



Testimony

Before the Subcommittees on Oversight  
and Investigations and Disability  
Assistance and Memorial Affairs,  
Committee on Veterans' Affairs, House of  
Representatives

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For Release on Delivery  
Expected at 10:00 a.m. ET  
Thursday, July 13, 2017

# GULF WAR ILLNESS

## Additional Actions Needed to Improve VA's Claims Process

Statement of Melissa Emrey-Arras, Director,  
Education, Workforce, and Income Security

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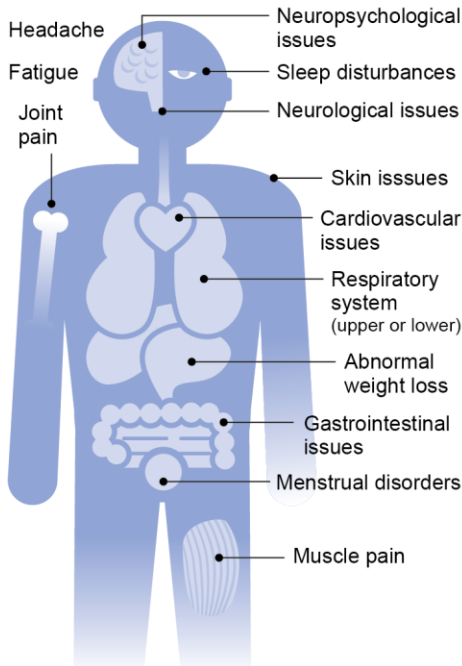
Chairmen Bergman and Bost, Ranking Members Kuster and Esty, and Members of the Subcommittees:

I am pleased to be here today to discuss our recent report on the process the Department of Veterans Affairs (VA) uses to evaluate Gulf War Illness disability compensation claims. VA estimates that among the nearly 700,000 veterans who served in the Persian Gulf War in 1990-1991, about 44 percent experience chronic medical issues commonly referred to as Gulf War Illness. There are no similar VA estimates of the prevalence of Gulf War Illness among veterans who were deployed to the region after 1991. According to the Department of Defense, however, these veterans may have also been exposed to certain environmental hazards and many have developed similar medical issues upon their return. The exact causes of Gulf War Illness are not always known and veterans' symptoms vary widely, but include fatigue, headaches, joint pain, indigestion, insomnia, respiratory disorders, skin problems, and memory impairment, among others. 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 (see fig. 1).

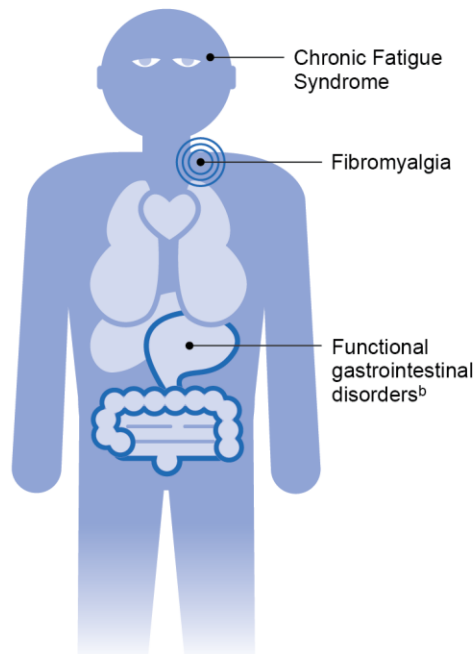
**Figure 1: Symptoms and Medical Issues the Department of Veterans Affairs (VA) Associates with Gulf War Illness**

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

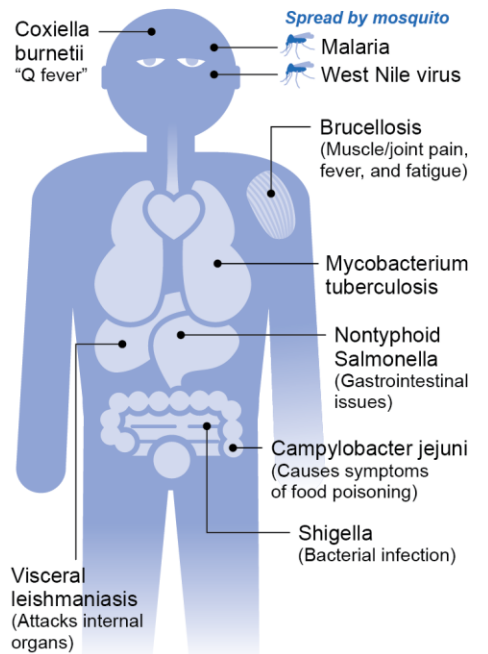
**Undiagnosed illness signs/symptoms<sup>a</sup>**



**Medically unexplained chronic multisymptom illness**



**Certain infectious diseases**



Source: GAO analysis of 38 C.F.R. § 3.317. | GAO-17-692T

Note: The symptoms of undiagnosed illness and the chronic multisymptom illnesses are examples—not an exhaustive list—of medical issues that VA associates with Gulf War Illness.

<sup>a</sup>The 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.

<sup>b</sup>Irritable bowel syndrome is one common type of functional gastrointestinal disorder.

The VA provides disability compensation benefits to veterans with disabling conditions that were incurred or aggravated during active military service.<sup>1</sup> Gulf War Illness claims are different in that VA can award benefits to certain veterans who served in a Gulf War conflict since 1990 and display any of the symptoms listed above 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

<sup>1</sup>See 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.

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and existence of the claimed symptoms. Veterans Benefits Administration (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.<sup>2</sup> As such, the VBA may request a medical examination from the Veterans Health Administration (VHA) to obtain additional information about the veteran's disability.

From fiscal years 1994 through 2016, VA has funded more than \$170 million for Gulf War Illness-related medical research, including \$12.3 million in fiscal year 2016. According to the VA and a 2016 National Academy of Medicine report, while much progress has been made in Gulf War Illness research, more work is needed to better understand what Gulf War Illness is and how to treat it.

My remarks today are based on our recent report, entitled *Gulf War Illness: Improvements Needed for VA to Better Understand, Process, and Communicate Decisions on Claims*.<sup>3</sup> Accordingly, this testimony addresses (1) recent trends in Gulf War Illness disability claims, (2) challenges VA faces with accurately processing and clearly communicating decisions on Gulf War Illness claims, and (3) how VA uses Gulf War Illness research to inform its disability compensation program. In addition, I will highlight several key actions that we recommended in our report that VA can take to help address challenges with its Gulf War Illness disability claims process.

For our report, we analyzed VBA data on disability compensation claims completed during fiscal years 2010 through 2015 and reviewed a non-generalizable sample of 44 Gulf War Illness claims that were completed in fiscal year 2015.<sup>4</sup> We also visited 4 of VBA's 58 regional offices (selected for high numbers of Gulf War Illness claims completed in fiscal year 2015 and geographic dispersion) and nearby VHA health care

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<sup>2</sup>The minimum 6 month time period does not apply to claims for certain infectious diseases.

<sup>3</sup>GAO, *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).

<sup>4</sup>We determined these data were sufficiently reliable for the purposes of our reporting objectives and have noted in our full report any limitations that are associated with the data we present on trends in Gulf War Illness claims.

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facilities where medical examinations take place.<sup>5</sup> Throughout our work, we interviewed staff from VA headquarters and the 4 regional offices we visited, as well as representatives from several veterans advocacy groups. We also reviewed relevant federal laws and regulations related to disability compensation benefits for Gulf War Illness. Additional information on our scope and methodology is available in our full report. We conducted the work on which this testimony is based in accordance with generally accepted government auditing standards.

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## In Recent Years, Completed Gulf War Illness Claims Have Risen, Included More Medical Issues, and Been Approved at Lower Rates Than Other Service-related Disabilities

According to our analysis of VBA data, the number of Gulf War Illness claims has substantially increased in recent years and these claims often include multiple medical issues, which generally require more time to process. Specifically, in fiscal year 2015, VBA completed about 11,400 Gulf War Illness claims, which was more than double the 4,800 claims for Gulf War Illness it completed in fiscal year 2010.<sup>6</sup> Many of these claims included multiple medical issues—or, symptoms—related to Gulf War Illness.<sup>7</sup> On average, we found that Gulf War Illness claims had about twice as many medical issues per claim as other disability claims, and took 4 months longer to complete.

We also found that Gulf War Illness claims were approved at lower rates than other types of disability claims. During fiscal years 2010 through 2015, we found that approval rates for Gulf War Illness medical issues were about three times lower than for all other claimed disabilities—17 percent of Gulf War Illness medical issues were approved over the 6-year time period we reviewed in comparison to 57 percent of all other types of medical issues.<sup>8</sup> According to VA, several factors may contribute to lower approval rates for Gulf War Illness medical issues including that these claims are not always well understood by VA staff. Additionally, according to some VA staff we spoke with, veterans sometimes file for Gulf War

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<sup>5</sup>We visited the Cleveland, Ohio; Seattle, Washington; St. Petersburg, Florida; and Waco, Texas regional offices and nearby VHA clinics.

<sup>6</sup>VBA completed processing over 42,000 Gulf War Illness claims during the 6 year time period we reviewed.

<sup>7</sup>A medical issue is an illness or condition that a veteran alleges was caused or worsened by their military service and may entitle the veteran to disability benefits. A veteran may file multiple claims with VA, and each claim may include multiple medical issues.

<sup>8</sup>VBA makes a separate determination on each medical issue submitted by the veteran and, therefore, we analyzed approval rates for Gulf War Illness claims at the medical issue level.

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Illness disability benefits but do not provide sufficient evidence that their symptoms have existed for at least 6 months, as generally required by VA regulations.

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## Accurate Processing of Gulf War Illness Claims Is Hampered by Confusion about the Gulf War General Medical Exam, and Claim Decision Letters Lack Key Information

VBA has clarified its guidance and implemented additional training for its claims rating staff, but the agency's ability to accurately process Gulf War Illness claims is hampered by inadequate training for VHA medical examiners who conduct medical examinations. VBA claims rating staff often rely on medical examiners to assess a veteran's disability before they make a decision on a claim. Medical examiners we interviewed said that conducting Gulf War general medical exams is challenging because of the range of symptoms that could qualify as Gulf War Illness. The VHA has offered an elective 90 minute web-based Gulf War Illness training for its medical examiners since June 2015. According to a VHA official, as of February 2017, VHA training data show only 10 percent of examiners had taken this training. Federal internal control standards call for adequate training for staff so that they can correctly carry out an agency's procedures. Medical examiners who do not take this Gulf War Illness-specific training may not be able to provide information to VBA staff to correctly decide whether to grant or deny a veteran's claim. To help ensure that medical examiners are well prepared to conduct Gulf War Illness medical examinations, we recommended that VA require its medical examiners to complete training, such as the 90-minute web-based course developed by VHA, prior to conducting Gulf War Illness medical examinations. VA agreed with this recommendation and plans to require that all its medical examiners take the 90-minute training course.

We also found that decision letters VA sends to veterans denying benefits for Gulf War Illness claims do not always clearly explain to the veteran how their Gulf War Illness claim was decided, which can leave a veteran uncertain about how the claim was evaluated and potentially lead to unnecessary appeals. VA regulations require that a clear statement be provided to the veteran regarding the agency's decision on each claim.<sup>9</sup> Without VBA including clear language in its decision letters, veterans may be unable to make a fully informed decision on whether to appeal VBA's decision. To improve communication with and provide more complete information to veterans whose Gulf War Illness claims are denied, we recommended that VA require decision letters for Gulf War Illness claims

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<sup>9</sup>38 C.F.R. § 3.103(b).

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to clearly explain how the claim was evaluated. VA agreed with our recommendation and is in the process of updating its guidance to the regional offices to clarify the language required for its Gulf War Illness decision letters.

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## VA Considers Research When Identifying Additional Disabilities Related to Gulf War Service, but Lacks a Plan to Guide Its Work on A Key Research Goal

VA considers research findings when adding to the list of conditions it presumes are associated with Gulf War service for disability compensation purposes, but it does not have a plan to develop a uniformly used case definition of Gulf War Illness. Based on research evidence, in 2010, VA added nine infectious diseases to the list of recognized Gulf War Illness-related conditions in its regulations.<sup>10</sup> Since then, VA has not identified any new conditions that it associates with Gulf War service, but agency officials say that they continue to explore whether additional conditions should be added.

Despite the progress made by VA's Gulf War Illness research program, VA advisory groups have noted the lack of a single case definition that can be uniformly used to study Gulf War Illness, and emphasized that establishing a single definition could further improve the research, clinical diagnosis, and treatment of veterans with Gulf War Illness. VA's advisory groups recommended that in the near-term, the agency analyze data from its existing datasets to better understand how they can be used to contribute to a single case definition. For example, VA has access to dozens of existing large-population datasets from federally-sponsored research studies and data contained in several federal Gulf War registries that include veterans' health information. According to VA, if these data were merged with its administrative datasets (for example, those containing clinical and benefits data), the information could be leveraged by VA researchers to improve understanding of Gulf War Illness and, ultimately, contribute to the development of a single case definition. Merging these datasets could provide researchers with additional information needed to develop a case definition, including information on veterans' service and onset of their symptoms. In addition, VA's research

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<sup>10</sup>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 National Academy of Sciences 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.

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advisory groups also noted the need for VA to plan for future research that is likely to contribute to a single case definition in the long-term.

VA included in its 2015 Gulf War Research Strategic Plan a strategic objective to establish a single case definition, but according to a VA official, the agency has no action plan in place to achieve it. Federal internal control standards call for agencies to have documented plans that include specific action steps associated with their objectives. VHA officials told us that they are considering how to use existing federal datasets and ongoing research to better understand Gulf War Illness but have not laid out specific actions, such as what data to use and how using these data would contribute to the development of a single case definition. VA officials attributed the lack of a specific plan to challenges with developing a single case definition and noted that it must be a slow and deliberate process. However, without a plan, VA risks engaging in research activities that are not cohesively targeted toward its goal of establishing a single case definition.

To increase the likelihood of making progress toward developing a single case definition of Gulf War Illness, we recommended that VA prepare and document a plan to develop such a definition, including near- and long-term goals and specific actions needed to meet those goals. In response, VA agreed with this recommendation and will convene a group of subject matter experts to work on a plan.

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Chairmen Bergman and Bost, Ranking Members Kuster and Esty, and Members of the Subcommittees, this concludes my prepared statement. I would be pleased to respond to any questions you or other Members of the Subcommittees may have.

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## GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact me at (617) 788-0534 or [emreyarrasm@gao.gov](mailto:emreyarrasm@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals making key contributions to this testimony include Nyree Ryder Tee (Assistant Director), Nora Boretti (Analyst-in-Charge), David Barish, Deborah K. Bland, Alexander G. Galuten, Marcia A. Mann, Martin E. Scire, Walter K. Vance, and Kathleen L. van Gelder. Other staff who made contributions to the full report cited in this testimony are identified in the source product.



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