not immediately apparent when most of them left the Southwest Asia theater of operations that their signs and symptoms, which some believed resulted from exposure to environmental hazards, would present the problems of diagnosis and etiology that remain unresolved today. We believe that two years following service in the Gulf provides an adequate period of time in which all veterans of the hostilities would have become aware of the potential significance of their symptoms and have had an opportunity to present and document health concerns that arose soon after their departure from the Gulf. Certainly by the end of the first 2 years following their return, there were great public awareness of and concern for Persian Gulf veterans with unexplained illnesses that defied diagnosis but seemed to be in some way linked to service in the Persian Gulf.

An additional reason for establishing a 2-year presumptive period rather than a one-year period is that VA did not begin full-scale operation of its Persian Gulf Health Registry until November 1992. Because many Persian Gulf veterans first presented their health concerns in connection with VA's Persian Gulf Health Registry examination, veterans of the actual hostilities, who began to return from the Gulf by mid-1991, did not have this resource available to them within their first year after leaving the Gulf. Within 2 years, however, all veterans of the hostilities would have had this opportunity to document their illnesses. Therefore, we established a 2-year presumptive period running from the date of a veteran's last service in the Southwest Asia theater of operations.

Two commenters recommended that in establishing a presumptive period VA take into account the bases for the longer presumptive periods established for certain diseases associated with radiation and herbicide exposure. One of these same commenters specifically recommended establishing a presumptive period based on the onset of symptoms of "slow viruses," which may take up to 8 years to become manifest.

VA does not agree. Where scientific and medical evidence has concluded that manifestation of a disease may be delayed following exposure to specific substances, such as herbicides or radiation, that evidence might justify establishment of an appropriate presumptive period. However, medical and scientific evidence addressing the latency periods of known diseases cannot form a basis for determining a latency period for undiagnosed

illnesses. Longer or open-ended presumptive periods for certain diseases, such as those associated with exposure to radiation or herbicides, were established only following many years of extensive research. For example, to assist in determining what diseases may be associated with exposure to herbicides used in the Republic of Vietnam during the Vietnam era, VA contracted with the National Academy of Sciences (NAS) to do a review of the available scientific and medical literature. The NAS subsequently reviewed 6,420 abstracts of scientific or medical studies and approximately 230 epidemiological studies prior to submitting recommendations. A similar body of medical and scientific evidence addressing the undiagnosed illnesses of Persian Gulf veterans simply does not exist at this time, and what evidence is available supports no conclusions regarding etiology or identification. There is no basis, other than conjecture, for comparing the undiagnosed illnesses of Persian Gulf veterans to the symptoms of slow viruses or to diseases associated with exposure to radiation or herbicides.

Several commenters believed that a 2year presumptive period was either arbitrary, premature, or too restrictive and, citing the current uncertainty of medical and scientific evidence, recommended presumptive periods ranging from 5 years to open-ended.

Although medical and scientific evidence is accumulating about the various signs and symptoms of Persian Gulf veterans with undiagnosed illnesses, there is little or no evidence definitively linking the illnesses with service in the Gulf, and the credible evidence available supports no conclusions regarding etiology, definition of the undiagnosed illnesses, or latency period, which would justify adopting a longer presumptive period. The commenters offered no other reasonable basis to justify a presumptive period longer than 2 years, and we have not adopted their recommendations.

Six commenters believe that the 2-year presumptive period is inadequate because Persian Gulf veterans were unaware that they would need to document their undiagnosed illnesses. They stated that associating the presumptive period with establishment of the Persian Gulf Health Registry did not give all veterans of the hostilities an adequate opportunity to document their illnesses because availability of the Registry examination was not widely known until mid-1993, nearly 2 years after the first U.S. servicemembers began returning from the Persian Gulf.

The Persian Gulf Registry examination is not the only acceptable means of documenting the presence of an undiagnosed illness. Other types of medical evidence may be used, such as routine VA medical reports, military medical records, and reports from private physicians. We believe that where the illness of a veteran manifested itself to a compensable degree (10 percent or greater), it is very likely either that the veteran would have sought medical treatment or that other, non-medical evidence is available which would document the veteran's signs or symptoms. For example, lay statements from individuals who establish that they are able from personal experience to make their observations or statements concerning the appearance of the signs or symptoms of a veteran's illness may be used to establish entitlement. In fact, many veterans did file claims for compensation within 2 years of leaving the Gulf based on disabilities that they felt may have resulted from exposure to environmental hazards. VA examinations and other medical evidence reflecting complaints of or treatment for these disabilities should provide adequate documentation for the purposes of this regulation. The 2-year presumptive period is not intended to limit the presumption of service connection under § 3.317 to illnesses documented within that time frame. Documentation of the signs and symptoms first made shortly after the presumptive period might establish entitlement if it reasonably supports a conclusion that the illness existed during the 2-year period following a veteran's last service in the Persian Gulf region.

These commenters also stated that many who remained on active duty after service in the Persian Gulf were hesitant to report their ailments for fear of jeopardizing their military careers.

In our judgment, remaining on active duty following service in the Persian Gulf does not necessarily preclude the likelihood that alternative documentation acceptable to VA can be obtained. Although many of these individuals might have been unwilling to seek treatment for their illnesses from military physicians, documentation of treatment from civilian physicians might exist for some. In the event that others chose not to obtain medical treatment of any kind, lay statements, such as those mentioned earlier, may be used to establish entitlement.

These commenters also stated that since many VA and Department of Defense (DOD) physicians have been unwilling to acknowledge that their