



October 2023

VA DISABILITY BENEFITS

Actions Needed to
Address Challenges
Reserve Component
Members Face
Accessing
Compensation

Why GAO Did This Study

Over one-third of the U.S. military serve in the reserve components. In return for their service, the nation has committed to compensate veterans for service-connected disabilities. The Identifying Barriers and Best Practices Study Act includes a provision for GAO to study reserve component members' access to VA disability benefits.

This report examines VA's approval rates for reserve and active component disability compensation claims and how DOD and VA addressed stakeholder-identified challenges facing reserve component members in accessing disability compensation, among other topics.

GAO analyzed VA data; reviewed relevant federal laws, DOD and VA policies, and other documents; and interviewed VA and DOD officials and 15 selected stakeholders, including researchers and veterans service organizations.

What GAO Recommends

GAO is making 14 recommendations, including that DOD and VA develop guidance for reserve component members on documenting health conditions; the military services fully apply sound planning practices to implement the new form; and VA ensure claims processors have data on reserve component members' dates of training. DOD concurred and VA concurred in principle with GAO's recommendations.

View [GAO-24-105400](#). For more information, contact Elizabeth H. Curda at (202) 512-7215 or curdae@gao.gov.

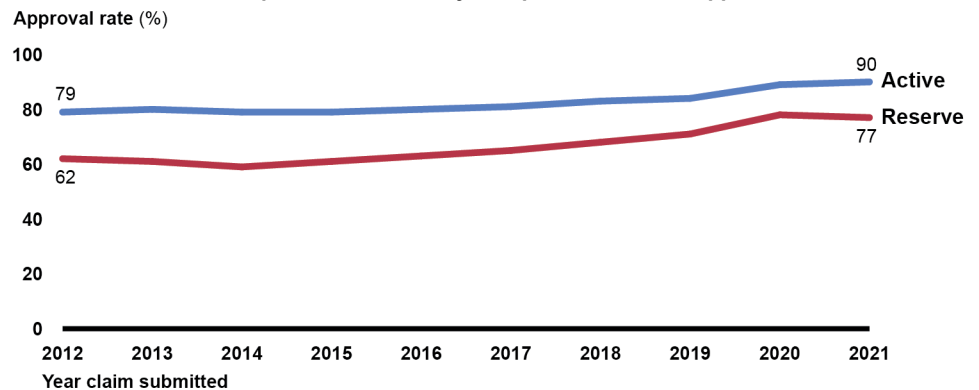
VA DISABILITY BENEFITS

Actions Needed to Address Challenges Reserve Component Members Face Accessing Compensation

What GAO Found

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

Active and Reserve Component VA Disability Compensation Claim Approval Rates



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

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

- All 15 stakeholders told GAO that reserve component members do not always understand the importance of immediately documenting health conditions to support any future disability compensation claims. DOD and VA guidance does not address this knowledge gap.
- Thirteen stakeholders and several claims processors told GAO that finding evidence needed to support reserve component claims, such as service dates, is difficult. One form lists active-duty service but not reserve component members' two-week annual training. DOD designed a new form that will list dates of annual training, but the military services have not fully applied sound planning practices to implement it. VA claims processors also lack a reliable data source for the dates of monthly weekend drills.

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

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Abbreviations

DMDC	Defense Manpower Data Center
DOD	Department of Defense
IDES	Integrated disability evaluation system
IG	Inspector General
LOD	Line of duty
MEO	Military Equal Opportunity
ODEI	Office for Diversity, Equity, and Inclusion
PHA	Periodic health assessments
RVSR	Rating Veterans Service Representative
SOF	Special operations forces
TAP	Transition Assistance Program
VA	Department of Veterans Affairs
VADIR	VA/DOD Identity Repository
VBA	Veterans Benefits Administration
VSO	Veterans service organizations
VSR	Veterans Service Representative

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October 30, 2023

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

In October 2022, over one-third of the 2.12 million members of the U.S. armed forces were serving in the Reserves or National Guard (reserve components).¹ While members of the active components serve on full-time active duty, reserve component members have historically served part time. Moreover, they mobilized full-time for active duty only when active component resources were insufficient to meet military objectives.² However, since 9/11, members of the reserve components increasingly have been mobilized to meet our nation's national security needs through deployments overseas or to natural disaster areas. Reserve component members may struggle with many of the same health conditions, such as

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

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

physical injuries or mental health conditions, as those who serve in the active components.

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

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

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

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

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

⁴Pub. L. No. 116-187, § 2(a), 134 Stat. 903, 903-04 (2020).

analysis.⁵ To isolate claims related specifically to reserve component service, we compared claims submitted by two mutually-exclusive groups:

- Active component members: members who served in an active component at any point in their career, including those who may have also served in a reserve component.⁶
- Reserve component members: members who served in the National Guard or Reserves but never served in an active component.⁷

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

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

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

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

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

⁷In appendix II, we further break out reserve component members into two groups: those who served in the Reserves, and those who served in the National Guard. We also break out the active component members into those who only served in an active component and those who served in both active and reserve components.

before 2012 to be unreliable. We describe these data limitations in detail later in this report.

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

To identify DOD and VA actions that may help address the challenges stakeholders identified, we interviewed officials and reviewed documents from DOD, the four DOD military services, the six DOD reserve components, and VA.⁸ These documents included policies, reports, training materials, and project plans. We also reviewed relevant federal laws, regulations, and executive orders.

We assessed DOD's and VA's actions against their internal policies and strategic plans; standards for internal control in the federal government principles 13, 14, 15, and 16; and sound practices for project management identified in previous GAO work.⁹ See appendix I for more details of our objectives, scope, and methodology.

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

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

⁹See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014) and GAO, *VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization*, [GAO-12-846](#) (Washington, D.C.: Sept. 10, 2012).

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

Background

DOD Reserve Component Organization

The purpose of the National Guard and Reserves is to provide trained units and qualified persons in time of war or national emergency or to fill the needs of the armed forces whenever more units and persons are needed.¹⁰ When not mobilized for active duty, members of the reserve components generally are required to train one drill weekend per month and attend two weeks of annual training per year.¹¹

Within DOD, the Departments of the Army, Navy, and Air Force oversee the DOD military services—Army, Navy, Marine Corps, and Air Force.¹² In turn, each of these military services has both an active and a reserve component. (See fig. 1.) When not on federal active duty, the Army National Guard and Air National Guard are under the command of the governors of 53 U.S. states and territories.¹³ The National Guard Bureau also sets certain policies, oversees training, and allocates resources to the Air and Army National Guard.¹⁴ For example, while the Army Reserve only falls under the command of the Army, the Army National Guard also

¹⁰10 U.S.C. § 10102.

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

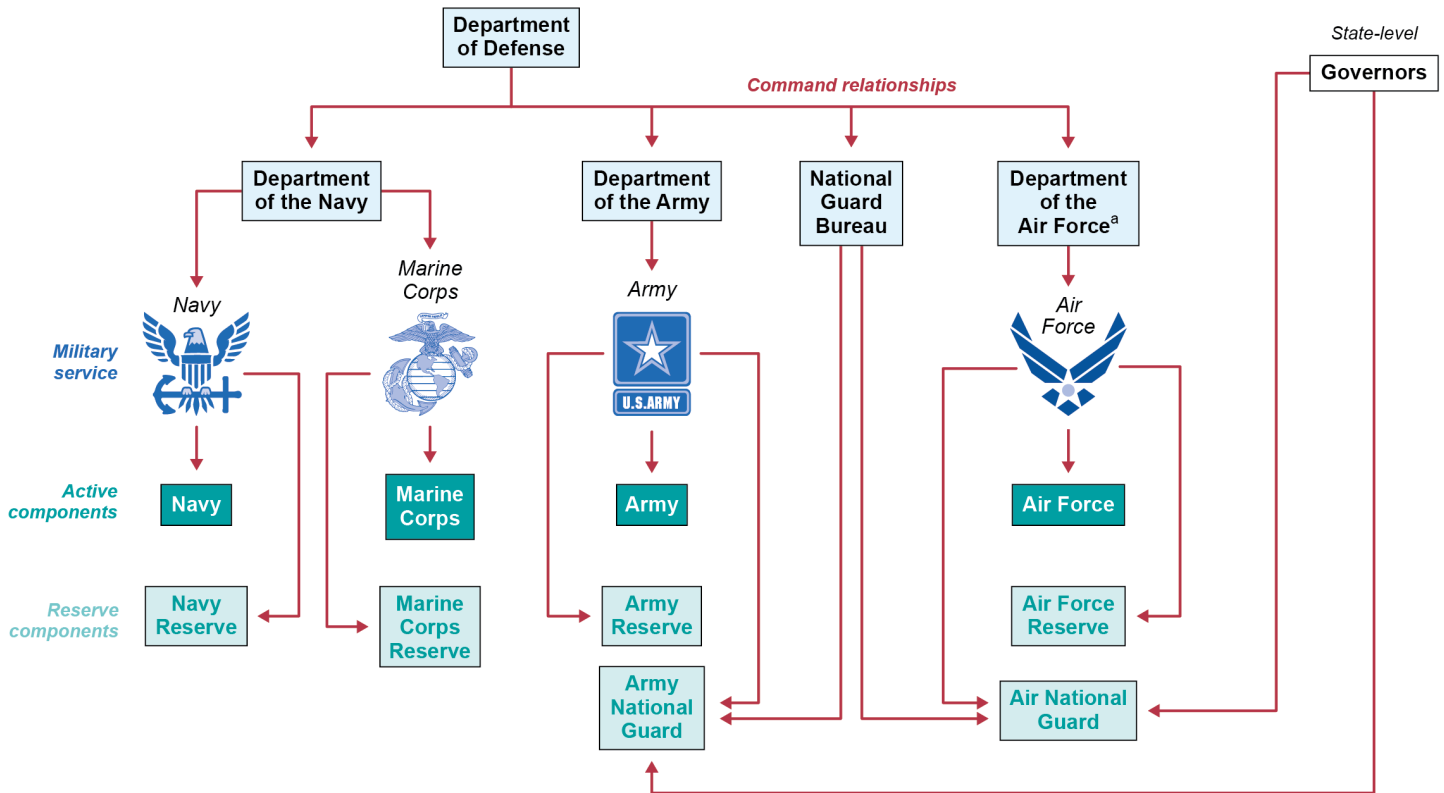
¹²The military departments are the Department of the Army, Department of the Navy, and Department of the Air Force. The Secretary of the Navy oversees two military services—the Navy and the Marine Corps—and the Secretary of the Air Force oversees both the Air Force and the Space Force. We excluded the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

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

¹⁴DOD's National Guard Bureau provides a centralized administrative, budgetary, and procurement function to support the states' military departments.

falls under the command of state governors and the National Guard Bureau.

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



Source: GAO analysis of information from the Department of Defense (DOD) and military services (logos). | GAO-24-105400

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

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

VA Disability Compensation

VBA administers one of the largest federal disability compensation programs in the nation. Among the total population of some 18.8 million

veterans, over 5.4 million veterans collectively received about \$112 billion in disability compensation in fiscal year 2022.¹⁵

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

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

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

The disability compensation claim process begins when a service member submits a claim to VBA, along with documentation demonstrating that the disability identified in the claim is service-

¹⁵Veterans Benefits Administration, *Annual Benefits Report Fiscal Year 2022* (Washington, D.C.: Feb. 2023), 9. VBA is overseen by VA's Under Secretary for Benefits.

¹⁶The term "veteran" means a person who served in the active military, naval, air, or space service, and who was discharged or released therefrom under conditions other than dishonorable. 38 U.S.C. § 101(2). Active service includes drill weekends and annual training during which an injury occurs that causes a service-connected disability. See Department of Veterans Affairs, *M21-1 Adjudication Procedures Manual*, III.i.1.A.1.b and III.i.1.A.2.b (Aug. 2, 2022).

¹⁷Department of Veterans Affairs, *M21-1 Adjudication Procedures Manual*, V.ii.2.A.1.a (Sept. 15, 2021).

¹⁸VA officials explained that this results from the plain language of the statute and judicial precedents regarding its meaning. See 38 U.S.C. § 101(24)(B), (C); *Bowers v. Shinseki*, 26 Vet. App. 201, 207 (2013), *aff'd*, 748 F.3d 1351 (Fed. Cir. 2014). See also *Hansen-Sorensen v. Wilkie*, 909 F.3d 1379, 1382 (Fed. Cir. 2018).

connected.¹⁹ Claimants are ultimately responsible for providing VA with evidence to support their claim, according to VA's claim processing procedures. Nevertheless, VA has an obligation to collect certain evidence needed to support the claim.²⁰

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

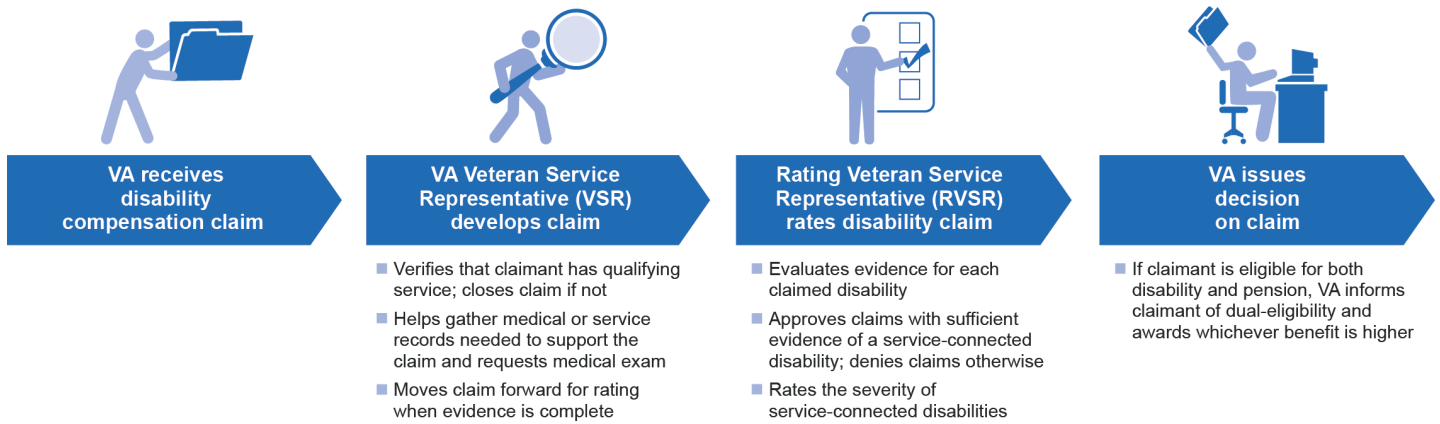
Once the VSR verifies that sufficient evidence is available to move the claim forward, a Rating Veterans Service Representative (RVSR) evaluates the claim and determines whether the claimant is eligible for benefits. If so, the RVSR assigns a disability rating (a percentage that reflects the disability's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

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

²⁰Department of Veterans Affairs, *M21-1 Adjudication Procedures Manual*, III.i.2.A.1.b (Nov. 18, 2020).

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

Figure 2: Summary of VA Disability Compensation Claim Process



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

Note: The figure has been streamlined for brevity and is not intended to be a comprehensive overview of the process.

VA Pension Program

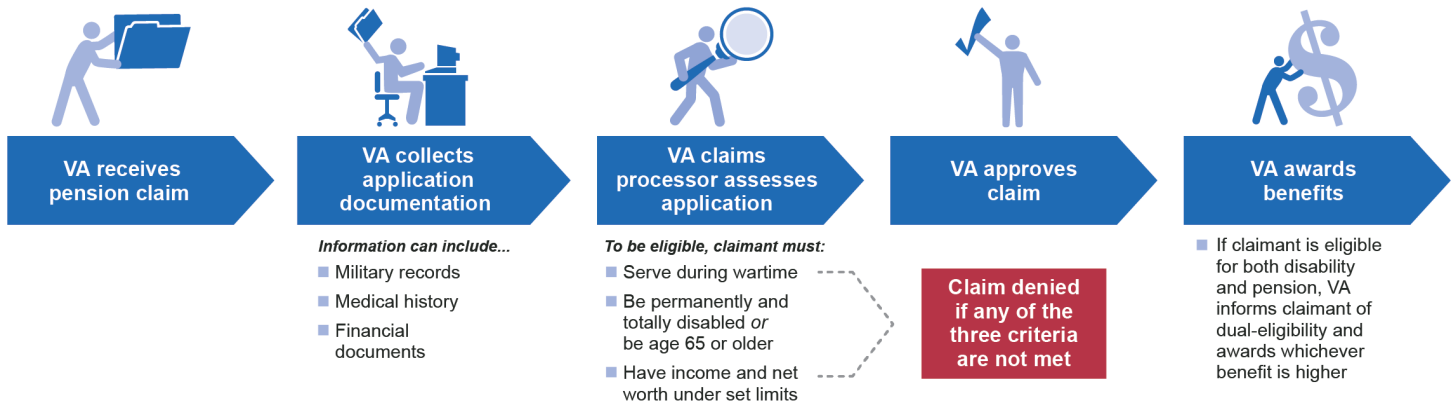
VBA also administers the pension program. These benefits may be available to low-income wartime veterans who are age 65 and older, or who are under age 65 but are permanently and totally disabled as a result of conditions unrelated to their military service.²² Nearly 174,000 veterans collectively received about \$2.3 billion in pension benefits in fiscal year 2022.²³ A veteran cannot concurrently receive Veterans Pension benefits and disability compensation. If a veteran is found to be eligible for both programs, VA will pay the veteran whichever benefit is the greater amount.

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

²²VA currently administers three pension programs, commonly referred to as Improved Law Pensions, Prior Law Pensions, and Old Law Pensions, which we collectively refer to as Veterans Pension, or “pension”.

²³Veterans Benefits Administration, *Annual Benefits Report Fiscal Year 2022*, 10.

Figure 3: Summary of VA Pension Claim Process



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

Note: The figure has been streamlined for brevity and is not intended to be a comprehensive overview of the process.

VA Approved a Smaller Percentage of Claims from Reserve than Active Component Members, including across Different Demographics

From 2012 through 2021, VA approved a lower percentage of initial disability compensation and pension claims for reserve component members compared to active component members, according to our analysis of VA data.²⁴ Differences in approval rates for disability compensation appeared each year and persisted across service members' military service factors such as service branch and rank, as well as demographic factors such as race and ethnicity and sex. However, the size of the difference also varied by these factors, as we explain later in this report.

Reserve Component Members Had Lower Disability Compensation Claim Approval Rates than Active Component Members

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

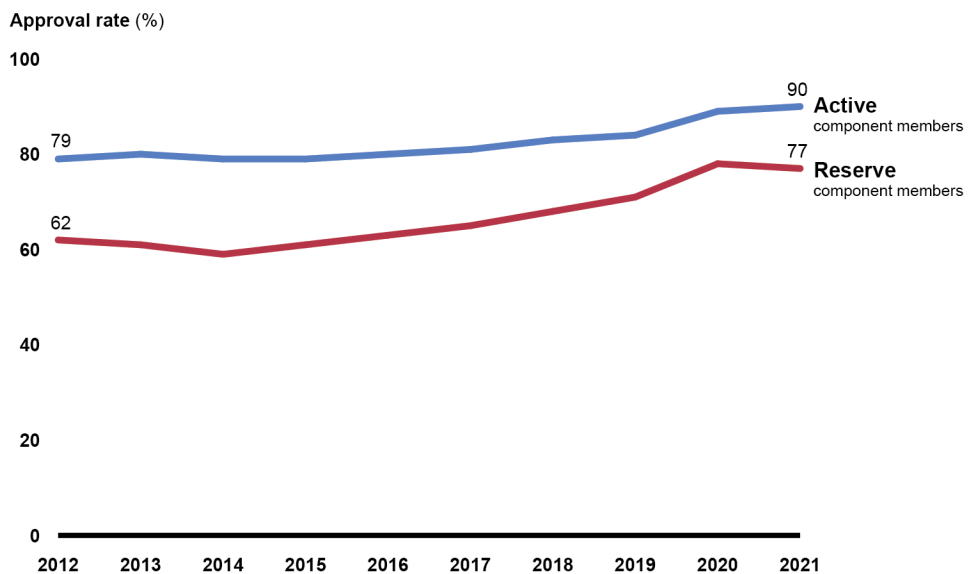
²⁴This analysis includes members of the Coast Guard and Coast Guard Reserve.

compared to 82 percent of claims from members who served in an active component at some point—a difference of 16 percentage points.²⁵

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

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

Figure 4: Approval Rates for Active and Reserve Component Members' Initial VA Disability Compensation Claims, by Year Submitted



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

²⁵Active component members served in an active component at any point in their career, including those who may have also served in a reserve component. Within the reserve component group, 70 percent of claims from members who served only in the National Guard were approved, and 63 percent of claims from members who served only in the Reserves were approved. Appendix II breaks out the rest of our analysis of reserve component claims into these two groups.

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

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

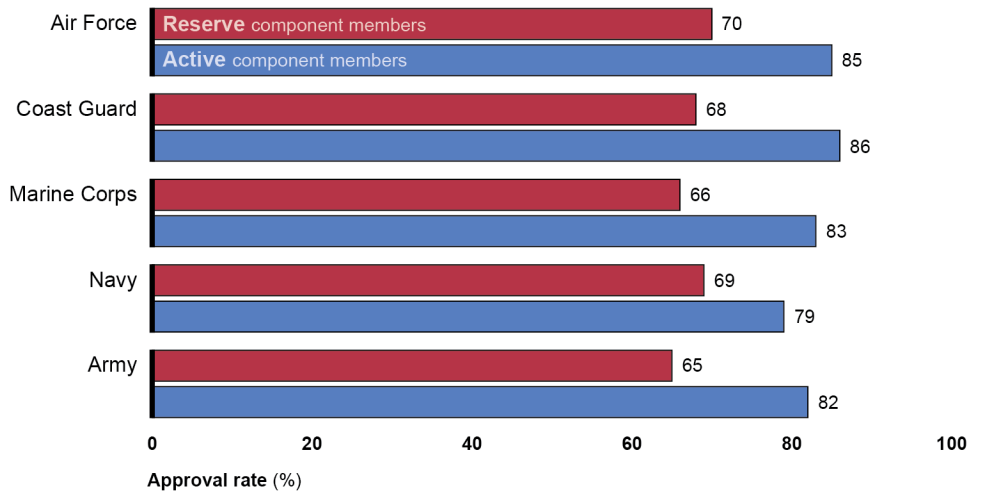
The percentage of active component members who submitted disability compensation claims (19 percent) during our study period was more than double the percentage of reserve component members who submitted claims (9 percent). As we will discuss later in the report, it is possible that certain challenges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

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

Service Branch

Across the service branches (or military services), approval rates for disability compensation claims were lower for members of the reserve components than the active components. However, the size of this difference varied by military service. (See fig. 5.) For example, the Coast Guard had the largest difference in reserve and active component approval rates at 18 percentage points (68 percent compared to 86 percent). The smallest difference was in the Navy, at 10 percentage points.

Figure 5: Approval Rates for Active and Reserve Component Members' Initial VA Disability Compensation Claims Submitted in 2012-2021, by Military Service



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

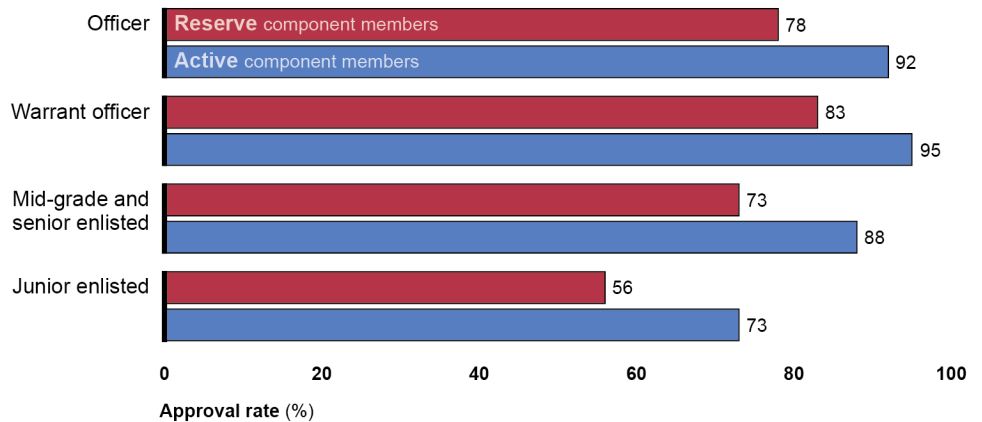
Note: "Reserve component members" served in the National Guard or Reserves but never served in an active component. "Active component members" served in an active component at any point in their career, including those who may have also served in a reserve component. GAO excluded the Space Force from this study because VA data only included one Space Force member. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

Military Rank

Across all military ranks that we studied, reserve component members had lower approval rates for initial disability compensation claims than active component members. For example, reserve component officers had a 78 percent approval rate, which was 15 percentage points lower than the active component officer approval rate (92 percent).

For both components, we found that claim approval rates were by far the lowest for service members who held junior enlisted ranks when they left the military (pay grades E1 through E4). For example, in the reserve components, junior enlisted members' approval rate was 56 percent. In contrast, reserve component warrant officers had the highest approval rates across all ranks (83 percent), 27 percentage points higher. (See fig. 6.)

Figure 6: Approval Rates for Active and Reserve Component Members' VA Disability Compensation Claims Submitted in 2012-2021, by Rank



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

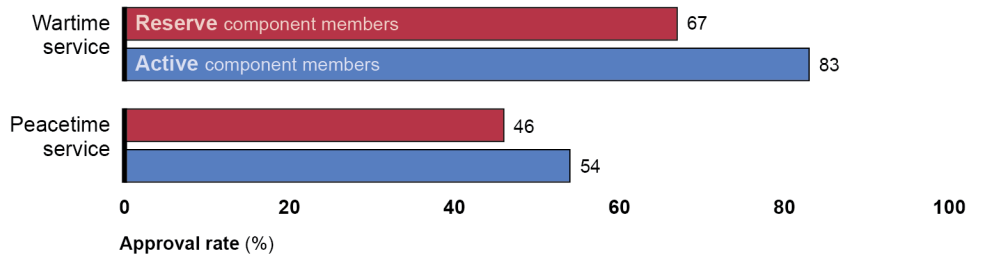
Notes: "Reserve component members" served in the National Guard or Reserves but never served in an active component. "Active component members" served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to initial claims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

GAO divided enlisted service members into two groups according to their pay grade: junior enlisted (E1 through E4) and mid-grade and senior enlisted (E5 through E9).

Service Period

Among those whose most recent period of service was during wartime, reserve component members had lower approval rates for disability compensation claims than active component members (67 percent versus 83 percent). (See fig. 7.)

Figure 7: Approval Rates for Active and Reserve Component Members' VA Disability Compensation Claims Submitted in 2012-2021, by Whether Member's Most Recent Service Was during Wartime



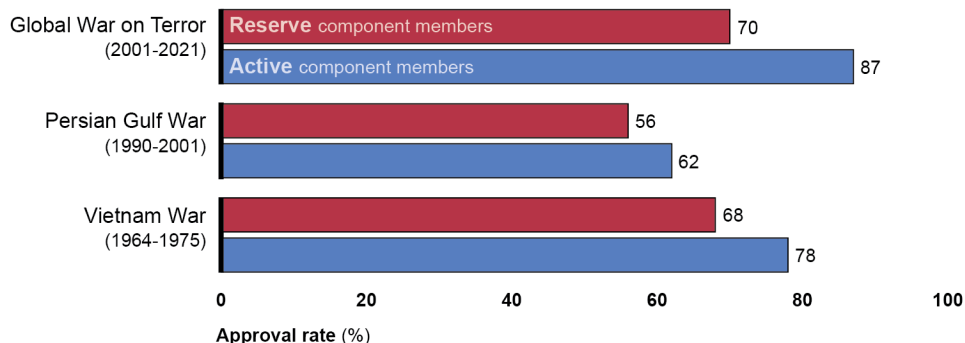
Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-105400

Note: "Reserve component members" served in the National Guard or Reserves but never served in an active component. "Active component members" served in an active component at any point in their career, including those who may have also served in a reserve component. Analysis is limited to

initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

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

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



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

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

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

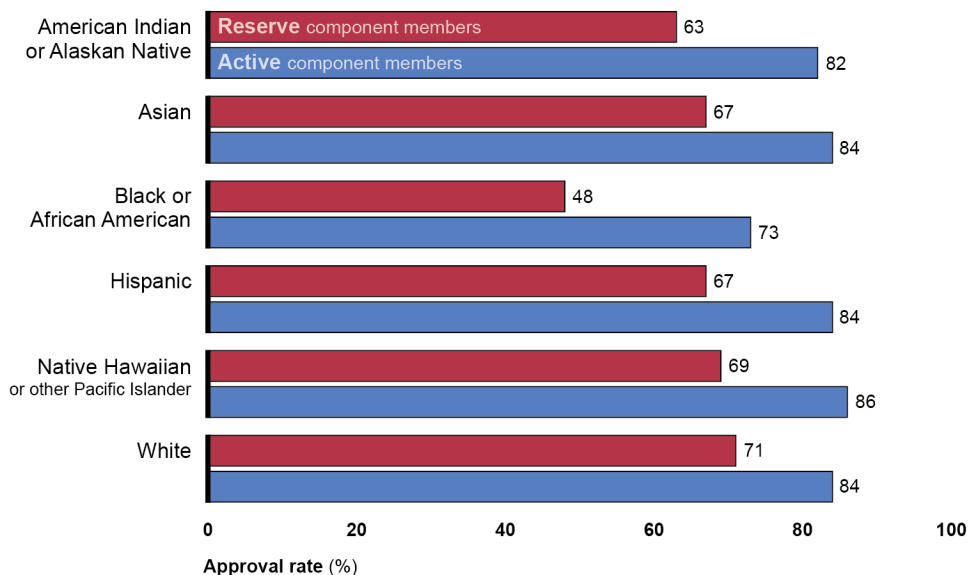
Federal law also defines the Persian Gulf War as beginning on August 2, 1990, and ending on the date later prescribed by law or Presidential proclamation. VA divided this period into two segments: Persian Gulf War (August 2, 1990, through September 10, 2001) and Global War on Terror (September 11, 2001,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

Race and Ethnicity

Reserve component members' approval rates for initial disability compensation claims were consistently lower than active component members' approval rates within each of the racial and ethnic categories

we studied.²⁶ This difference was largest among Black or African American service members at 25 percentage points and smallest among White service members at 13 percentage points. Among the reserve components, the approval rate for White service members was 23 percentage points higher than for Black or African American service members (71 percent and 48 percent, respectively). (See fig. 9.) This finding is line with our prior work on racial differences in disability compensation.²⁷

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



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

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

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

²⁷GAO, *VA Disability Benefits: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation*, GAO-23-106097 (Washington, D.C.: July 26, 2023).

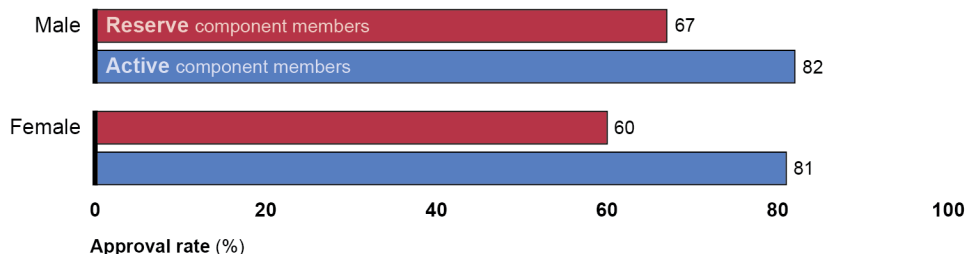
their career, including those who may have also served in a reserve component. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by service members who separated from service from 1985 through 2021.

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

Sex

Males and females in the active components had approval rates that were 15 and 21 percentage points higher, respectively, than male and female members of the reserve components. Among active component members, male and female claim approval rates were almost identical (82 and 81 percent respectively).²⁸ However, not only were reserve component members' claim approval rates lower than active component rates for both sexes, but a 7-percentage point difference emerged between reserve component males (67 percent) and females (60 percent). (See fig. 10.)

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



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

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

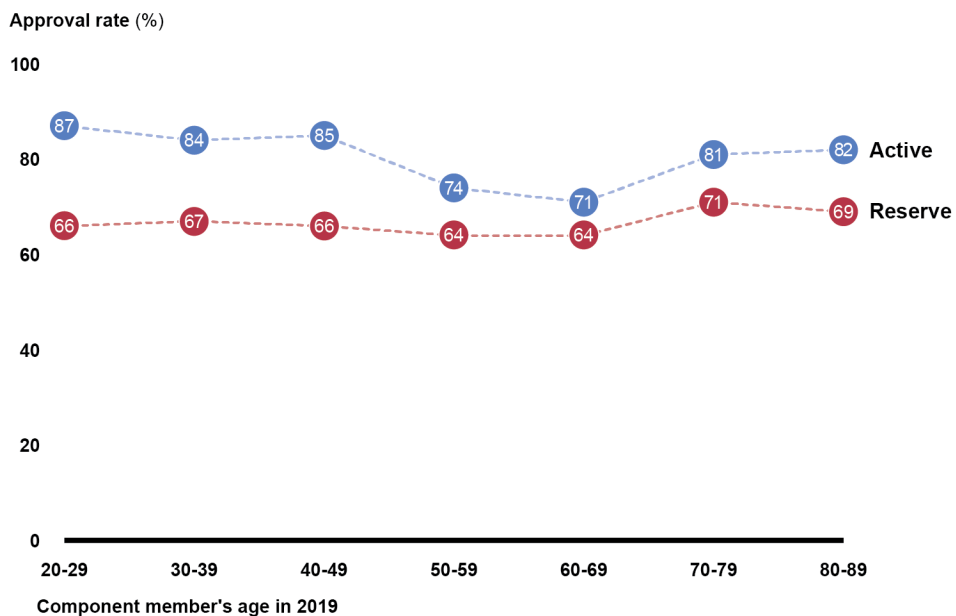
Age

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

²⁸VA's data only includes binary sex categories for service members—male or female—and does not include data on transgender or non-binary service members.

active component members' initial disability compensation claim approval rates were 22 percentage points higher than reserve component members' rates. (See fig. 11.) However, for those who were aged 60-69 in 2019 (i.e., born in the 1950s), active component approval rates were only 7 percentage points higher than reserve component rates.

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



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

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

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

VA approved reserve component members' pension claims at a slightly lower rate than active component members' claims.²⁹ (See table 1.) Of the nearly 7,000 reserve component pension claims submitted, VA approved 34 percent. Of the over 17,000 active component pension claims submitted, VA approved 38 percent.

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

	Total claims submitted	Number approved	Number denied	Percentage approved
Active component members	17,243	6,566	10,677	38%
Reserve component members	6,972	2,371	4,601	34%
All	24,215	8,937	15,278	37%

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

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

Reserve Component Members Had Fewer but Similarly Severe Service-Connected Disabilities, Although Incomplete Data Prevent a Full Understanding

²⁹VA's pension program provides benefits to certain wartime veterans with limited means who either are age 65 or older or have permanent and total disabilities unrelated to their military service. Veterans cannot receive pension benefits and disability compensation at the same time. If a veteran applies and is eligible for both, VA will pay the veteran whichever benefit is the greater amount, according to VA guidance. Our analysis included only initial pension claims.

Smaller Percentages of Reserve Component Members Had a Service-connected Disability, but Disabilities Were Similar in Severity

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

Table 2: Number and Percentage of Active and Reserve Component Members with a Service-Connected Disability, 2008-2021

	Number of members	Number with a service-connected disability ^a	Percentage with a service-connected disability
Active component members	8,131,426	3,167,953	39%
Reserve component members	2,686,276	428,850	16%
All	10,817,702	3,596,803	33%

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

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

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

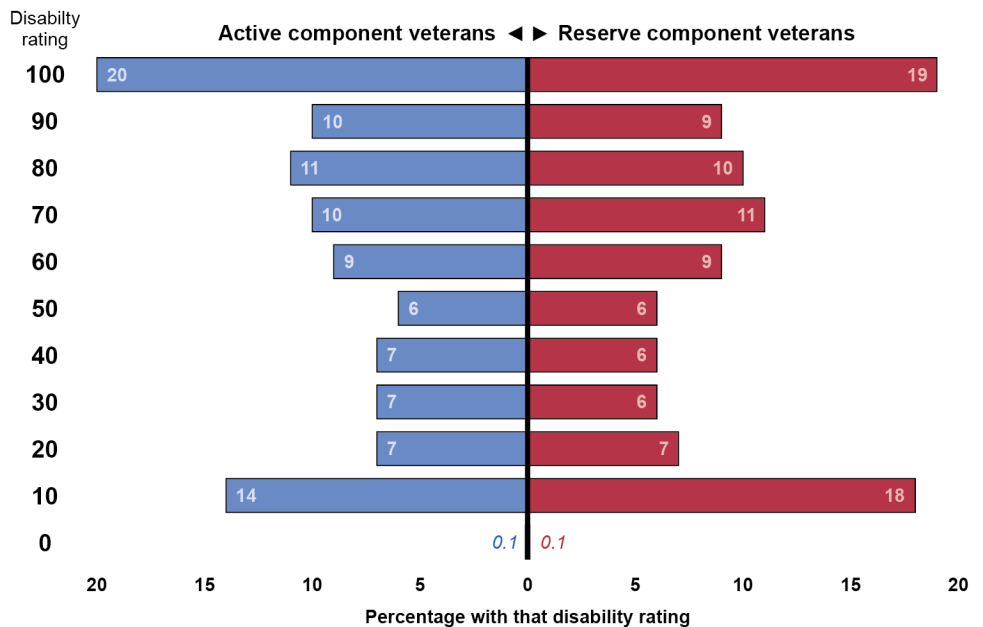
Out of all veterans with a service-connected disability, VA rated the severity of active and reserve component veterans’ disabilities similarly.³¹ VA’s measure of a disability’s severity—disability ratings—averaged 60

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

³¹We use the term “veteran” because all service members granted a service connection first had to establish they were veterans. See Department of Veterans Affairs, *M21-1 Adjudication Procedures Manual*, II.iii.1.B.1.a (Dec. 7, 2020).

percent for active and 58 percent for reserve component veterans. For both components, the most common disability ratings were 10 percent and 100 percent. (See fig. 12.)

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



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

Notes: "Reserve component veterans" served in the National Guard or Reserves but never served in an active component. "Active component veterans" served in an active component at some point in their career, including those who may have also served in a reserve component. Analysis is limited to veterans who were living on January 1, 2012, separated from service from 1985 through 2021, and had a disability rating at some point from 2008 through 2021.

VA assigns veterans a disability rating in 10 percentage point increments depending on the severity of their service-connected disabilities. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

Smaller Percentages of Reserve Component Members Had Service-Connected Disabilities, Regardless of Military Occupation

Within each of the military occupations we studied, the percentage of reserve component members with a service-connected disability was 23

to 34 percentage points lower than that of active component members.³² The occupations we studied included pilots, occupations requiring a flight or diving physical, special operations forces (SOF) operators, and nuclear-related occupations.³³ For example, reserve component pilots had a 25 percentage point lower rate of service-connected disability than active component pilots (34 percent and 59 percent, respectively).

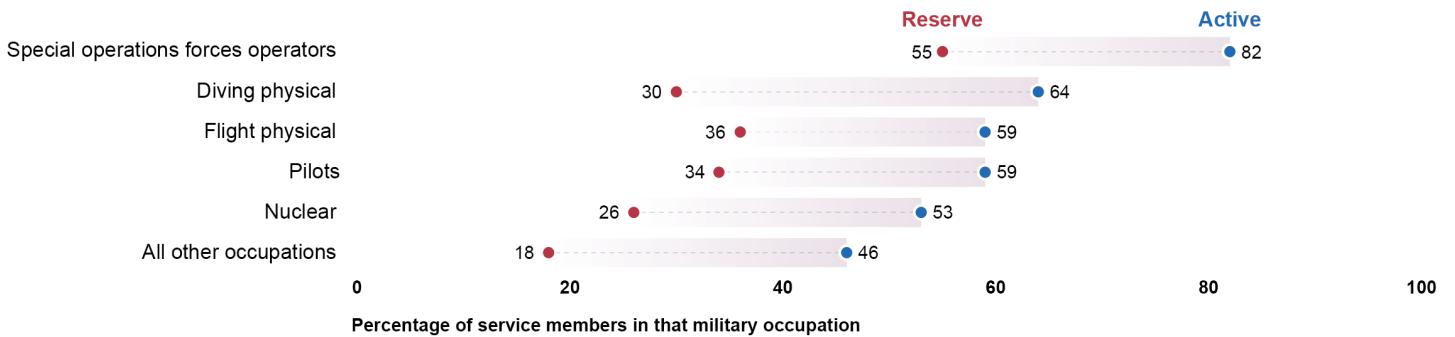
Further, within each component, the percentage of members with a service-connected disability was higher within each of the military occupations we studied than it was for members who never held these occupations.³⁴ For example, nuclear occupations had the lowest percentages of service members with a service-connected disability among our selected occupations (26 percent for reserve components and 53 percent for active components). These percentages were still higher than those for occupations outside the five that we studied (18 percent for reserve and 46 percent for active component members). (See fig. 13.)

³²Our analysis of service members' military occupations is generally limited to those who separated from service on or after October 1, 2000, because DOD officials informed us that most of DOD's military occupation data were not reliable prior to October 2000.

³³The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of service-connected disabilities among service members who had held these occupations. The provision included service members who participated in the Personnel Reliability Program, which provides a mandatory certification of reliability for all personnel working with nuclear materials. See Department of Defense Manual 5210.42, *Nuclear Weapons Personnel Reliability Program* (Jan. 13, 2015). DOD did not have data on participants in the Personnel Reliability Program, but officials did give us a list of occupations that they said were likely to require participation in that program. We refer to these occupations as nuclear-related occupations. Similarly, DOD officials identified occupations that likely required regular flight or diving physicals. We limited SOF occupations to operators because DOD officials told us they could not identify other SOF personnel. We refer to SOF operators as an occupation for brevity, but this category includes a group of occupations, including Navy SEALs, Army Rangers, and others.

³⁴The "all other occupations" category may include individual occupations with a high percentage of service members with service-connected disabilities. DOD and VA officials said the occupations we studied face greater risk for injuries resulting in chronic disability. For example, officials we interviewed said that SOF operators operate at a high tempo and face a greater risk of musculoskeletal injuries, and pilots, SOF operators, and service members in occupations requiring a diving physical are more likely to have high noise exposure, which could lead to a service-connected disability for hearing loss or other ear injuries. DOD officials also noted that pilots and divers have higher medical standards and more regular medical examinations than other service members and may find it easier to document a service connection.

Figure 13: Percentage of Active and Reserve Component Members in Selected Military Occupations with a Service-Connected Disability, 2008-2021



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

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

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

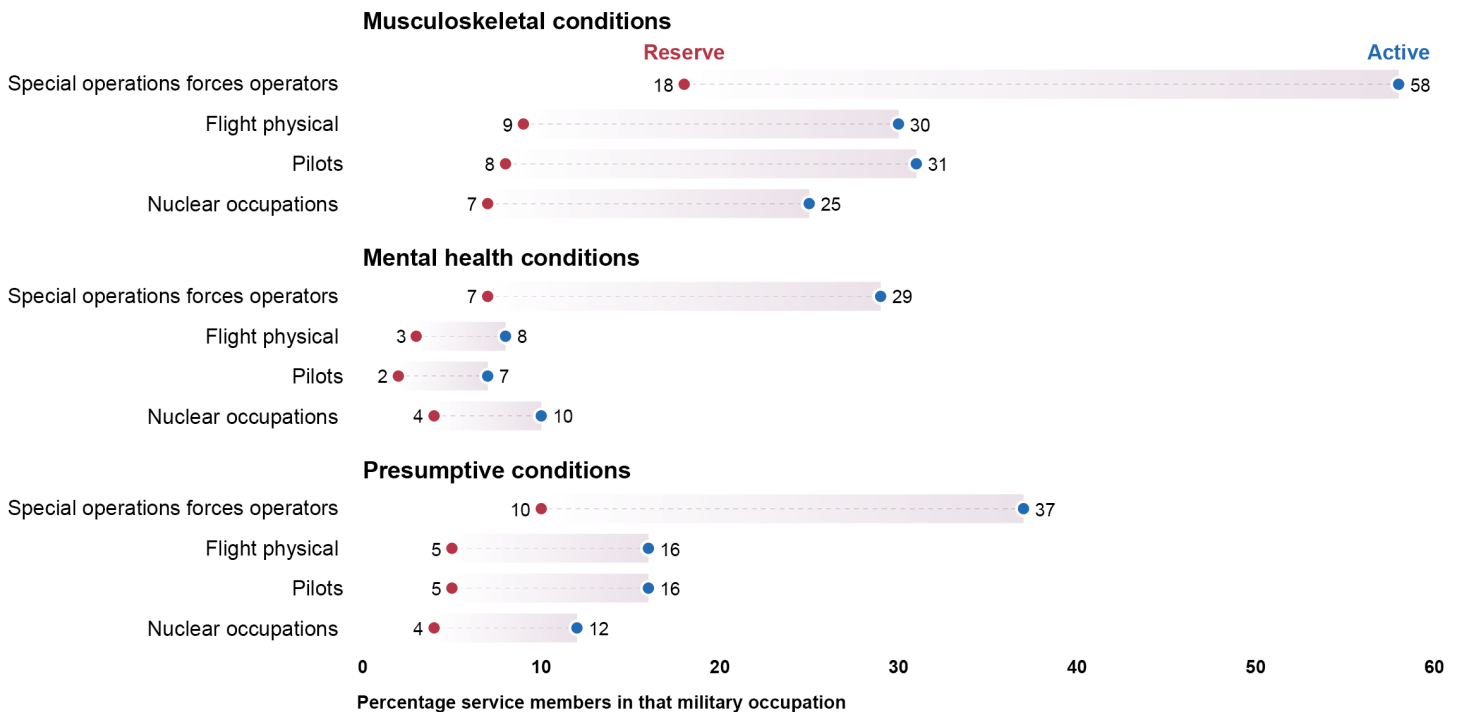
Disability counts include only service members who had a disability rating at some point from 2008 through 2021. VA assigns disability ratings to service members it determines have service-connected disabilities as part of disability compensation claims. More service members may exist who have disabilities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

Within each of the military occupations we studied, a lower percentage of reserve than active component members had three types of service-connected disabilities we studied—musculoskeletal, mental health, and presumptive conditions.³⁵ For example, our analysis found that 31 percent of active component members who had been military pilots had a service-connected musculoskeletal disability, compared to 8 percent of reserve component members who had been pilots. (See fig. 14.) For all

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

occupations and both components, musculoskeletal conditions were the most common service-connected disability by a substantial margin.³⁶

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



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

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

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

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

³⁶DOD officials said that musculoskeletal conditions are the most common disabilities for all military occupations. They also suggested that higher rates of service connection for musculoskeletal disabilities could be because they are easier to document than other types of conditions.

illnesses or diseases that VA presumes to be caused by military service for the purpose of determining eligibility for disability compensation.

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

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

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

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

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

³⁸See 74 Fed. Reg. 37,093 (July 27, 2009) and 87 Fed. Reg. 79,066 (Dec. 23, 2022).

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

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

DOD and VA Have Only Partially Addressed Stakeholder-Identified Challenges Reserve Component Members Face in Accessing VA Disability Compensation

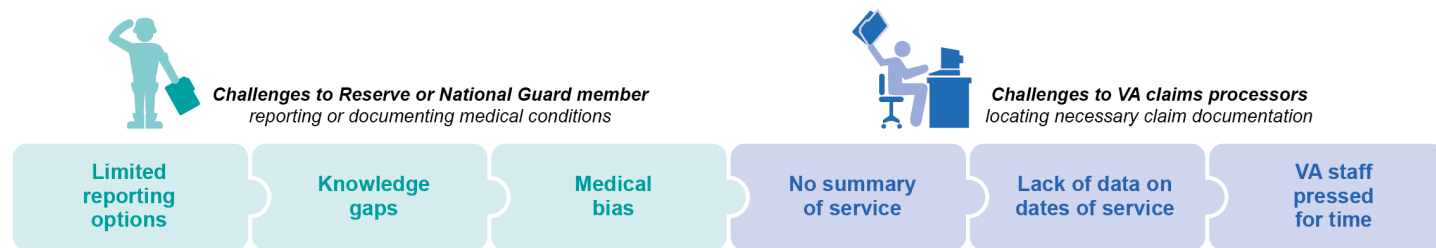
Fifteen stakeholders we interviewed—including researchers and representatives from VSOs— identified a variety of challenges that members of the reserve components face in accessing disability

³⁹Office of Management and Budget, M-19-18: *Federal Data Strategy* (Washington, D.C., June 4, 2019), 7.

⁴⁰[GAO-14-704G](#), principles 14 and 15.

compensation.⁴¹ We grouped the challenges into two categories: (1) challenges reserve component members face in reporting and documenting health conditions they developed on duty, and (2) challenges VA claims processors face in locating necessary documentation to support reserve component members' disability compensation claims. (See fig. 15.) These challenges, and the actions DOD and VA have taken to address them, are discussed in detail below.⁴²

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



Source: GAO analysis of information from selected stakeholders. | GAO-24-105400

Immediately Reporting Health Conditions Helps Reserve Component Members When They Later Apply for Disability Compensation

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

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

⁴²We examined actions taken by DOD, and as relevant, the military services or DOD's six reserve components: (1) Air Force Reserve, (2) Air National Guard, (3) Army National Guard, (4) Army Reserve, (5) Marine Corps Reserve, and (6) Navy Reserve. We did not include the Coast Guard Reserve in this analysis because it includes less than 1 percent of reserve component members and would not affect our overall analysis of common challenges.

duty rather than during civilian life.⁴³ Reporting health conditions immediately is critical when a reserve component member is participating in drill weekends or 2-week annual training, according to one stakeholder and one VA official.

The type of duty a reserve component member was performing when a health condition developed can affect eligibility for disability compensation. For example, a reserve component member who incurs an illness during the 2-week annual training may be eligible for disability compensation. However, a reserve component member who incurs an illness during a drill weekend is not eligible for disability compensation. (See fig. 16.) In addition, National Guard members who are activated by their governor for state active duty serve as state employees. During this type of duty, they are not eligible for VA disability compensation for disabilities resulting from health conditions that develop.⁴⁴

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

Duty status	Members of the Reserves			National Guard members
	Active duty	Active duty for training	Inactive duty training	State active duty
	Full-time service performed by reserve component members who have been activated or deployed	Full-time training, such as the two-week annual training that reserve component members generally attend	Part-time training, such as the monthly drill weekend that reserve component members generally attend	Full-time, state-funded service performed by National Guard members who have been activated by their governor
Disabilities eligible for VA disability compensation	All disabilities that develop on duty	All disabilities that develop on duty	Only disabilities resulting from an injury, heart attack, or stroke that occurred while on duty	No disabilities eligible

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

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

⁴⁴National Guard members can be activated for federal service under Title 10 or Title 32. See 10 U.S.C. § 12301 and 32 U.S.C. § 102.

For health conditions that develop during drill weekends or annual trainings, reserve component members have multiple options to report the condition and obtain medical documentation.

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

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

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

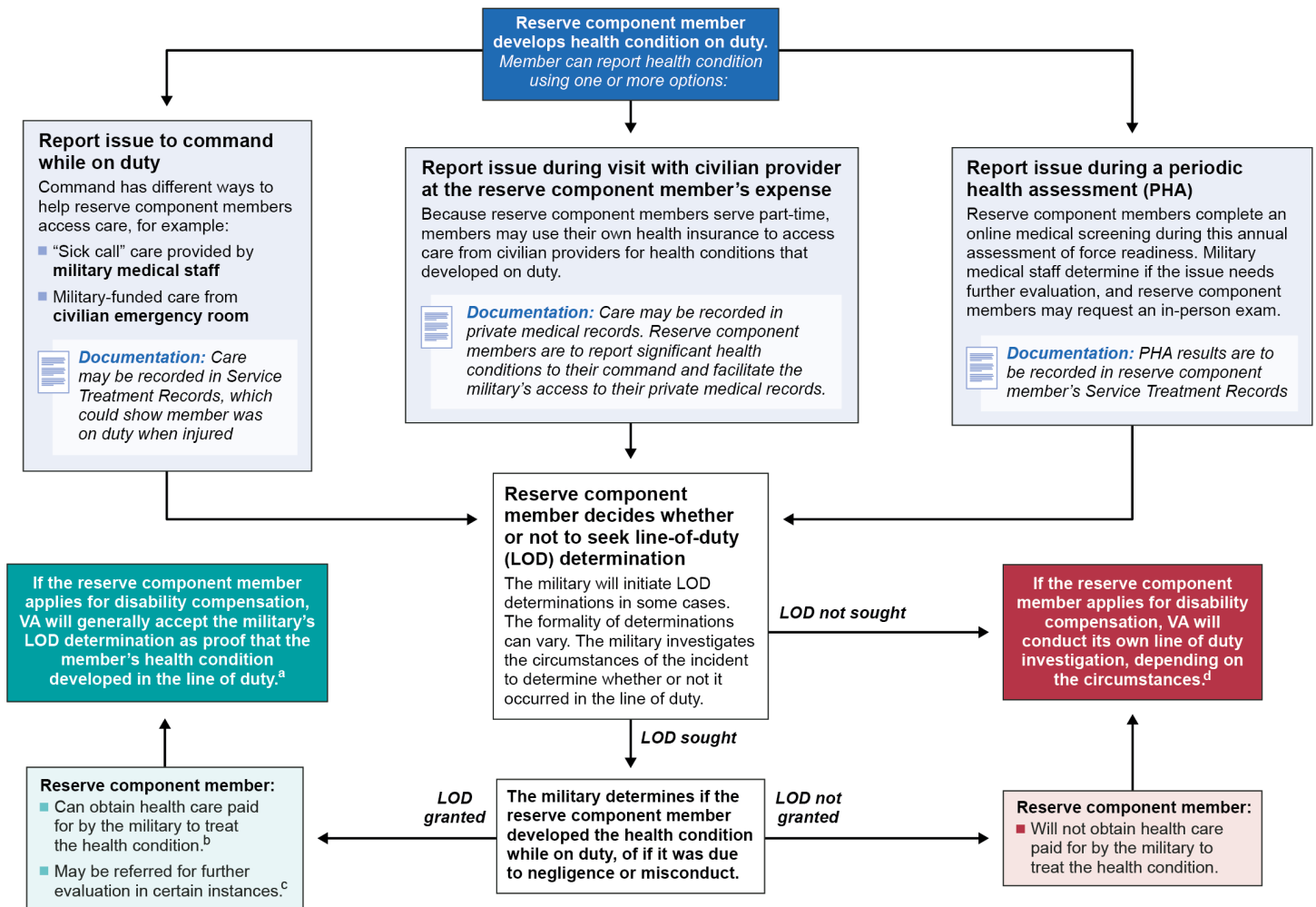
Three stakeholders and three VA claims processors stated that obtaining an LOD determination from the military is the best way to establish a service connection.⁴⁵ Further, two stakeholders and one VA claims processor told us that, without an LOD determination from the military, obtaining VA approval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

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

⁴⁵Seeking an LOD determination is not feasible for all health conditions, because military services vary in the extent to which they will grant LODs. The Air Force grants “administrative LODs” for minor conditions, whereas Army’s guidance specifically excludes minor conditions from the LOD process.

Figure 17: Paths from Reserve Component Member Developing Health Conditions While on Duty to VA's Evaluation of Disability Compensation Claims

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



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

^aIf the military made an affirmative LOD determination, VA will accept it unless the circumstances indicate willful misconduct.

^bThe goal of providing this health care is to enable the reserve component member to meet military retention standards (i.e., be considered fit for duty). These members may still apply for disability compensation at a later date, if the health condition develops into or aggravates a disability.

^cIf the reserve component member is not expected to meet military retention standards within a year of diagnosis of the health condition, the member will be referred to the integrated disability evaluation system (IDES). IDES is a joint DOD and VA disability evaluation process. Under IDES, VA helps DOD determine if ill or injured service members are fit to continue military service and provide them with disability benefits, if appropriate. GAO did not include IDES in the scope of this review.

^dA reserve component member who does not seek or obtain an LOD determination from the military may later apply for disability compensation. As part of the disability claim review process, VA will conduct its own LOD investigation if one of the following applies: VA has concerns about whether the injury was caused by the reserve component member's willful misconduct, or the military did not grant the reserve component member an LOD determination.

Interviews with reserve component and military service officials and related documents identify three reporting options—immediately while on duty, through civilian exams at the member's expense, or through PHAs—that can contribute to an LOD determination.⁴⁶ However, immediately reporting the health condition to command is the best way to obtain an affirmative LOD determination, according to one stakeholder and officials from one military service. This is because the more time that passes between the reserve component member developing a health condition and obtaining an LOD determination, the more difficult it becomes to demonstrate that the health condition developed during military service versus civilian life.

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

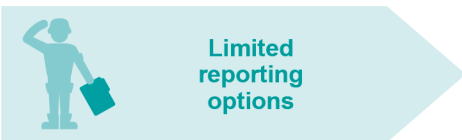
Two stakeholders, one VA claims processor, and officials from one military service provided another reason why it is important that reserve component members report immediately. They told us that reserve component members who do similarly-demanding work for their civilian jobs are seen as equally likely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

⁴⁶Even if the reserve component member does not seek an LOD determination, reporting and documenting the health condition could support a disability compensation claim in the future, according to five stakeholders and two agency officials. For example, officials from one military service said that reporting issues immediately to commanders, even if it does not result in an LOD determination, can help support a disability compensation claim, especially if it is documented well.

the members' civilian jobs or military service. A VA official told us that VA cannot presume that a reserve component member's health condition developed on duty if the condition has no clear connection to military service.⁴⁷

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

DOD Took Some Actions to Address Challenges with Reporting Health Conditions



Source: GAO. | GAO-24-105400

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

⁴⁷For purposes of disability compensation, active component members are generally presumed to have been in sound condition when enrolled for service, unless the evidence shows conditions noted at entrance into service (such as on the entrance examination).

Table 3: DOD Actions That Address Stakeholder-Identified Challenges to Reserve and National Guard (Reserve Component) Members Reporting and Documenting Health Conditions

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

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

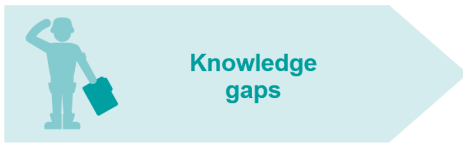
Source: GAO analysis of information from the Department of Defense (DOD), Congressional Research Service, and selected stakeholders. | GAO-24-105400

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

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

^cFor more information, see Defense Health Agency, *Evaluation of the TRICARE Program: Fiscal Year 2022 Report to Congress*. For history about TRICARE Reserve Select, see Congressional Research Service, *Limits on TRICARE for Reservists: Frequently Asked Questions*, R45968 (Washington, D.C.: Jan. 26, 2021).

Reserve Component Members' Knowledge Gaps about Reporting Health Conditions Persist



Source: GAO. | GAO-24-105400

Quotes from Interviewees about Reserve Component Members' Knowledge Gaps

"Reserve component members frequently don't realize the challenges that a lack of reporting at the moment of the injury will have for future VA [disability compensation] access."

"Reservists have the additional challenge that they don't always identify themselves as veterans or as eligible for any services. Reservists still face the stigma of the "weekend warrior", which should be debunked by now considering the contributions they have made since 9/11."

"National Guard members know almost nothing regarding VA benefits. When I joined the National Guard, I hurt my knee in basic training and threw away my sick call slip since I did not know how important it was to keep it."

"If veterans knew how important it was to get an LOD [determination] when they were hurt, more would receive disability compensation. Many do have a service-connected disability because they were hurt while on duty, but they do not have the LOD [determination] to prove it."

Source: GAO interviews with researchers and veteran service provider. | GAO-24-105400

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

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

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

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

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

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

⁵⁰Eleven stakeholders told GAO it was a major (4) or moderate (7) challenge, and three said it was a minor challenge. One stakeholder indicated not having sufficient knowledge of the issue to rate it and was removed from this tally.

other veterans.⁵¹ Ten stakeholders said that this concern could be addressed by additional resources from VA during reserve component members' service.

DOD and VA provide some guidance to help reserve component members make informed decisions about reporting health conditions.⁵² Officials from two reserve components stated that they provide informal briefings to reserve component members about the responsibility to report health conditions. However, these officials could not provide us with documentation of such briefings, with the exception of briefing slides we obtained from Navy officials. The officials told us the slides are used by one of Navy's 118 Navy Reserve Centers to train newly recruited reserve component members and other individuals. Five reserve components or military services provided us with guidance—available in varying levels of degree and detail—that explains the LOD determination process to reserve component members.

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

- VA has a pamphlet summarizing VA benefits for reserve component members that is available on its website.⁵³
- VA's Transition Assistance Program (TAP) briefing provides information about disability compensation at the end of military service

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

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

⁵³Department of Veterans Affairs, *Summary of VA Benefits for National Guard and Reserve Members and Veterans*, PAM-27-12-5 (Washington, D.C.: Sept. 2012).

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

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

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

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

⁵⁵Department of Veterans Affairs, *Benefits and Services Participant Guide*, Version 5.0 (January 2023). We reported in December 2022 that online access to TAP promoted increased access for some service members, but VA's virtual delivery of its live TAP briefing experienced some initial challenges. GAO, *Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways*, [GAO-23-104538](#) (Washington, D.C.: Dec. 12, 2022), 12.

Table 4: Guidance Available to Reserve Component Members about How Reporting and Documenting Health Conditions and Duty Status Affects Disability Compensation

Outreach materials exist that cover	DOD reserve components						
	Army Reserve	Army National Guard	Air Force Reserve	Air National Guard	Navy Reserve	Marine Corps Reserve	VA
Eligibility for disability compensation under various duty statuses?	○	○	○	◐	○	○	●
Importance of immediately reporting health conditions, for disability compensation eligibility purposes?	○	○	○	○	○	◐	○
Line of duty determination process? ^a	●	○	◐	●	◐	◐	○
Importance of maintaining documentation of health conditions and duty status?	○	○	○	○	○	○	○

Legend:

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

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

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

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

addition, VA officials said that LOD determinations are mainly the responsibility of DOD.

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

- In their 2022-2027 joint strategic plan, VA and DOD established a goal to deliver benefits through an integrated approach that anticipates and addresses the needs of service members and veterans.⁵⁶
- *Executive Order 14058* states that individuals often navigate services across multiple agencies in specific moments of need.⁵⁷ In such situations, it says the agencies should coordinate to achieve an integrated experience that meets individuals' needs.⁵⁸
- *Executive Order 13707* says, among other things, that agencies should improve how information is presented to individuals by considering how the content, format, timing, and medium by which the information is conveyed affects comprehension and action by individuals, as appropriate.⁵⁹ According to guidance implementing the Executive Order, well-presented information can help individuals make informed choices.⁶⁰

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

⁵⁷Exec. Order No. 14058, 86 Fed. Reg. 71,357 (Dec. 13, 2021).

⁵⁸One life experience selected in 2022 for government-wide action was the transition of service members to civilian life. *Customer Experience Projects*, <https://www.performance.gov/cx/projects>, accessed Feb. 22, 2023.

⁵⁹Exec. Order No. 13707, 80 Fed. Reg. 56,365 (Sept. 15, 2015).

⁶⁰John P. Holdren, Executive Office of the President, Office of Science and Technology Policy, *Implementation Guidance for Executive Order 13707: Using Behavioral Science Insights to Better Serve the American People* (Washington, D.C: Sept. 15, 2016).

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

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

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

Certain Reserve Component Members May Face Medical Bias When Reporting Health Conditions



Source: GAO. | GAO-24-105400

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

⁶¹GAO-14-704G, principles 14 and 15.

⁶²Nine stakeholders said it was a major (3) or moderate (6) challenge. Six stakeholders indicated they did not have sufficient knowledge of the issue to rate it and were removed from this tally.

facilities when they report health conditions.⁶³ While this situation may apply to active component service members, it is exacerbated for members of the reserve components by the importance of immediately reporting medical conditions, as discussed above.⁶⁴

Representatives from one VSO told us that bias leads to equity issues in military health care and that reserve component members are treated differently based on their looks and identities. For example, they told us that many members of historically disadvantaged racial and ethnic groups, especially Black women, may receive inadequate treatment in the military for pain because medical staff do not believe their descriptions of pain. Three additional stakeholders reported that reserve component members, mostly women, are not or fear they will not be believed when they report sexual assault, and two said that this discourages individuals from seeking medical treatment.⁶⁵

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

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

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

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

⁶⁵In prior GAO work on Army's Sexual Harassment/Assault Response and Prevention program, we identified five common barriers to reporting incidents of sexual harassment and assault, including fear of not being believed. Further, we found that these barriers generally align with common reporting barriers identified outside of the military. See GAO, *Sexual Harassment and Assault: The Army Should Take Steps to Enhance Program Oversight, Evaluate Effectiveness, and Identify Reporting Barriers*, [GAO-22-104673](#) (Washington, D.C.: May 27, 2022).

through the military health system in some cases.⁶⁶ Acknowledging concerns about racial and ethnic disparities in the military health system, in 2022 DOD directed the Defense Health Board—an independent advisory committee to the agency—to make recommendations to address the concern.

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

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

⁶⁶DOD Office of People Analytics, "2019 Workplace and Equal Opportunity Survey of Reserve Component Members, Executive Report," (Alexandria, VA: April 2021).

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

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

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

⁷⁰DOD Instruction 1350.02(1.2)(a)(3).

MEO policy that covers reserve component members.⁷¹ DOD's MEO policy requires ODEI and the military services to oversee programs that help ensure that the policies are working as intended to help prevent discrimination. For example, robust oversight may help ensure that complaints of discrimination in medical settings are addressed, leading to fewer incidences of discrimination in the future. This in turn could give service members more confidence that they will be treated fairly if they report an injury. And it may mitigate the challenge stakeholders identified—that medical bias negatively impacts reserve component members' ability to prove their eligibility for disability compensation.

ODEI is required to provide an annual report that includes aggregated data related to MEO prohibited discrimination complaints.⁷² According to ODEI officials, ODEI plans to release its first such annual report, which was under internal review as of May 2023. The report is expected to include: (1) an aggregation and assessment of information and data provided by the military services; (2) information regarding DOD efforts to improve MEO complaint, prevention, and response policies and procedures; and (3) recommendations to strengthen MEO complaint, prevention, and response efforts, if appropriate.⁷³

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

⁷¹See Army Regulation 600–20, *Army Command Policy* (July 24, 2020); Department of the Air Force Instruction 36-2710, *Equal Opportunity Program* (June 18, 2020) (incorporating Department of the Air Force Guidance Memorandum 2022-02, Sept. 9, 2022)); Chief of Naval Operations Instruction 5354.1H, *Navy Harassment Prevention and Military Equal Opportunity Program Manual* (Nov. 3, 2021); Marine Corps Order 5354.1F, *Marine Corps Prohibited Activities and Conduct (PAC) Prevention and Response Policy* (Apr. 20, 2021). The National Guard Bureau also has a separate policy pertaining to certain Army National Guard members. National Guard Regulation 600-21, *Equal Opportunity Program in the Army National Guard*. May 22, 2017.

⁷²DOD Instruction 1350.02(9.2).

⁷³Examples of data military services are required to submit to ODEI include: (1) the number of complaints substantiated and unsubstantiated (formal and anonymous); (2) the demographics (e.g., race/ethnicity, gender, and pay grade) of the complainant and alleged offender; (3) the disposition of substantiated complaints, including no action, non-judicial punishment, discharge in lieu of court-martial or other adverse action, adverse administration action, court-martial.

Military service assessments. DOD policy requires the military services to assess reserve component MEO programs biennially.⁷⁴ When we asked how the military services comply with this biennial policy requirement, military service or reserve component officials provided a variety of responses. (See table 5.) For example, they told us that three of six reserve components conducted inspections of their MEO programs using checklists, and one component plans to implement such inspections.

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

Reserve Component	Recent biennial assessments			Plans for ongoing compliance	
	One-time Inspector General (IG) reviews	Inspections guided by checklists	Data submission	Periodic internal inspections	Annual data submission
Army Reserve	X	X ^a	—	X	—
Army National Guard	—	—	X	—	X
Air Force Reserve	— ^b	X	—	X	—
Air National Guard	— ^b	X	—	X	—
Navy Reserve	X	—	—	—	X
Marine Corps Reserve	X	—	—	X	—

Legend:

X = used

— = not described as used

Source: GAO interviews with military officials. | GAO-24-105400

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

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

^bAir Force officials did not report using their one-time IG report to comply with the biennial assessment requirement, but its IG did complete such a report.

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

⁷⁴DOD Instruction 1350.02(2.8)(g).

example, National Guard Bureau officials told us that Army National Guard's policy requires data submissions as a form of oversight.⁷⁵ Moreover, officials from the Navy Reserve told us they plan to submit data to ODEI in the future. ODEI officials told us submitting data does not appear to comply with the biennial MEO assessment requirement but said they would need to further investigate.

Furthermore, officials from Army Reserve, Navy, and Marine Corps told us they have met the biennial assessment requirement through one-time inspector general reviews, which were conducted in 2020 or 2021.⁷⁶ However, we found that these reviews were not designed to provide ongoing oversight. Specifically, none of the officials we spoke with said these inspector general reviews were going to serve as the basis for ongoing compliance. For example, two military services conducted these reviews in response to a Secretary of Defense memorandum requiring inspectors general to conduct a one-time review.⁷⁷

In addition, ODEI officials told us that the biennial assessments must be done along the six elements of a Model MEO Program.⁷⁸ We found that those six elements are established in a separate provision of DOD's MEO policy than the biennial assessment requirement, and the biennial assessment requirement does not refer to them. ODEI officials acknowledged that several areas of the policy are unclear. Specifically, they said that the policy provides few specifics about how to measure the

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

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

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

⁷⁸DOD Instruction 1350.02(3.2). The six elements are: (1) Demonstration of Leadership Commitment; (2) Evaluation of Effectiveness and Efficiency; (3) Integration of MEO into Strategic Mission; (4) Management and Program Accountability; (5) Prevention and Response; and (6) Compliance.

six elements of a Model MEO Program. For example, they told us that the dimension *Demonstration of Leadership Commitment* is somewhat vague and open to interpretation.

ODEI officials told us that they have begun to consider ways to better define what a biennial assessment should cover. However, they did not provide us with evidence that this effort is underway. Standards for internal control in the federal government state that management should define objectives in specific and measurable terms to enable it to identify risks to achieving those objectives.⁷⁹ Clearer policies would improve the oversight environment for MEO policies and programs. This, in turn, may give reserve component members greater assurance that any complaints of discrimination will be addressed fairly and promptly, thereby facilitating reserve component members' access to medical documentation to support a disability compensation claim.

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

1. Impartiality, timeliness, and sufficiency of MEO prohibited discrimination complaints.
2. Timeliness and sufficiency of feedback provided to complainants.
3. Effectiveness of policies and programs in reducing incidents of MEO prohibited discrimination and providing appropriate complainant services, care, and support."⁸⁰

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

⁷⁹GAO-14-704G.

⁸⁰Department of Defense Instruction 1350.02(2.6)(d). DOD components include the military services.

from occurring and facilitate reserve component members' ability to obtain the medical documentation necessary for a future disability compensation claim.

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

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



Source: GAO. | GAO-24-105400

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

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

⁸¹Twelve stakeholders said it was a major (8) or moderate (4) challenge, and three said it was a minor challenge.

annual training.⁸² With the new policy, all newly-separated reserve component members will receive the form, and any length of active duty will be documented. In the policy, DOD put parameters around how the new form is to be implemented and established a deadline of February 2025 for implementation and issuance. However, according to a DOD official, the military services have significant discretion in how they implement the form.

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

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

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

⁸³GAO, *VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization*, [GAO-12-846](#) (Washington, D.C.: Sept. 10, 2012). Although there is no established set of requirements for all plans, sound planning practices are important because they define what organizations seek to accomplish, identify specific activities to obtain desired results, and provide tools to help ensure accountability and mitigate risks.

organized in a variety of ways and use different terms, for the purposes of this report, we grouped them into six categories. (See table 6).

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

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

Source: Adapted from GAO, *VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization*, GAO-12-846 (Washington, D.C.: Sept. 10, 2012). | GAO-24-105400

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

Additionally, when we requested detailed project or implementation plans, we received high-level time frames or descriptions that did not contain sufficient information to provide a realistic representation of the time needed to complete activities for rolling out the DD Form 214-1. The project plans also did not contain rigorous risk assessments, although Air Force officials told us they had identified two risks and mitigated them.

For example, they said that to limit unforeseen obstacles that those who interface with the form may face, they will implement rigorous pre-production testing of system changes.

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

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

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

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

⁸⁶Best practices in Agile development call for a high-level plan that outlines a set of releases and the associated features needed in a completed system. This plan—also referred to as a road map or vision—should be continuously revised as the plan evolves. Agile best practices also note that well-defined road maps are a key tool for ensuring that the software aligns with program goals and meets stakeholder needs. See [GAO-20-590G](#).

Table 7: Extent to Which the Military Services Applied Sound Planning Practices to Implement the DD Form 214-1 Requirement, as of Early 2023

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

Sound planning practice category	Army	Air Force	Navy	Marine Corps	Explanation
1. Problem, goals, and methodology	●	●	●	●	Generally, the military services will take a two-pronged approach to implement the DD Form 214-1, involving policy changes and systems upgrades. Officials from all four services explained their process for systems upgrades.
2. Resources	○	○	◐	○	Navy officials told us that costs associated with the new DD Form 214-1 would be paid through the budget for Navy’s human resources systems upgrade but did not specify which resources are dedicated to DD Form 214-1 functionality. The other services did not indicate how they would fund these projects, although we asked on more than one occasion.
3. Activities and timeline	◐	◐	◐	○	The military services identified some key activities but did not develop detailed project plans to guide implementation and monitor progress toward delivering the DD Form 214-1.
4. Roles, responsibilities, and coordination	◐	●	◐	◐	All the military services identified which internal groups would be responsible for implementing the DD Form 214-1. However, Army, Navy, and Marine Corps did not always assign individuals from those internal groups, identify their roles, or specify how individuals would coordinate. Air Force identified specific officials who are responsible for the rollout and provided a robust description of coordination occurring at working group meetings.
5. Risk	○	◐	○	○	Air Force officials described some risks and possible mitigation strategies for implementing the DD Form 214-1, but none of the military services had documented a systematic risk assessment.
6. Performance management	○	◐	◐	○	Air Force and Navy officials explained how they plan to manage the project’s performance, such as through testing software changes and meeting regularly to organize work. However, neither Air Force nor Navy developed an implementation plan or road map to help monitor progress.

Legend: ● Generally applied ◐ Partially applied ○ Not applied

Source: GAO analysis of information from military services. | GAO-24-105400

Note: The military services most recently provided information to GAO in February (Marine Corps), March (Navy), April (Air Force), and May (Army) of 2023. GAO sound planning practices are identified in GAO, *VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization*, [GAO-12-846](#) (Washington, D.C.: Sept. 10, 2012).

When we asked officials from all the military services about the extent to which they are applying sound planning practices, they expressed confidence in their ability to meet the February 2025 deadline to fully implement the DD Form 214-1. Army officials told us they anticipate meeting the deadline, Air Force officials told us they do not foresee any issues with implementation, Navy officials characterized aspects of implementation as being well ahead of schedule, and officials from the

VA Claims Processors Face Challenges Helping Claimants Gather Documentation



Source: GAO. | GAO-24-105400

Marine Corps told us that they already have a significant amount of infrastructure in place to implement the form. However, developing and documenting comprehensive plans consistent with sound planning practices would better ensure that the military services are able to guide and monitor progress toward meeting the 2025 deadline. If the deadline is missed, reserve component members who separate after that date will be delayed in receiving a key document that could help them—and VA claims processors—prove eligibility for disability compensation benefits.

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

Table 8: Examples of Records That May Be Needed for VA Disability Compensation Claims

Medical records	Service records
<p>Medical records documenting a current disability, the initial incident that caused the disability, and a clear connection between the two (such as persistent symptoms over time). Records with this information may include:</p> <ul style="list-style-type: none"> • Service treatment records for military outpatient visits • Military hospital inpatient records • Private medical provider records 	<p>Service records documenting a service member's duty status when the initial incident occurred that caused the disability. Records with this information may include:</p> <ul style="list-style-type: none"> • Active duty: <ul style="list-style-type: none"> • DD Form 214 • Active or Inactive duty for training: <ul style="list-style-type: none"> • Detailed annual retirement points statements, which list service creditable toward retirement by date and duty status • Pay stubs • Orders for annual training • Military Line of Duty determination that the reserve component member was on duty when the injury occurred

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

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

When a disability compensation claim is missing documentation, VA has a statutory duty—known as the duty to assist—to collect certain evidence

needed to support the claim.⁸⁷ A VSR is assigned to conduct this search for each claim and may receive assistance from other claims processors who specialize in searching for military medical records.⁸⁸

However, documentation of reserve component members' medical treatments and their duty status on the date of an injury can be hard to find, according to 13 of 14 stakeholders.⁸⁹ They described several reasons why reserve component members' medical and service records may be hard to find, including the following.

- **Scattered.** Six stakeholders and three claims processors told us that when reserve component members change units or locations, such as when deploying or switching from an active to a reserve component, their records may not follow them to their next unit. Additionally, National Guard records may be kept at state National Guard headquarters. As a result, records may be scattered across multiple locations. Further, three claims processors told us that veterans may not remember the units in which they served.
- **Lost.** Five stakeholders and four claims processors said that reserve component records are often missing. Two stakeholders and a claims processor said records may get lost because they were housed at military units that have moved to another location or no longer exist. One claims processor also told us that units often send the records to the wrong place, and one stakeholder said records may have been destroyed. Additionally, a claims processor told us service members may not have kept their copies of documents demonstrating their duty status because they assume VA already has this information. VA officials told us no guidance instructs reserve component members on the evidence they should submit to document their duty status.
- **Never existed.** Two stakeholders and three claims processors told us reserve component members' deployment locations may never have

⁸⁷38 U.S.C. § 5103A.

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

⁸⁹Thirteen stakeholders said it was a major (10) or moderate (3) challenge, and one said it was a minor challenge. One stakeholder did not have sufficient knowledge of the issue to rate it and was removed from this tally.

been recorded. Four stakeholders also said that some locations do not have medical facilities, limiting their ability to record documentation of injuries.

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

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

Table 9: Examples of VA and DOD Actions Related to Stakeholder-Identified Challenges to Obtaining Supporting Documentation for Reserve Component Members' VA Disability Compensation Claims

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

Stakeholder-identified challenge	Documentation	Agency action related to the challenge
Ten of 13 stakeholders told GAO VA staff may be unfamiliar with issues specific to reserve component members' service and documentation. ^d For example, three stakeholders said claims processors may not know what records, besides a DD Form 214, can document duty status.	Documentation of duty status	VA officials told GAO they are rolling out a new training program for claims processors in 2022-2024. Claims processors will complete a diagnostic assessment to identify their developmental needs. They will be assigned an individualized learning plan based on these assessments to help them fill gaps in their knowledge. Additionally, in 2017 and 2022, VA added additional sources of duty status information to its guidance for claim processors.

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

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

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

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

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

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

Even with these actions, all four types of claims processors we spoke with told us they do not have ready access to reserve component members' dates of drill weekends or annual training. To document the dates of service on these types of duty status, VBA's internal guidance instructs claims processors to use the veteran's detailed retirement points statement for the year in question.⁹⁰ However, VBA's guidance does not explain how claims processors can find this statement, and a VA official told us they may have to look in several places. When claims processors find the correct statement, one RVSR told us that it is often difficult to understand. He said he once incorrectly granted a service connection to a National Guard member who was ineligible. He had relied on the member's retirement points statement, which he said did not clearly state that the member had been serving on state orders when injured. If claims processors cannot verify a reserve component member's duty status on

⁹⁰Retirement points statements summarize reserve component members' service that is creditable toward retirement. Annual detailed statements list the points credited each year by date and duty status.

the date of the injury, VBA guidance instructs them to administratively deny the disability claim before any medical evidence is reviewed.⁹¹

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

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

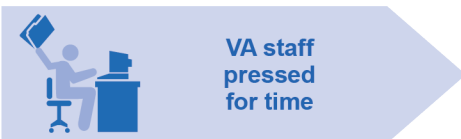
VA's 2022-2028 strategic plan aims to enhance the exchange of personnel data with DOD to ensure immediate access to reliable and accurate data needed to determine eligibility for benefits.⁹³ Working with DOD to provide claims processors with ready access to reliable data on reserve component members'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

⁹¹Department of Veterans Affairs, *M21-1 Adjudication Procedures Manual*, III.i.1.A.2.k (Aug. 2, 2022).

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

⁹³Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan* (Washington, D.C.: 2022).

VA is Assessing Whether Its Performance Management System Allows Enough Time for Processing Reserve Component Claims



Source: GAO. | GAO-24-105400

Eleven of 13 stakeholders told us that VA claims processors may not have time to sufficiently search for reserve component members' records.⁹⁴ As described above, processing claims from reserve component members may take more time due to difficulties locating their medical or duty status records, according to stakeholders and claims processors.

VBA's performance management system gives VSRs points for accomplishing claim processing tasks. Point values vary depending on how much time the task historically has taken, according to VBA officials. If VSRs take longer than average to complete a task, it can affect their overall performance rating. VSRs earn more points for complex or time-consuming tasks, such as characterizing the nature of a claimant's service.⁹⁵ They can also request extra time from their supervisor on a case-by-case basis for tasks that take more time than anticipated.

However, the performance management system does not give extra points for reserve component claims, even though VA officials and training documents indicate such claims may require additional time.⁹⁶ Without extra credit, three claims processors told us that VSRs feel they must rush through reserve component claims and that this time pressure may cause some VSRs to miss or skip steps. This indicates that the time pressure may also work against another performance standard for VSRs: high-quality work that leads to accurate claims decisions. One claims processor described it as a balancing act between quality and efficiency. In fiscal year 2022, VBA quality reviews found that 10 percent of VSRs

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

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

⁹⁶VA officials told us reserve component service treatment records typically take longer to gather from DOD. Also, VBA's training curriculum requires VSRs to take courses on determining veteran status and obtaining service records. Both trainings focus on reserve component claims. The section on reserve component service treatment records says they can be more complex to obtain than active component records and may be in several locations.

failed to request all pertinent personnel records from the military services for the claims reviewed.⁹⁷

VBA officials told us no extra points are awarded for reviewing reserve component members' claims because (1) this issue was not raised as an area of concern in previous reviews of the performance standards and (2) VBA had not studied reserve component claims to determine if they were more complex or time-consuming than other claims. However, during the course of our review, VA's 3-year cycle for reviewing performance standards began and VBA officials told us they decided to include reserve component claims as part of the review. They expect any resulting updates to the performance management system to be implemented in 2024.⁹⁸

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

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

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

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

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

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

achieve objectives.¹⁰⁰ Monitoring reserve component members' disability compensation claim approval rates and assessing information about related challenges would contribute to all of these goals. However, neither department plans to conduct such monitoring or assessment.

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

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

Conclusions

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

¹⁰⁰[GAO-14-704G](#), principles 13 and 16.

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

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

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

Ultimately, more fully understanding these issues could help better ensure equitable access to benefits for reserve component members.

Recommendations for Executive Action

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

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

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

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

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

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

The Secretary of Defense should ensure the Director of ODEI clarifies policies for military service assessments of their reserve component Military Equal Opportunity programs, to reduce medical bias, which in turn

could help improve reserve component members' access to disability compensation. (Recommendation 6)

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

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

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

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

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

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

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

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

Agency Comments and Our Evaluation

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

In addition, VA provided a general comment as part of its comment letter, which we incorporated as appropriate. Specifically, VA commented that the term "veteran" is statutorily defined to mean a person who served in the active military, naval, air, or space service, and who was discharged or released under conditions other than dishonorable. Therefore, VA noted that service in the National Guard or Reserves does not automatically confer veteran status for VA benefit purposes. In response, we revised our terminology to clarify this point. VA further explained that reserve component members who have not served on active duty are not generally entitled to benefits for conditions with a delayed onset or that do not become disabling until after separation from service. We added this information to our report.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, the Secretary of Veterans Affairs, the Secretaries of the Air Force, Army, and Navy, and the Commandant of the Marine Corps. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

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

A handwritten signature in black ink that reads "Elizabeth H. Curda". The signature is fluid and cursive, with the first name being the most prominent.

Elizabeth H. Curda
Director, Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

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

Analysis of VA Disability Compensation and Pension Claims

The Identifying Barriers and Best Practices Study Act contains a provision for GAO to compare active and reserve component members' disability compensation and pension program claims and service-connected disabilities from 2008 through 2018.¹ Due to reliability concerns about disability compensation claims data filed before 2012, and to make use of the most recent data available, we adjusted the timeframe to disability compensation claims filed from 2012 through 2021.² We used two units of analysis: claims, analyzed in objective 1, and veterans, analyzed in objective 2.

Objective 1: Claim approval rates

For our first objective, we analyzed VA data on initial disability compensation and pension claims filed from 2012 through 2021.³ We excluded other types of claims, such as supplemental claims or appeals.⁴ We also excluded open claims that did not yet have final VA decisions for all disabilities claimed. We classified each claim for disability compensation as either approved (i.e., VA determined that at least one disability was service-connected) or denied (i.e., VA determined that no disabilities were service-connected). To isolate claims based on reserve component service, we classified veterans into two mutually-exclusive groups:

¹Pub. L. No. 116-187, § 2(a), 134 Stat. 903, 903-04 (2020).

²We discuss our data reliability concerns in more detail later in this section.

³Initial claims are service members' first claims for disability compensation or pension benefits.

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

- Active component members: service members who served in an active component at any point in their career, including those who may have also served in a reserve component.
- Reserve component members: service members who served in the National Guard or Reserves but never served in an active component.

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

- most recent service branch;⁶
- most recent rank: junior enlisted (pay grade E1 through E4), mid-grade and senior enlisted (pay grade E5 through E9), officer (pay grade O0-O10), and warrant officer (pay grade WO1-WO5);⁷
- most recent period of wartime or peacetime service;
- race and ethnicity;⁸

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

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

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

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

Objective 2: Service members with service-connected disabilities

- sex;⁹ and
- age in 2019.¹⁰

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

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

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

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

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

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

¹²VA provided each veteran's most recent disability rating held from 2008 through 2021, regardless of when VA assigned that rating. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

physicals, or participation in the Personnel Reliability Program.¹³ DOD officials told us that DOD's occupation data were unreliable before October 1, 2000, and provided a list of service members who held each of the above occupations as their primary occupation at any point between that date and December 31, 2021. We calculated:

- the number of service members from each component who held each of these occupations and had a service-connected disability from 2008 through 2021.
- the number of service members holding the above occupations whom VA determined had specific types of service-connected disabilities as part of claims submitted from 2012 through 2021. These disabilities were: musculoskeletal conditions, mental health conditions, presumptive conditions, post-traumatic stress disorder, and cancer.¹⁴

Data Reliability

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

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

¹⁴The Identifying Barriers and Best Practices Study Act contained a provision for us to study the prevalence of musculoskeletal and mental health conditions among certain service members. Presumptive conditions are illnesses or diseases that VA presumes to be service-connected for the purpose of determining eligibility for disability compensation. See 38 C.F.R. § 3.309. We identified disabilities using VA's diagnostic code numbers, which are established by regulation. Unlike the other disabilities we evaluated, cancers are not explicitly categorized in VA's diagnostic code list, so VA officials provided us with a list of diagnostic codes they consider to be cancers.

Appendix I: Objectives, Scope, and Methodology

To assess the reliability of data provided by VA, we reviewed VA’s data dictionaries to confirm we obtained the correct data, conducted electronic testing on the data to assess its accuracy and completeness, interviewed VA and DOD officials on any potential reliability issues with the data, and followed up with those officials on any data discrepancies we identified. To assess the reliability of data provided by DOD, we reviewed the computer code they used to fulfill our data request to ensure the data met our requirements. Our reliability testing yielded the following results. (See table 10.)

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

Agency	Source of data	Variables assessed	Reliability determination	Reason, if unreliable
VA	Corporate database	Claims, disabilities, demographics, and service characteristics	Reliable only for service members who left service on or after January 1, 1985, and claims filed after 2011.	Data on several key variables including military component unreliable for most years before 1985, based on service members’ date of separation. For claims, we found that about 305,000 claims (12 percent of our total) resulted in a disability compensation award but identified no claimed disability. As most of these claims were filed from 2008 through 2011, we limited our analysis to claims filed on or after January 1, 2012.
	Beneficiary Identification Records Locator Subsystem	Service members’ demographic and service characteristics	Reliable only for service members who left service on or after January 1, 1985.	Data on rank (pay grade) unreliable for most years before 1985, based on service members’ date of separation.
	VA/DOD Identity Repository (VADIR)	Service members’ demographic and service characteristics	Reliable only for service members who left service on or after January 1, 1985.	VADIR was missing records for 19 percent of service members living in 2008 and separated from service before 2022. Almost all the missing records were for service members who separated from service before 1985 or who had no date of separation in the data. In addition, DOD officials told us that they avoid using VADIR data from before 1985, because that is the year DOD began receiving electronic personnel records from all military services, including the reserve component.

Appendix I: Objectives, Scope, and Methodology

Agency	Source of data	Variables assessed	Reliability determination	Reason, if unreliable
DOD	Active Component Common Personnel Data System	Military Occupation Specialty data	Reliable for service members who left service on or after October 1, 2000	DOD said that occupation data from before October 1, 2000, are not reliable, so we were unable to report military occupations for most service members who separated prior to that date.
	Reserve Component Common Personnel Data System	Military Occupation Specialty data	Reliable for service members who left service on or after October 1, 2000	Same as above.

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

We determined data on military occupations obtained from DOD to be sufficiently reliable for our purposes. However, data on service members' military service and demographic factors from VA's Corporate, BIRLS, and VADIR databases were partially unreliable due to missing records and data described in table 11. Without the missing records, we had no assurance that the data included the complete population of service members meeting our criteria.

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

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

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

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

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

Table 11: Number of Stakeholders with Knowledge of Reserve Component Members Meeting Each Selection Criterion

Selection Criteria	Veterans Service Organizations (VSO)	Researchers	Service providers
Represent / work with reserve component members	2	3	3
Represent / work with service members with disabilities	2	3	3
Congressionally chartered and VA-recognized ^a	6	n/a	n/a
Represent specific groups (e.g., women service members) ^b	6	1	0
Recommended by other stakeholders	6	0	3
Published research on reserve component members	n/a	3	n/a

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

Source: GAO. | GAO-24-105400

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

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

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

We interviewed stakeholders and four groups of VA claims processors about issues that may affect or limit reserve component members' access

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

To obtain consensus on the degree to which the issues identified in our initial interviews were challenges, we sent stakeholders a questionnaire asking them to rate the impact of each (i.e., major, moderate, minor, or no impact). We systematically compiled their responses and present these results in this report.¹⁶ When we discuss each challenge, we report the number of stakeholders who identified it as a challenge (i.e., thought it had a major or moderate impact) out of those who rated it. Stakeholders had an option to indicate that they did not have sufficient knowledge of the issue to rate it. We omit those stakeholders from the tally for that challenge.

After stakeholders identified the challenges, we identified the actions DOD and VA have taken that may have helped address those challenges. The scope of this analysis included four DOD military services and six DOD reserve components.¹⁷ We analyzed agency documents including policies, reports, and training materials, and project plans. We also reviewed relevant federal laws, regulations, and executive orders. We interviewed officials who administer relevant DOD and VA programs and initiatives and officials from each military service and reserve component. We assessed DOD's and VA's actions against their internal policies and strategic plans; federal standards for internal control principles 13, 14, 15, and 16; and sound practices for project management identified in our previous work.¹⁸

¹⁵VA arranged for us to speak with claims processors from four geographically dispersed regional offices. We spoke with (1) three Veteran Service Representatives (VSR); (2) two VSRs who serve as Authorization Quality Review Specialists; (3) two Rating Veteran Service Representatives (RVSR); and (4) two Program Support Assistants from the Centralized Support Division.

¹⁶For brevity, in this report we refer to challenges with a major impact as major challenges, with a minor impact as minor challenges, etc.

¹⁷We did not include the Coast Guard Reserve in this analysis because it includes less than 1 percent of reserve component members and would not affect our overall analysis of common challenges. We also did not include the Space Force because it did not have a reserve component.

¹⁸See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014) and GAO, *VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization*, [GAO-12-846](#) (Washington, D.C.: Sept. 10, 2012).

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

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

¹⁹[GAO-12-846](#).

²⁰For more information about the scale, see GAO, *VA Disability Benefits: Compensation Program Could Be Strengthened by Consistently Following Leading Reform Practices*, [GAO-22-104488](#) (Washington, D.C.: July 18, 2022).

Appendix II: Analysis of Department of Veterans Affairs Data

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

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

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

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

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

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

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

²In the main body of this report, the “active only” and “active and Reserve” groups are combined into “active component members.” The “National Guard only” and “Reserve only” groups are combined into “reserve component members.”

Appendix II: Analysis of Department of Veterans Affairs Data

Table 13: Number and Percentage of Service Members with Service-Connected Disabilities, by Military Service Component, 2008-2021

Service Component	Number with a Service-Connected Disability	Percentage with a Service-Connected Disability
Active only	1,784,751	40
Active and Reserve	1,383,202	37
National Guard only	195,293	21
Reserve only	233,557	13

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

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

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

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

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

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

**Appendix II: Analysis of Department of
Veterans Affairs Data**

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

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

Legend: *=Less than 10

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

Notes: The four service component groups are mutually-exclusive. "National Guard only" and "Reserve only" members never served in an active component. "Active only" members never served in the National Guard or Reserves. Analysis is limited to service members who were living on January 1, 2012, separated from service from 1985 through 2021, and whose primary military occupations were identified in DOD data. Counts generally include service members who held primary occupations in each of the above categories at some point from October 1, 2000, through December 31, 2021. According to DOD officials, DOD occupation data are not reliable prior to October 2000.

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

^aDOD officials provided a list of occupations that likely require participation in the Personnel Reliability Program, which provides a mandatory certification of reliability for all personnel working with nuclear materials.

Appendix II: Analysis of Department of Veterans Affairs Data

Table 16: Number of Veterans Granted Service Connection for Certain Disabilities, by Military Occupation and Service Component, 2012-2021

Military Occupation	Service-connected disability type	Service Component			
		Active only	Active and Reserve	National Guard only	Reserve only
Occupations requiring diving physicals	Cancer	14	*	0	0
	Mental health condition	213	91	0	*
	Musculoskeletal condition	548	248	0	*
	Post-traumatic stress disorder	75	36	0	0
	Presumptive condition	298	102	0	*
Occupations requiring flight physicals	Cancer	532	377	47	54
	Mental health condition	4,643	3,308	284	229
	Musculoskeletal condition	16,907	13,676	904	638
	Post-traumatic stress disorder	1,622	1,286	168	123
	Presumptive condition	9,195	6,636	542	417
Occupations working with nuclear materials ^a	Cancer	377	171	36	16
	Mental health condition	8,347	4,804	591	409
	Musculoskeletal condition	19,266	11,937	1,294	794
	Post-traumatic stress disorder	2,592	2,188	342	268
	Presumptive condition	9,786	5,056	712	368
Special Operations Forces operators	Cancer	114	47	*	*
	Mental health condition	2,334	1,188	66	15
	Musculoskeletal condition	4,424	2,669	163	40
	Post-traumatic stress disorder	1,426	701	48	10
	Presumptive condition	3,041	1,548	85	21
Pilots	Cancer	426	311	40	41
	Mental health condition	2,596	2,074	194	82
	Musculoskeletal condition	11,331	9,638	674	270
	Post-traumatic stress disorder	919	782	112	52
	Presumptive condition	6,193	4,884	406	224

Appendix II: Analysis of Department of Veterans Affairs Data

Military Occupation	Service-connected disability type	Service Component			
		Active only	Active and Reserve	National Guard only	Reserve only
All other occupations	Cancer	6,303	3,599	715	826
	Mental health condition	200,115	137,541	15,593	17,550
	Musculoskeletal condition	434,296	321,121	27,180	28,147
	Post-traumatic stress disorder	70,440	68,296	10,345	11,981
	Presumptive condition	215,212	122,954	13,676	13,612

Legend: *=Less than 10

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

Notes: The four service component groups are mutually-exclusive. "National Guard only" and "Reserve only" veterans never served in an active component. "Active only" veterans never served in the National Guard or Reserves. Analysis is limited to veterans who separated from service from 1985 through 2021 and whose primary military occupations were identified in DOD data. Counts generally include veterans who held primary occupations in each of the above categories at some point from October 1, 2000, through December 31, 2021. According to DOD officials, DOD occupation data are not reliable prior to October 2000.

Disability counts include only veterans with disabilities VA determined to be service-connected as part of disability compensation claims submitted from 2012 through 2021. More service members may exist who have disabilities incurred during service but did not submit a claim to VA.

³DOD officials provided a list of occupations that likely require participation in the Personnel Reliability Program, which provides a mandatory certification of reliability for all personnel working with nuclear materials.

Table 17: Number of Initial VA Disability Compensation Claims Submitted, Approved, and Denied, by Military Service Component, 2012-2021

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

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

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

Appendix II: Analysis of Department of Veterans Affairs Data

Table 18: Number of Initial VA Pension Claims Submitted, Approved, and Denied, by Military Service Component, 2012-2021

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

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

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

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

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

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

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

Note: The four service component groups are mutually-exclusive. "National Guard only" and "Reserve only" claimants never served in an active component. "Active only" claimants never served in the National Guard or Reserves. This analysis does not include the Space Force because VA data only included one Space Force member during GAO's study period. Analysis is limited to initial claims for disability compensation submitted from 2012 through 2021 by claimants who separated from service from 1985 through 2021.

Appendix II: Analysis of Department of Veterans Affairs Data

Table 20: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Rank and Military Service Component, 2012-2021

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

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

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

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

Service Component	Number of Claims	Most Recent Period of Service			
		Vietnam War (1964-1975)	Peacetime (1975-1990)	Persian Gulf War (1990-2001)	Global War on Terror (2001-2021)
Active Only	Submitted	11,627	34,171	70,126	631,265
	Approved	9,227	18,014	45,955	571,113
Active and Reserve	Submitted	1,125	36,518	124,666	571,162
	Approved	768	20,058	75,521	471,936
National Guard only	Submitted	2,118	3,601	12,998	72,630
	Approved	1,381	1,751	7,580	53,277
Reserve only	Submitted	4,791	5,784	31,842	82,562
	Approved	3,286	2,601	17,655	55,630

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

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

Appendix II: Analysis of Department of Veterans Affairs Data

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

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

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

Military Service Component	Number of Claims	Race or Ethnicity					
		American Indian or Alaskan Native	Asian	Black or African American	Hispanic	Native Hawaiian or Other Pacific Islander	White
Active Only	Submitted	9,249	31,327	166,084	79,939	3,685	447,393
	Approved	7,974	27,268	131,519	70,835	3,297	395,381
Active and Reserve	Submitted	8,245	25,576	137,190	79,779	2,872	470,694
	Approved	6,383	20,546	90,267	63,444	2,342	378,139
National Guard only	Submitted	858	3,241	14,557	6,757	372	65,124
	Approved	567	2,232	7,381	4,592	270	48,647
Reserve only	Submitted	977	3,375	27,248	12,595	553	79,257
	Approved	595	2,208	12,692	8,346	371	54,314

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

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

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

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

Military Service Component	Number of Claims	Female Claimants	Male Claimants
Active Only	Submitted	127,294	619,886
	Approved	109,457	534,850
Active and Reserve	Submitted	102,705	630,766
	Approved	77,633	490,650
National Guard only	Submitted	13,629	77,718
	Approved	9,044	54,945

Appendix II: Analysis of Department of Veterans Affairs Data

Military Service Component	Number of Claims	Female Claimants	Male Claimants
Reserve only	Submitted	22,572	102,407
	Approved	12,730	66,442

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

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

Table 24: Number of Initial VA Disability Compensation Claims Submitted and Approved, by Age in 2019 and Military Service Component, 2012-2021

Military Service Component	Number of Claims	Claimant's Age in 2019						
		20-29	30-39	40-49	50-59	60-69	70-79	80-89
Active Only	Submitted	153,506	220,060	203,640	111,315	39,463	14,587	1,199
	Approved	134,463	190,538	184,742	88,841	29,592	12,022	999
Active and Reserve	Submitted	125,595	224,929	165,451	176,739	38,424	2,196	105
	Approved	108,921	181,172	127,428	123,210	25,811	1,652	64
National Guard only	Submitted	8,964	25,748	15,336	17,182	13,170	9,319	1,390
	Approved	5,989	17,959	11,125	12,398	8,713	6,649	969
Reserve only	Submitted	12,561	34,804	20,182	23,108	16,097	14,988	3,061
	Approved	8,137	22,605	12,351	13,256	9,950	10,640	2,112

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

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

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

Military Service Component	Number of Claims	Year Claim Submitted									
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Active Only	Submitted	70,734	71,744	78,908	78,901	78,213	79,227	80,259	77,878	66,031	65,295
	Approved	58,577	60,388	65,922	66,205	66,313	67,471	69,301	68,077	61,035	61,021
Active and Reserve	Submitted	70,905	69,185	78,438	82,834	85,480	83,493	81,500	75,614	56,345	49,677
	Approved	52,730	51,911	57,684	61,717	65,045	64,539	64,283	60,289	48,067	42,018
National Guard only	Submitted	9,800	8,721	9,247	9,030	9,371	9,561	10,220	10,484	7,953	6,960
	Approved	6,404	5,650	5,875	5,867	6,236	6,578	7,416	7,900	6,484	5,579

**Appendix II: Analysis of Department of
Veterans Affairs Data**

Military Service Component	Number of Claims	Year Claim Submitted									
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Reserve only	Submitted	12,373	10,518	11,885	12,346	13,223	13,641	14,215	15,165	11,298	10,315
	Approved	7,281	6,049	6,595	7,156	8,025	8,493	9,148	10,288	8,471	7,666

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

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

Appendix III: Comments from the Department of Defense



MANPOWER AND
RESERVE AFFAIRS

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

OCT 12 2023

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

Dear Ms. Curda,

This is the Department of Defense (DoD) response to the Government Accountability Office Draft Report, GAO-24-105400, "VA DISABILITY BENEFITS: Actions Needed to Address Challenges Reserve Component Veterans Face Accessing Compensation," dated September 11, 2023 (GAO Code 105400).

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

Sincerely,

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

Attachment:
As stated

83828382

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

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

DEPARTMENT OF DEFENSE COMMENTS
TO THE GAO RECOMMENDATIONS

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

DoD RESPONSE: N/A

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

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

RECOMMENDATION 3: VA. (Recommendation 3)

DoD RESPONSE: N/A

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

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

RECOMMENDATION 5: VA. (Recommendation 5)

DoD RESPONSE: N/A

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DoD RESPONSE: N/A

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

DoD RESPONSE: N/A

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

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

Appendix IV: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

October 13, 2023

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

Dear Ms. Curda:

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Jackson".

Kimberly Jackson
Chief of Staff

Enclosure

Enclosure

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

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

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

Target Completion Date: To be determined (TBD)

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

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

Target Completion Date: TBD

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

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

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

Target Completion Date: TBD

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

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

Target Completion Date: TBD

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

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

Target Completion Date: TBD

**Appendix IV: Comments from the Department
of Veterans Affairs**

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General Comment:

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

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgments

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

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