



DISABILITY COMPENSATION FOR VETERANS

**OF THE PERSIAN GULF WAR
OPERATION ENDURING FREEDOM (OEF)
AND OPERATION IRAQI FREEDOM (OIF)**

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Photographs courtesy of veterans of:

- 307th Engineers (Airborne)
- 37th Engineers (Airborne)
- 505th (PIR) Parachute Infantry Regiment
- 504th (PIR) Parachute Infantry Regiment

FORWARD

Despite the swift and decisive victory in Operation Desert Storm, nearly a quarter of the estimated 700,000 U.S. military personnel who served there have reported persistent, medically unexplained health problems.

As a result, in 1994, Congress passed Public Law 103-446, the *Veterans Benefits Improvements Act/Persian Gulf War Veterans Benefits Act* that mandated The Department of Veteran Affairs (VA) add Undiagnosed Illness as a presumptive condition for Gulf War veterans. (See 38 U.S.C. §§1117, 1118.) The intent of this legislation is to help ill Gulf War veterans obtain service-connected healthcare and disability compensation from the VA.

In 2001, Congress again passed legislation, the *Veterans Education and Benefits Act* (Section 202 (b) (2) of Public Law 107-103), which added medically unexplained, chronic multi-symptom illnesses, or MUCMI, as presumptive conditions for Gulf War veterans. These include chronic fatigue syndrome, fibromyalgia, and functional gastrointestinal conditions such as irritable bowel syndrome.

**NEARLY 25% OF U.S. MILITARY
PERSONNEL WHO SERVED IN
OPERATION DESERT STORM HAVE
REPORTED PERSISTENT MEDICALLY
UNEXPLAINED HEALTH PROBLEMS**

VVA HOPES THIS GULF WAR VETERANS SELF-HELP GUIDE WILL BE HELPFUL:

If you are a Gulf War veteran filing a compensation claim for presumptive conditions listed in 38 CFR §3.317.

For Gulf War veterans to understand what conditions qualify as presumptive for service in Southwest Asia Theater of Operations in 38 CFR §3.317.

To better understand the requirements of the statute and regulations of the presumptive conditions in 38 CFR §3.317.



INTRODUCTION:



The purpose of this Gulf War Veterans guide is simple:

To present information and describe the process, in a user-friendly fashion, for a Gulf War veteran or (surviving) family member to file a claim for service -connected disability compensation or death benefits with the Department of Veterans Affairs (VA) for illnesses associated with deployment to Southwest Asia Theater of Operations.

At the outset, please understand the VA claims process is complicated, frustrating, and can be time-consuming. Please understand, also, that these guidelines are not legal advice.

We highly recommend that you seek assistance from an accredited representative. (<https://www.benefits.va.gov/vso/>)¹ Also, it is important to remember, just because one does not meet the criteria for presumptive service connection, it is still possible to get benefits through direct service connection. In other words, prove that the veteran: (1) has a current condition; (2) was exposed to hazardous materials during service; and (3) there is sufficient medical evidence establishing a nexus (link) between the two.

¹You can also find a local VVA service officer here: <https://vva.org/what-we-do/veteran-services/claims-assistance/>



WHAT COUNTRIES MAKE UP THE SOUTHWEST ASIA THEATER OF OPERATIONS?

Gulf War veterans who served on active military, naval, or air service in the Southwest Asia theater of operations during the Gulf War (August 2, 1990, to the present)².

The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

The governing statute, 38 United States Code §1117, directs the VA to prescribe, by regulation, the period within which Gulf War Veterans' qualifying illnesses must be manifested in order to qualify for presumptive service connection.

December 31, 2021, is the current presumptive end date, unless the VA extends it again for another 5 years, as they have in the past.

² Congress has not yet set an end date but may do so at any time.

WHAT IS “PRESUMPTIVE” SERVICE CONNECTION?

VA presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific veteran’s military service. If a presumed condition is diagnosed in a veteran in a certain group, they can be awarded disability compensation.

A qualifying Gulf War presumption disability means a chronic disability resulting from any of the following (or any combination of the following):

- An undiagnosed illness;
- A medically unexplained chronic multisymptom illness that is defined by a cluster of signs or symptoms, such as:
 - Chronic fatigue syndrome;
 - Fibromyalgia; and
 - Functional gastrointestinal disorders (excluding structural gastrointestinal diseases).

Signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses. Signs or symptoms which may be manifestations of undiagnosed illness or medically

unexplained chronic multisymptom illness include, but are not limited to:

- Fatigue
- Signs or symptoms involving skin
- Headache
- Muscle pain
- Joint pain
- Neurological signs or symptoms
- Neuropsychological signs or symptoms
- Signs or symptoms involving the respiratory system (upper or lower)
- Sleep disturbances
- Gastrointestinal signs or symptoms
- Cardiovascular signs or symptoms
- Abnormal weight loss
- Menstrual disorders

Public Law 103-446 *Veterans Benefits Improvements Act/Persian Gulf War Veterans Benefits Act of 1994* allows VA to pay compensation to Gulf War veterans with certain chronic disabilities resulting from illnesses that VA could not diagnose which appeared during active duty in the Gulf War or within a specified time period after Gulf War service, which led to a degree of disability of ten (or more) percent.

RESOURCES

- <https://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/presumption.pdf>
- https://www.publichealth.va.gov/docs/gulfwar/gw_newsletter_jul06.pdf
- <https://uscode.house.gov/statutes/pl/103/446.pdf>



WHAT IS AN UNDIAGNOSED ILLNESS ACCORDING TO 38 CFR §3.317?

An illness that, by history, physical examination, and laboratory tests cannot be attributed to any known clinical diagnosis.

Public Law 107-103 the *Veterans Education and Benefits Act* (Section 202 (b)(2)) was passed by Congress in 2001. This legislation added medically unexplainable chronic multi-symptom illnesses (MUCMI) as presumptive conditions for Gulf War veterans.

Examples:

- Chronic Fatigue Syndrome
- Fibromyalgia
- Functional Gastrointestinal Disorders such as

Irritable Bowel Syndrome

“It is evident from Congress’s use of the phrase “such as” in Section 1117(a)(2)(B) that Congress intended “chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome” to be examples of medically unexplained chronic multi-symptom illnesses, rather than an exclusive list.”

RESOURCES

For more information on these illnesses, or resource documents, click on the links below:

- Chronic Fatigue Syndrome
- Fibromyalgia
- Functional Gastrointestinal Disorders such as Irritable Bowel Syndrome
- <https://www.federalregister.gov/documents/2010/10/07/2010-25100/compensation-for-certain-disabilities-due-to-undiagnosed-illnesses>
- <https://www.federalregister.gov/documents/2011/07/15/2011-17814/presumptive-service-connection-for-diseases-associated-with-service-in-the-southwest-asia-theater-of>
- <https://www.benefits.va.gov/warms/bookc.asp>

38 CFR §3.317 PRESUMPTIVE SERVICE CONNECTION FOR INFECTIOUS DISEASES

A disease listed in this section will be service connected if it becomes manifest in a veteran with a qualifying period of service, provided certain provisions are also satisfied.

The diseases referred to in paragraph (c)(1) are the following:

- Brucellosis
- Campylobacter jejuni
- Coxiella burnetii (Q fever)
- Malaria
- Mycobacterium tuberculosis
- Nontyphoid Salmonella
- Shigella
- Visceral leishmaniasis
- West Nile virus

The diseases listed in paragraph (c)(2) will be considered to have been incurred in or aggravated by service under the circumstances outlined in paragraphs (c)(3)(i) and (ii), even though there is no evidence of such disease during the period of service.

With three exceptions, the disease must have become manifest to a degree of 10 percent or more within one year from the date of separation from a qualifying period of service as specified in paragraph (c)(3)(ii).

Malaria must have become manifest to a degree of 10 percent or more within 1 year from the date of separation from a qualifying period of service or at a time when standard or accepted treatises indicate that the incubation period commenced during a qualifying period of service.

There is no time limit for visceral leishmaniasis or tuberculosis to have become manifest to a degree of 10 percent or more.

For purposes of this guide, the term “qualifying period” of service means a period of service meeting the requirements of a period of active military, naval, or air service, on or after September 19, 2001, in Afghanistan.

A disease listed in paragraph (c)(2) of this section shall not be presumed service connected:

- If there is affirmative evidence that the disease was not incurred during a qualifying period of service; or
- If there is affirmative evidence that the disease was caused by a supervening condition or event that occurred between the veteran’s most recent departure from a qualifying period of service and the onset of the disease; or
- If there is affirmative evidence that the disease is the result of the veteran’s own willful misconduct or the abuse of alcohol or drugs.

**WITH A FEW EXCEPTIONS,
THE DISEASE MUST HAVE
BECOME MANIFEST TO A DEGREE
OF 10 PERCENT OR MORE
WITHIN 1 YEAR FROM THE
DATE OF SEPARATION FROM A
QUALIFYING PERIOD OF SERVICE**



VA AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY:

VA established the Airborne Hazards and Open Burn Pit Registry (AHOBPR) in 2014 to help put data to work for Veterans through research about potential health effects of airborne hazard exposures.

By joining the registry, you can provide information to help us better understand whether long-term health conditions may be related to these exposures. Even if you have not experienced any symptoms or illnesses, you believe are related to exposures during military service, your participation in the registry could help VA provide better care to all Veterans.

- Participation in the registry is voluntary and cannot negatively impact your access to VA health care or your claim for compensation and benefits.
- You may save and submit your responses to the registry questionnaire and notes from optional medical assessment to support your VA claim if you choose.
- Completing the questionnaire can also help you proactively identify health concerns, discuss them with your health care provider, and get follow-up care.
- You can participate even if you do not recall any exposure to airborne hazards during your military service.

REGISTRY ELIGIBILITY:

You are eligible to participate in the registry if you were deployed to the Southwest Asia theater of operations any time after August 2, 1990, or Afghanistan or Djibouti on or after September 11, 2001.

- Regions and countries include Iraq, Afghanistan, Kuwait, Saudi Arabia, Bahrain, Djibouti, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, waters of the Persian Gulf, Arabian Sea, and Red Sea.
- Operations and campaigns include Desert Shield and Desert Storm (ODS/S), Iraqi Freedom (OIF), Enduring Freedom (OEF), and New Dawn (OND).



To check your eligibility for the registry and complete the online questionnaire, visit the secure registry portal

► <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry>

HOW TO PARTICIPATE:

You do not have to have been exposed to specific airborne hazards or have related health concerns to participate in the registry. While these hazards may have been present in other locations or during other time periods, participation in the registry is currently limited to support specific research and public health studies. Even if you are not eligible for the registry, we encourage all Veterans who are concerned that their military service has impacted their health to talk to their health care provider, apply for VA health care, and file a claim for compensation and benefits. You do not have to participate in the registry to receive compensation and benefits or health care from VA.

To participate, visit the secure registry portal and log in using your DSLogon credentials.

VA uses the DS Logon credentials issued by the Department of Defense (DoD) to help protect any personal health information (PHI) you may share via the registry. If you already have a VA MyHealtheVet premium account, you can use the same credentials to log into the burn pit registry. To apply for a new DSLogon account, please visit the VA Mobile Health site.

OPTIONAL HEALTH EVALUATION:

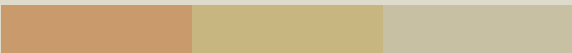
Once you complete the burn pit registry questionnaire, you also have the option to schedule a free environmental health evaluation at your local VA medical facility. In some cases, these evaluations are performed by primary care providers and in other cases they may be completed by an environmental health clinician at special environmental hazard clinics or remotely via a telehealth appointment

- The evaluation is completely voluntary and is separate from the compensation and benefits evaluations or regular visits with your VA provider.
- Notes from your evaluation will be used to support research into the health effects of airborne hazards. Taking advantage of this exam cannot negatively impact your VA claim.
- You can save and submit your registry questionnaire and notes from the evaluation to support your claim.

We encourage all registry participants to take advantage of this free evaluation to help you better understand your health, document your exposures, and talk to your primary health care provider about your symptoms and treatment.

You can schedule your evaluation at your convenience by contacting the environmental health coordinator at your local VA facility. Completing the registry questionnaire does not automatically alert VA to schedule your exam, so you must reach out to schedule this appointment. We also encourage all Veterans to apply for VA health care to proactively monitor and treat any health conditions that may be related to your military service.

Source: <https://www.publichealth.va.gov/exposures/burnpits/registry.asp>



**YOU DO NOT HAVE TO
PARTICIPATE IN THE REGISTRY
TO RECEIVE COMPENSATION
AND BENEFITS OR HEALTH
CARE FROM VA**



PRESUMPTIVE SERVICE CONNECTION FOR RESPIRATORY CONDITIONS DUE TO EXPOSURE TO PARTICULATE MATTER

§ 3.320 Claims based on exposure to particulate matter

Service connection based on presumed exposure to particulate matter (1) General. Except as provided in paragraph (b) of this section, a disease listed in paragraph (a)(2) of this section shall be service connected even though there is no evidence of such disease during the period of service if it becomes manifest to any degree (including non-compensable) within 10 years from the date of separation from military service that includes a qualifying period of service as defined in paragraph (a)(4) of this section.

Chronic diseases associated with exposure to particulate matter. The chronic diseases referred to in paragraph (a)(1) of this section are the following:

- Asthma
- Rhinitis
- Sinusitis, to include rhinosinusitis.

Presumption of exposure. A veteran who has a qualifying period of service as defined in paragraph (a)(4) of this section shall be presumed to have been exposed to fine, particulate matter during such service, unless there is affirmative evidence to establish that the veteran was not exposed to fine, particulate matter during that service.

Qualifying period of service. The term qualifying period of service means any period of active military, naval, or air service in:

- The Southwest Asia theater of operations, as defined in § 3.317(e)(2), during the Persian Gulf War as defined in § 3.2(i).
- Afghanistan, Syria, Djibouti, or Uzbekistan on or after September 19, 2001 during the Persian Gulf War as defined in § 3.2(i).
- Exceptions. A disease listed in paragraph (a)(1) of this section shall not be presumed service connected if there is affirmative evidence that:
 - The disease was not incurred during or aggravated by a qualifying period of service; or
 - The disease was caused by a supervening condition or event that occurred between the veteran's most recent departure from a qualifying period of service and the onset of the disease; or
 - The disease is the result of the veteran's own willful misconduct.

Source: 42724 Federal Register/Vol. 86, No. 148/Thursday, August 5, 2021/Rules and Regulations

<https://www.federalregister.gov/documents/2021/08/05/2021-16693/presumptive-service-connection-for-respiratory-conditions-due-to-exposure-to-particulate-matter>

LONG-TERM HEALTH EFFECTS POTENTIALLY ASSOCIATED WITH INFECTIOUS DISEASES.

A report of the Institute of Medicine of the National Academy of Sciences has identified the following long-term health effects that are potentially associated with the infectious diseases listed in paragraph (c)(2).

These health effects and diseases are listed alphabetically and are not categorized by the level of association stated in the National Academy of Sciences report. (See Table on Page 11.)

If a veteran who has had an infectious disease identified in column A also has a condition identified in column B as potentially related to that infectious disease, VA must determine, based on the evidence in each case, whether the column B condition was caused by the infectious disease for purposes of paying disability compensation.

This does not preclude a finding that other manifestations of disability or secondary conditions were caused by an infectious disease.

If a veteran who is presumed service connected for one of the diseases listed in paragraph (c)(2) is diagnosed with one of the diseases listed in column “B” in the table within the time period specified for the disease in the same table, VA will request a medical opinion as to whether it is at least as likely as not that the condition was caused by the veteran having had the associated disease in column “A” in that same table.



DISEASE	LONG-TERM HEALTH EFFECTS
Brucellosis	Arthritis
	Cardiovascular, nervous, and respiratory system infections
	Chronic meningitis and meningoencephalitis
	Deafness
	Demyelinating meningovascular syndromes
	Episcleritis
	Fatigue, inattention, amnesia, and depression
	Guillain-Barr syndrome
	Hepatic abnormalities, including granulomatous hepatitis
	Multifocal choroiditis
	Myelitis-radiculoneuritis
	Nummular keratitis
	Papilledema
	Optic neuritis
	Orchioepididymitis and infections of the genitourinary system
	Sensorineural hearing loss
	Spondylitis
	Uveitis
Campylobacter jejuni	Guillain-Barr syndrome if manifest within 2 months of the infection
	Reactive Arthritis if manifest within 3 months of the infection
	Uveitis if manifest within 1 month of the infection
Coxiella burnetii (Q fever)	Chronic hepatitis
	Endocarditis
	Osteomyelitis
	Post-Q-fever chronic fatigue syndrome
	Vascular infection
Malaria	Demyelinating polyneuropathy
	Guillain-Barr syndrome
	Hematologic manifestations (particularly anemia after falciparum malaria and splenic rupture after vivax malaria)
	Immune-complex glomerulonephritis
	Neurologic disease, neuropsychiatric disease, or both
	Ophthalmologic manifestations, particularly retinal hemorrhage and scarring
	Plasmodium falciparum
	Plasmodium malariae
	Plasmodium ovale
	Plasmodium vivax
	Renal disease, especially nephrotic syndrome
Mycobacterium tuberculosis	Active tuberculosis
	Long-term adverse health outcomes due to irreversible tissue damage from severe forms of pulmonary and extrapulmonary tuberculosis and active tuberculosis
Nontyphoid Salmonella	Reactive Arthritis if manifest within 3 months of the infection
Shigella	Hemolytic-uremic syndrome if manifest within 1 month of the infection
	Reactive Arthritis if manifest within 3 months of the infection
Visceral leishmaniasis	Delayed presentation of the acute clinical syndrome
	Post-kala-azar dermal leishmaniasis if manifest within 2 years of the infection
	Reactivation of visceral leishmaniasis in the context of future immunosuppression
West Nile virus	Variable physical, functional, or cognitive disability

STANDARD BACKGROUND INFORMATION FOR EXAMINERS EVALUATING BRAIN CANCER CLAIMS BASED ON SERVICE IN THE SOUTHWEST ASIA THEATER OF OPERATIONS DURING GULF WAR I

More than half a million U.S. servicemembers served in the Southwest Asia theater of operations during Gulf War I (January 17, 1991, through April 11, 1991). VA conducted epidemiology studies of brain cancer and other conditions using the best available data and determined that there appears to be increased risk of brain cancer for Gulf War I veterans, noting that a combination of multiple environmental hazards during Gulf War I hostilities may contribute to this increased risk. These environmental hazards include, but are not limited to:

Reports of chemical alarms sounding in Saudi Arabia as early as January 19, 1991, which is very shortly after the air war of Operation Desert Storm began, on January 17, 1991.

Sabotage of some Kuwaiti oil wells in January 1991 and oil spillage onto the desert and into the Persian Gulf. Over 600 oil wells were blown-up and set on fire in February 1991, by Iraqi troops, and the thick smoke from these fires traveled south into Saudi Arabia and along the coast of the Persian Gulf.

Detonation of Iraqi munitions stored at Khamisiyah by US forces in March and April 1991. The plume from these operations went in a southerly direction into Saudi Arabia where US troops were located. The detonations did not completely destroy the munitions, and it was determined later that chemical weapons had been stored alongside conventional munitions.

The veteran you are examining has verified service in the Southwest Asia theater of operations during that time period and is claiming service connection for brain cancer. There is no presumptive basis for granting service connection; therefore, a clinician must determine whether a medical nexus exists. Please evaluate the available evidence, determine whether it is at least as likely as not that the veteran's brain cancer is related to his or her exposure to environmental hazards while serving in the Southwest Asia theater of operations during Gulf War I, and provide a medical rationale for that determination.

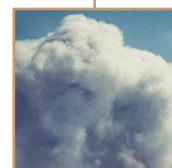
For ease of reference, we are providing a list of resources from various organizations that analyze the potential effects of exposure to environmental hazards. You can copy and paste the web addresses into an internet search engine to access them.

Please conduct any required tests and consider any relevant evidence that identifies the duration and extent of the exposure experienced by the veteran.

Prepared by Compensation Service Policy Staff (December 2016)

RESOURCES CONCERNING GULF WAR I SERVICE AND DEVELOPMENT OF BRAIN CANCER

- Barth SK, Kang HK, Bullman TA, Wallin MT. 2009. "Neurological Mortality Among U.S. Veterans of the Persian Gulf War: 13-year Follow-up." American Journal of Industrial Medicine. 52(9):663-670.
- Bullman TA, Mahan CM, Kang HK, et al. "Mortality in US Army GW veterans exposed to 1991 Khamisiyah chemical munitions destruction." Am J Public Health. 2005;95(8):1382-1388.
- Rostker B, April 2000. "Environmental Exposures Report: Oil Well Fires." Office of the Special Assistant to the Deputy Secretary of Defense for Gulf War Illnesses, Washington DC: Department of Defense. Available at http://www.gulflink.osd.mil/owf_ii/
- Winkenwerder W. 2002a. "Technical report: Modeling and Risk Characterization of US Demolition at the Khamisiyah Pit." Office of the Assistant Secretary of Defense (Health Affairs) and Special Assistant to the Under Secretary of Defense (Personnel and Readiness) for Gulf War Illnesses, Medical Readiness, and Military Deployments. Washington DC: Department of Defense. Available at http://www.gulflink.osd.mil/khamisiyah_tech/index.htm (accessed 8/17/2016)
- Winkenwerder W. 2002b. Case Narrative: US Demolition Operations at Khamisiyah: Final Report. Office of the Assistant Secretary of Defense (Health Affairs) and Special Assistant to the Under Secretary of Defense (Personnel and Readiness) for Gulf War Illnesses, Medical Readiness, and Military Deployments. Washington DC: Department of Defense. Available at http://www.gulflink.osd.mil/khamisiyah_iii/ (accessed 8/17/2016)



Prepared by Compensation Service Policy Staff (December 2016)





WHAT ARE VA PRIORITY GROUPS AND HOW DO THEY AFFECT ME?

When you apply and are accepted for VA healthcare, VA will assign you to priority groups from 1 to 8. This system helps to make sure that veterans who need care right away can get signed up quickly. It also helps to make sure VA can provide high-quality care to all veterans enrolled in the VA healthcare program.

Your priority group may affect:

- How soon we sign you up for healthcare benefits
- How much (if anything) you'll have to pay toward the cost of your care
- View current VA copay rates

WHAT FACTORS WILL VA USE TO ASSIGN ME TO A PRIORITY GROUP?

- Priority groups are based on:
- Your military service history;
- Your disability rating;
- Your income level;
- Whether or not you qualify for Medicaid; and
- Other benefits you may be receiving (like VA pension benefits)

VA assigns veterans with service-connected disabilities the highest priority. VA assigns the lowest priority to veterans who earn a higher income and who don't have any service-connected disabilities qualifying them for disability compensation (monthly payments).

If you qualify for more than one priority group, VA will assign you to the highest one.

**GULF WAR VETERANS
AUTOMATICALLY FALL INTO
PRIORITY GROUP 6**

PRIORITY GROUP 1

VA may assign you to Priority Group 1 if any of the below descriptions are true. You:

- Have a service-connected disability that we've rated as 50% or more disabling; or
- Have a service-connected disability that we've concluded makes you unable to work (also called unemployable); or
- Received the Medal of Honor (MOH).

PRIORITY GROUP 2

VA may assign you to Priority Group 2 if you have a service-connected disability rated as 30% or 40% disabling.

PRIORITY GROUP 3

VA may assign you to Priority Group 3 if any of the below descriptions are true. You:

- Are a former prisoner of war (POW); or
- Received the Purple Heart medal; or
- Were discharged for a disability that was caused by—or got worse because of—your active-duty service; or
- Have a service-connected disability that we've rated as 10% or 20% disabling; or
- Were awarded special eligibility classification under Title 38, U.S.C § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

PRIORITY GROUP 4

VA may assign you to Priority Group 4 if any of the below descriptions are true. You:

- Are receiving VA aid and attendance or housebound benefits, or
- Have received a VA determination of being catastrophically disabled.

PRIORITY GROUP 5

VA may assign you to Priority Group 5 if any of the below descriptions are true. You:

- Don't have a service-connected disability; or you have a non-compensable service-connected disability that we've rated as 0% disabling, and you have an annual income level that's below our adjusted income limits (based on your resident zip code); or
- Are receiving VA pension benefits; or
- Are eligible for Medicaid programs.

PRIORITY GROUP 6

VA may assign you to Priority Group 6 if any of the below descriptions are true. You:

- Have a compensable service-connected disability that we've rated as 0% disabling; or
- Were exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or
- Participated in Project 112/SHAD; or
- Served in the Republic of Vietnam between January 9, 1962, and May 7, 1975; or
- Served in the Persian Gulf War between August 2, 1990, and November 11, 1998; or
- Served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987.

VA may also assign you to Priority Group 6 if you meet all of the requirements listed below. You:

- Are currently or newly enrolled in VA healthcare, and
- Served in a theater of combat operations after November 11, 1998, or were discharged from active duty on or after January 28, 2003, and
- Were discharged less than 5 years ago

PRIORITY GROUP 7

VA may assign you to Priority Group 7 if both below descriptions are true for you:

- Your gross household income is below the geographically adjusted income limits (GMT) for where you live; and
- You agree to pay copays.
- View current copay rates

PRIORITY GROUP 8

VA may assign you to Priority Group 8 if both below descriptions are true for you:

- Your gross household income is above VA income limits and geographically adjusted income limits for where you live, and
- You agree to pay copays
- View current copay rates

If you're assigned to Priority Group 8, your eligibility for VA health care benefits will depend on which sub-priority group we place you in.

<https://www.va.gov/health-care/eligibility/priority-groups/>

**GULF WAR VETERANS
AUTOMATICALLY FALL INTO
PRIORITY GROUP 6**

Note: As a returning combat veteran, you're eligible for these enhanced benefits for 5 years after discharge. At the end of this enhanced enrollment period, we'll assign you to the highest priority group you qualify for at that time.



What is the Gulf War Veterans Health Registry Exam?

Public Law 102-585
Veterans Health Care Act
1992 (Synopsis and Section I) Department of Veterans Affairs, to provide for a Persian Gulf War Veterans Health Registry

GULF WAR REGISTRY HEALTH EXAM FOR VETERANS

VA's Gulf War Registry Health Exam alerts veterans to possible long-term health problems that may be related to environmental exposures during their military service. The registry data helps VA understand and respond to these health problems more effectively.

ABOUT THE GULF WAR REGISTRY HEALTH EXAM

This comprehensive health exam includes an exposure and medical history, laboratory tests, and a physical exam. A VA health professional will discuss the results face-to-face with the veteran and in a follow-up letter.

Important points about registry health exams:

- Free to eligible veterans and no co-payment
- Not a disability compensation exam or required for other VA benefits
- Enrollment in VA's healthcare system not necessary
- Based on veterans' recollection of service, not on their military records
- Veterans can receive additional registry exams, if new problems develop
- Veterans' family members are not eligible for registry exams
- Eligibility for Gulf War Registry health exam
- Veterans who served in the Gulf during Operation Desert Shield, Operation Desert Storm, Operation Iraqi Freedom, or Operation New Dawn are eligible for the Gulf War Registry exam.
- You do not need to be enrolled in VA healthcare to take part.

<https://www.publichealth.va.gov/exposures/gulfwar/benefits/registry-exam.as>

GULF WAR TOXIC EXPOSURES

Gulf War (August 2, 1990, to present), includes Operations Desert Shield and Desert Storm

Gulf War Veterans may have been exposed to a variety of environmental and chemical hazards that carried potential health risks.

- ▶ **Vaccinations**

Including anthrax and botulinum toxoid

- ▶ **Oil Well Fires**

Oil or gas wells that caught on fire and burned

- ▶ **Chemical & Biological Weapons** (Khamisiyah, Iraq)

Ammunitions storage depot containing warfare agents that was demolished

- ▶ **Depleted Uranium**

Uranium used in military tank armor and some bullets

- ▶ **Noise**

Harmful sounds from guns, equipment, and machinery that is often experienced during service

- ▶ **CARC Paint**

Chemical Agent Resistant Coating (CARC) used on military vehicles to resist corrosion and chemical agents

- ▶ **Occupational Hazards**

Exposures from working with chemicals, paints, and machinery during service

- ▶ **Pyridostigmine Bromide (PB)**

Round, white tablet used as pre-treatment drug to protect against nerve agent soman

- ▶ **Pesticides**

Substances used to repel or destroy pests such as insects and pathogens

- ▶ **Sand, Dust and Particulates**

Tiny airborne matter that can cause respiratory and other health problems

- ▶ **Toxic Embedded Fragments**

Shrapnel and other metals that remain in the body after injury

- ▶ **Infectious Diseases**

Nine infectious diseases associated with Southwest Asia and Afghanistan military service

- ▶ **Heat Injuries**

Health problems that could be caused by extremely hot temperatures





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