | 128          | 100          | 148          | 162          | 148          | 254          | 409          | 136          | 1,672         |
| Not Well Grounded                        |           | 1           |             | 2           |             | 1           | 1            |              |              | 1            | 3            |              |              |              |              |              | 9             |
| <b>Grand Total</b>                       | <b>16</b> | <b>4119</b> | <b>6218</b> | <b>7009</b> | <b>7168</b> | <b>9281</b> | <b>11196</b> | <b>14622</b> | <b>19048</b> | <b>18251</b> | <b>22808</b> | <b>23051</b> | <b>17310</b> | <b>26729</b> | <b>27063</b> | <b>10673</b> | <b>224562</b> |

Respectfully,



Ronald E. Brown  
 President  
 National Gulf War Resource Center