

September 18, 2026

The Honorable Doug Collins
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Re: Petition for Rulemaking to Amend 38 C.F.R. § 3.317 to Expressly Recognize Gulf War Illness and to Establish an Appropriate Schedule of Ratings

Dear Secretary Collins,

On behalf of the undersigned organizations, this formal petition for rulemaking is respectfully submitted pursuant to the Administrative Procedure Act, 5 U.S.C. § 553(e), and the Department of Veterans Affairs' rulemaking authority under 38 U.S.C. § 501. We petition the Department of Veterans Affairs (VA) to initiate rulemaking to: (1) amend 38 C.F.R. § 3.317 to expressly identify Gulf War Illness as a qualifying chronic disability presumptively service connected for eligible Persian Gulf veterans; and (2) amend 38 C.F.R. Part 4 to establish a specific, symptom-based schedule of ratings for Gulf War Illness.

The recognition of Gulf War Illness by the U.S. Centers for Disease Control and Prevention (CDC) through a unique ICD-10-CM diagnostic code represents a significant clinical advance for Gulf War veterans suffering from this deployment-related health condition associated with military toxic exposures. As you know, the new diagnostic code, T75.830, took effect October 1, 2025. This request is for VA to now take the corresponding regulatory action necessary to expressly recognize Gulf War Illness within VA's disability-compensation framework.

I. Requested Rulemaking

We request that VA initiate notice-and-comment rulemaking to accomplish the following:

1. **Expressly recognize Gulf War Illness under 38 C.F.R. § 3.317(a)(2)(i).** We request that VA add Gulf War Illness by name as a qualifying chronic disability. Consistent with the existing structure of § 3.317, VA could accomplish this either by expressly identifying Gulf War Illness as a medically unexplained chronic multisymptom illness (MUCMI) defined by a cluster of signs or symptoms under paragraph (a)(2)(i)(B), or by expressly identifying it as a diagnosed illness warranting a presumption of service connection under paragraph (a)(2)(i)(C). Our principal request is that Gulf War Illness be named expressly in the regulation rather than left to indirect or inconsistent treatment under broader categories.
2. **Preserve the existing undiagnosed-illness pathway.** Any amendment recognizing Gulf War Illness should retain 38 C.F.R. § 3.317(a)(2)(i)(A), which covers undiagnosed illness. Despite historically high denial rates for undiagnosed-illness (UDX) claims, a substantial number of veterans remain service connected under that provision. The requested formal recognition of Gulf War Illness should expand and clarify existing protection, not remove nor abridge any established basis of entitlement.

3. **Create a specific schedule of ratings for Gulf War Illness in 38 C.F.R. Part 4.** We request that VA promulgate a symptom-based rating framework suited to the multisystem nature of Gulf War Illness. A workable model is the scored, symptom-based structure used for residuals of traumatic brain injury (TBI) at Diagnostic Code 8045 in 38 C.F.R. § 4.124a. A comparable framework for Gulf War Illness could assess functional impairment across defined symptom domains rather than forcing veterans and adjudicators to analogize the condition piecemeal to unrelated diagnostic codes.

II. Basis for the Petition

The requested rulemaking is supported by the convergence of modern clinical recognition and VA's existing statutory and regulatory framework for Persian Gulf veterans. The CDC-backed ICD-10-CM recognition of Gulf War Illness provides VA with a named clinical construct that can be incorporated directly into § 3.317 and into the rating schedule.

The Gulf War Illness diagnostic criteria presented to the approving ICD-10-CM committee were based on the six symptom domains of the Kansas Case Definition. As reflected in the meeting record, the Kansas criteria require deployment to the Gulf War Theater of Operations between August 1, 1990, and July 31, 1991; chronic symptoms for at least six months arising during or after deployment; and qualifying symptoms in at least three of six domains: fatigue/sleep, neurological/cognitive/mood, pain, gastrointestinal, respiratory, and dermatologic. For a domain to qualify under the Kansas Case Definition, symptoms must be at least moderate in severity and/or multiple symptoms must be present in that domain.

Those six symptom domains provide a rational starting point for a VA rating framework. A scored system could evaluate the severity and functional-impairment impact within each affected domain and then assign an overall disability evaluation according to defined criteria. This symptom-domain approach would be similar to the scored, symptom-based facet structure already used by VA for residuals of TBI in Diagnostic Code 8045. Such an approach would better reflect the multisystem character of Gulf War Illness than the current need to rate manifestations by analogy or under multiple unrelated diagnostic codes.

III. Proposed Regulatory Approach

We do not intend the following language to foreclose VA from making technical drafting changes, but offers it to identify the substance of the requested amendments with sufficient specificity for rulemaking:

38 C.F.R. § 3.317(a)(2)(i) — proposed substantive amendment:

Amend the definition of “qualifying chronic disability” to expressly include “Gulf War Illness” by name, either as a diagnosed illness determined by the Secretary to warrant a presumption of service connection under, and specifically named in, paragraph (C), or as a medically unexplained chronic multisymptom illness defined by a cluster of signs or symptoms under, and specifically named in, paragraph (B).

The amendment should not delete, narrow, or otherwise disturb paragraph (A), “an undiagnosed illness,” nor diminish existing entitlement for veterans already service-connected under that or any other provision.

38 C.F.R. Part 4 — proposed substantive amendment:

Add a diagnostic code and rating criteria for Gulf War Illness using a scored, symptom-based framework that evaluates disability across symptom domains (e.g., the six Kansas Case Definition): fatigue/sleep; neurological/cognitive/mood; pain; gastrointestinal; respiratory; and dermatologic. The facet-based structure of existing Diagnostic Code 8045, Residuals of traumatic brain injury (TBI), in 38 CFR § 4.124a, Neurological Conditions and Convulsive Disorders, may serve as a useful model, with any lessons learned since its implementation, for evaluating multiple symptom facets of Gulf War Illness within a single diagnostic framework.

IV. Why a Named Presumption Is Necessary

The current regulatory framework recognizes undiagnosed illness (UDX) and MUCMIs, but Gulf War Illness itself is not yet expressly named in § 3.317. That omission is increasingly anomalous, particularly now that Gulf War Illness has a unique ICD-10-CM code with defined diagnostic criteria. Express VA recognition as we are requesting would provide clearer guidance to veterans, VA compensation examiners, and VA adjudicators. It would potentially also reduce the risk that the same medically recognized condition is characterized differently from claim to claim.

A named Gulf War Illness presumption would also better align VA adjudication with contemporary clinical terminology. Veterans who meet recognized Gulf War Illness criteria should not be disadvantaged because their condition is now diagnosable by name rather than remaining “undiagnosed.” At the same time, veterans whose disabilities remain appropriately characterized as undiagnosed illnesses must retain the existing statutory and regulatory avenue for compensation. Formal recognition as we are requesting may also help prevent unwarranted claim denials, particularly if a veteran is claiming undiagnosed illness yet has a diagnosis of Gulf War Illness.

V. Need for a Dedicated Rating Schedule

Recognition without an appropriate rating mechanism would leave a significant gap. Gulf War Illness is defined, under the Kansas Case Definition and other case definitions, by symptom clusters spanning multiple body systems. A dedicated rating schedule would permit VA to evaluate the condition as the multisymptom illness it is, while establishing consistent standards for severity and functional impairment. The six Kansas symptom domains offer a clinically grounded organizational structure, and Diagnostic Code 8045 (“residuals of traumatic brain injury (TBI)”) is a precedent under which VA determined to use a facet-based scoring approach where a disability produces heterogeneous manifestations.

Veterans for Common Sense and Vietnam Veterans of America (VVA) previously recommended such a symptom-based rating approach to the prior Administration. This facet concept was also favorably discussed with the former Director of the Compensation and Pension Service for the Veterans Benefits Administration (VBA) who played a key leadership role in overseeing and implementing the comprehensive revision of the TBI rating schedule. VA has not yet acted on that recommendation. The relatively recent creation of ICD-10-CM code T75.830 makes this an appropriate time for VA to revisit the issue through formal rulemaking.

VI. Requested Disposition

For the foregoing reasons, we respectfully petition VA to initiate rulemaking to amend 38 C.F.R. § 3.317 and 38 C.F.R. Part 4 as described above. We respectfully request a written response to this petition and, if VA declines to initiate rulemaking in whole or in part, a statement of the reasons for that determination.

We would be pleased to discuss this petition with you, the Office of Regulation Policy and Management, the Veterans Benefits Administration, or other appropriate VA officials and to assist in refining proposed regulatory language and rating criteria.

We thank you for your leadership. The courtesy of a reply is respectfully requested.

Respectfully,

AMVETS
Burn Pits 360
Commissioned Officers Association of the U.S. Public Health Service
Jewish War Veterans of the USA
Military Order of the Purple Heart
National Defense Committee
Sergeant Sullivan Circle
Swords to Plowshares
Veteran Warriors
Veterans for Common Sense
Vietnam Veterans of America

Cc:

The Honorable Jerry Moran, Chairman, Senate Committee on Veterans' Affairs
The Honorable Richard Blumenthal, Ranking Member, Senate Committee on Veterans' Affairs
The Honorable Mike Bost, Chairman, House Committee on Veterans' Affairs
The Honorable Mark Takano, Ranking Member, House Committee on Veterans' Affairs