

Albert L. Nelson

RE: GEORGE OJALA

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band or container surrounding his brain as if there is a barrier for thoughts going between him and whomever he is talking to. He reports that at times he is quite depressed and dispares of any progress being made. When he is out on the streets he is apt to be anxious and quite paranoid. He fears being attacked. He has ~~wierd~~ sleep patterns. His physical energy is unreliable and he doesn't know whether to agree to invitations or not because he doesn't know how he will feel. To get energy enough to come to an appointment with me or in order to attend a seminar may require a day's rest prior to and after the meeting. He complains of arthritic-like pains through all the joints of his body and especially if he does work. He tried to fix his sister's clutch (car) recently and had this kind of pain for several days. Otherwise, there is no distortion of time, place, or situation.

In summary, I diagnose the above as pointing toward a schizophrenic reaction. There are paranoid elements and there are many psuedo-neurotic patterns operating which do incapacitate Mr. Ojala at this time.

Psychiatric Diagnosis: APA 295.5, Schizophrenia, latent type.

My recommendation is that Mr. Ojala continue in psychotherapy and receive anti-psychotic medication. I feel he is incapacitated for work at this time, due to his mental illness. As to prognosis, this is difficult in this situation and in this type of illness. Mr. Ojala is seeking help, but he is on public assistance and he is unwilling to return to the VA clinic. Certainly his condition has been chronic and incapacitating for two years and that doesn't auger well for a speedy recovery.

I trust this will be of use in your evaluation of Mr. Ojala.

Yours sincerely,

C. Glenn Clements, M.D.

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CGC/js

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REPORT OF ACTION TAKEN

TO:

DATE: December 7, 1979

VETERAN: OTAJA, George P.
C or

The following action has been taken on a claim/inquiry submitted by you:

HR, Par. 29 eval .

The hospital did not certify that the vet was admitted and treated for his SC psychosis for a 21 day period. The evidence of record shows that he had unpaid bills and is in a financial dilemma. It is the opinion of this Board that the vet presented for admission and exaggerated his symptoms remaining hospitalized just long enough to create possible eligibility for a Par. 29 eval. The care provided this vet in the hospital could have been as easily provided on an OP basis. The HR is negative for psychosis. Entitlement is found not to exist for a 100% eva. under Par. 29.

Rating of 1/9/79 and 6/7/79 are confirmed.

V.F.W. Service Division
Dept. of Washington

The above statement was received from the VA Ajudication as to why I would not get an increase in disability benifets. The VFW in Seattle was representing me at that time.