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POOB of [unclear] mg (67)

11/07/77 dm.

Special psychiatric examination.

Ojala, George P.
537-44-5070
0023

11/02/77

This is a 30 year old veteran, whom I examined in January of 1977, and diagnosed as suffering from a chronic anxiety reaction. Since that time, there has been a psychiatric evaluation and a report by Dr. Glenn Clements, who documents a diagnosis of schizophrenia, latent type. I have reviewed that report, and essentially agree with it. This morning Mr. Ojala states that he is not good. His condition remains much the same as it was in January. He says he never really feels healthy. He either has the flue, or other body aches. He also complains of having a felt a good deal of depression, and several times has considered suicide. He has grave financial concerns, and says he does not have enough money to live on. He is in therapy with Dr. Clements, whom he sees twice a month, and he does take Haldol. He complains that his thoughts are pretty disjointed. He recently remembered an explosion in Viet Nam, in which he was blasted against a wall, and he got his back pain again.

He lives with a brother, but spends a week a month with his parents. His daily routine has very little structure. He does attend group therapy weekly, which he finds quite supportive. He feels unable to work, and uncoordinated muscularly. He is on public assistance.

Mental status examination: He is a rather good looking young man. He was alert, well oriented and cooperative. He is anxious. He, this time, admits to hearing voices. He also has ideas of reference. When walking down the street, he fears people will attack him. He has some difficulty with abstractions.

This is what got my disability cut.

→ Conclusions: I will change my diagnostic impression from that of an anxiety reaction, to schizophrenic reaction, latent type. This does not represent a change in his basic condition, but only a change in diagnosis. He is competent.

DIAGNOSIS: Schizophrenic reaction, latent type.

[Signature]
C. Richard Johnson, M. D.

APPROVED

OJALA, George P.

A 70 percent rating is provided for posttraumatic stress neurosis when the ability to establish and maintain effective or favorable relationships with people is seriously impaired and there are psychoneurotic symptoms of such severity and persistence that there is pronounced impairment in the ability to obtain or retain employment. A 100 percent rating is authorized when the attitudes of all contacts except the most intimate are so adversely affected as to result in virtual isolation in the community and there are totally incapacitating psychoneurotic symptoms bordering on gross repudiation of reality with disturbed thought or behavioral processes associated with almost all daily activities such as fantasy, confusion, panic and explosions of aggressive energy resulting in profound retreat from mature behavior such that the veteran is demonstrably unable to obtain or retain employment. (38 C.F.R. Part 4, Code 9411)

When a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. A reasonable doubt means a substantial doubt and one within the range of probability as distinguished from speculation or remote possibility. (38 C.F.R. 3.102)

DISCUSSION AND EVALUATION

The veteran believes that he is entitled to a total rating for his service-connected psychiatric disability back to 1979, when his total rating based on unemployability due to service-connected disability was terminated, and the rating for his service-connected disorder was reduced from 70 percent to 50 percent. "The Veterans Administration examination in November 1978 certainly does not support an evaluation in excess of 50 percent." The Board points out that a Board of Veterans Appeals decision in September 1982, on the evidence then of record, denied entitlement to an increased evaluation for his service-connected disorder. This decision is final in the absence of obvious error. There have been no specific allegations of error of law or fact in regard to the September 1982 decision. The Board has carefully reviewed all of the evidence in connection with the previous Board decision and finds that the medical and legal conclusions entered in connection therewith were adequately supported by the evidence then of record.

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