

In the report, Dr. [redacted] also provided an in-depth medical opinion in support of the veteran's claim that he contracted Lyme disease while in service (see Attachment 1). His statements show that Dr. [redacted] opinion should have more probative weight than that of the VA examiner's, whose brief analysis and opinion were based on pure speculation and unfounded data.

Service connection for chronic fatigue syndrome, to include as due to Gulf War illness, was denied because "the evidence fails to show this condition has been clinically diagnosed." Dr. [redacted] reported that the veteran's multi-skeletal pain was due to fibromyalgia and chronic fatigue syndrome. He stated, "[p]ain most likely due to fibromyalgia/chronic fatigue syndrome with possible underlying facets disease in the low back. Central pain could be a factor." Dr. [redacted] also noted that the veteran was a Gulf war veteran. The RO failed to properly adjudicate the above issue based on presumptiveness under the Gulf War Presumptive conditions.

The veteran made a claim for entitlement to service connection for irritable bowel syndrome and had submitted medical evidence from Dr. [redacted] to show a diagnosis of this condition. Service connection should be granted based on Gulf War Presumptive conditions. The RO failed its duty to properly adjudicate this claim based on the submitted medical evidence provided by the veteran. The RO indicated that after a review of the medical evidence "[y]ou may have probable irritable bowel syndrome." The evidence shows without question that irritable bowel syndrome has been diagnosed. Regardless of what the veteran is claiming of the condition, it is the RO's responsibility to rate this condition as an inferred claim. Since the veteran has been verified as a Gulf war veteran, presumptiveness must apply.

Service connection for inactive pulmonary tuberculosis was denied because there was no objective medical evidence showing the veteran has a "permanent underlying disease or disability due to a positive inservice tuberculosis skin test." According to the RO, the veteran's positive TB test is not considered a disability in itself. We disagree with this conclusion. The RO indicated that the veteran's service medical records show a series of positive TB tests. It was noted that he was treated for TB as an active disease with treatment of INH from July 1991 to October 1991. The veteran also submitted medical evidence that revealed a continuance of positive TB tests, as well as x-ray reports showing calcified granuloma on the right lung. Based on the treatment for active TB during service and the clinical findings of calcified granuloma on the right lung, service connection should be granted for residuals of TB under DC 6731.

The following claims are considered residuals of chronic fatigue syndrome and fibromyalgia: service connection for headaches, bilateral hip pain, bilateral knee pain, a sleep disorder, muscle aches, weakness and dizziness, chronic lumbar strain, and neck and bilateral shoulder conditions as noted under 38 CFR 4.88a. This is based on the assessment of Dr. [redacted] exclusion of the above conditions as related to Lyme