

The Claim for William S. Goss, October 9, 2013

My name is Bill Goss and I am a recovering alcoholic. I have 40+ years of continuous sobriety, meaning that I have not had a mind altering chemical in my body for 40+ years. I give the credit to my Higher Power, Jesus Christ and AA. AA does not require a member to have a Higher Power. Tradition 3 says: The only requirement for membership is the desire to stop drinking.

I joined the Air Force in 1958 and was enlisted for four years. During my enlistment, I went to the University of Wisconsin during the day and worked in the Air Force at night. Sleep was a cherished commodity (averaged about six hours/night). During the four years I was given the Good Conduct Medal, with other decorations, and was nominated to the Air Force Academy. I didn't attend the Air Force Academy; but graduated from the University of Wisconsin. When answering the last question on my last test at Wisconsin, my thought was: *now I am a pilot.*

Graduating from college I went to OTS (Air Force Officer's Training School) because the promise was made that I would be trained to be a fighter pilot. Three weeks away from graduating, the promise was broken. Being extremely disappointed, I resigned from OTS—because of previous military time, this was allowable. Waiting to be discharged, the commander of OTS came out to the barracks and said to me that because of Viet Nam problems pilot training was out, but that if I returned to OTS, I would be trained to be a navigator and then in about 2 or 3 years be trained to be a pilot, as originally promised [Ex A]. On that promise I returned to OTS and graduated (now had a 4 year obligation). My orders were tacked on the bulletin board as: Nuclear Launch Officer, Grand Forks, ND. It is a provocative job, but I signed up twice to be a pilot. The commander refused to see me. The feeling of betrayal was almost unbearable. The Air Force had always seemed like my family, something to be trusted.

Going to Grand Forks, ND as a Nuclear Launch Officer seemed like a prison sentence.

Six months later, I was cited for a DUI. There was no accident, not even a scratched fender. There is no record of it anywhere, except in the Air Force's notes—at the time I did work with a lawyer to fight it. The commanding colonel said that he was going to make an example out of me, and he did. There was a full year of mental torture, including being *silenced* and many other forms of harassment, which led to hospitalization for an anxiety attack (maybe the reason why I don't remember being informed of the dropped DUI). After hospitalization, the torture continued. Full Colonel Carl Rule is my witness [Ex B]. A year after the incident the commander threatened me with a BCD and I said that I would go to the newspapers and tell them about everything, including OTS. About an hour later, he relented and said that he would give me an honorable discharge. What he didn't say is that he was going to put an “SDN509” on my “honorable discharge.” I wasn't informed of the SDN509 until the NCO signing me out of the Air Force informed me of it and said that many corporations have a “secret list” of these SDN numbers and will not hire someone with an SDN509 on it. The Vice-President of the American National Bank, my first job after my discharge from the Air Force, said the same thing. When I left the bank, Material Service, my second job, let me know that the word got to them from the bank. From time to time in my employment it would get back to me about the SDN509 being in my records. This practice is now prohibited by the DOD.

Feelings of fear, anger, and betrayal about the SDN509 had been with me for 44 years.

The next 8 years were a blur of 4 jobs, graduate schools, alcohol, fights, and jails. A bouncer at the Silver Frolics, Cicero, IL, sued me for breaking his arm in a fight. I was also fired from the American National Bank, Chicago, IL for hospitalizing a fellow-employee at the Christmas Party. While working at Material Service, I began to attend Kent College of Law (nights), Chicago, IL, and was the first student in the history of the law school to have two law briefs put on display in the law library (a great feeling of success). Everything looked great for law school until I showed up for a test in the fourth semester drunk. Put on probation, the best solution seemed to be quitting law school. I quit working and returned to full time graduate school on the G-I Bill and received an MA in math. By this time my trouble with holding a job was blatant, but because I obtained good grades, a fellowship, and unemployment benefits, my wife put up with the drinking. After obtaining the MA, the family moved to Freedom WI.

In 2002, in spite of being sober for many years, violence again became a problem when I couldn't get a job for a year and a half and couldn't feed my family. I beat up one man who was 6' 3", had a physical altercation with another large man, and on another occasion asked a big truck driver to get out of his truck to fight. Seeing that I was insane, he begged out of the situation.

Through the 44 years of the SDN509 I have been fired or forced to resign from at least 48 jobs [Ex C]. With each firing, which seemed to come quicker each time, the old feelings of fear and betrayal returned. If you look at the list, you will notice that 5 companies hired me multiple times after initially firing me: Allstate, AT&T, IBM, Sears, and G.T.E. It was at about the time of working for AT&T for the third time after being fired initially, that the thought struck me that the companies that were hiring me multiple times after firing me were having severe internal problems in the departments doing the hiring. The thought came to me that maybe I was being "*hired to be fired.*" After all, with my record, what could I do about it? How could I prove it?

After 9 years of Appeals and 4 remands (in Ex D, remand#3, the BVA states quite caustically that Mr. Mattice's C&P group had better follow directions). When Mattice's group did follow directions of the BVA, 5 doctors (civilian and VA) determined that I had at least a 70% service-connected disability at 70 years old. A 70% service-connected disability was awarded [Ex E]. About 3 months after receiving the service-connected disability I was sent a brochure asking me if I wanted to apply for a 100% unemployable disability--the application was made and 100% was obtained. Strangely enough, Mr. Mattice's dental area seems very upset with me. Four prosthodontists have recommended that I get a complete restructure, but as one can see Mr. Mattice [Ex F] says, "The board has decided against it." Amazingly enough when Dr. Adams came up with a compromise that would work, making statements such as, "It is a shame that your teeth look the way they do after 2 years of care by the VA," and "The VA should be looking for ways to open up your bite," the dental area refuses to answer my letters inquiring why the VA dental doesn't at least talk to me about it. Could it be that Mr. Mattice is holding a grudge?

Sincerely,

William S. Goss

William S. Goss

Exhibit A -- OTS Medical for Reentry to OTS

[EX.A]

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

23-220-026

A

CLINICAL RECORD	CONSULTATION SHEET
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REQUEST		
TO: ENT Clinic	FROM: (Requesting ward, unit, or activity) Med Proc Div	DATE OF REQUEST 8 Mar 65

REASON FOR REQUEST (Complaints and findings)
23 year old OTS gave history of allergic rhinitis and stated that he took medication (Aspirin only) for this condition. ATC wants an evaluation. He states that the condition never was serious. Never took antihistamines.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE s/ROY J INGRAFFIA, CAPT, USAF, MC, FMO	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEOSIDE <input type="checkbox"/> ON CALL	Admin <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
--	----------	--	--

CONSULTATION REPORT

24 year old white male had some sneezing and nasal stuffiness in 1962 relieved by aspirin. No family history of allergies. This patient has no history of seasonal or otherwise, rhinorrhea, sneezing, watery eyes, etc. No history of sinusitis.

EXAMINATION: Ears, tympanic membranes clear with good vasa lva bilaterally. Throat clear. Nose, not remarkable, mucosal lining is not of an allergic type. Sinus films, asymptomatic mucocele, left antrum (no treatment needed), otherwise normal.

This patient is qualified for Commission and Flying Class IA.

A TRUE COPY: *Gary N. Pamplin*

GARY N PAMPLIN, CAPT, USAF, MC, FMO

(Continued on reverse side)

SIGNATURE AND TITLE s/JOSEPH E HUGHES, CAPT, USAF, MC	DATE 9Mar65	IDENTIFICATION NO. AF 16612686	ORGANIZATION OTS, 65F, Sq 11, LAFB
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
GOSY, WILLIAM STEPHEN OT WILFORD HALL USAF HOSPITAL, LACKLAND AFB, TEXAS			

CONSULTATION SHEET
Standard Form 513
513-104

Exhibit B Colonel Rule Letter

William S. Goss
4505 Flintlock Loop
Lakeland, FL 33810
(863) 688-9099
File # 23-220-026

February 10, 2003

Mr. B.C. Gibbard
Veterans Service Manager
Department of Veterans Affairs
P.O. Box 1437
St. Petersburg, FL 33731

Dear Mr. Gibbard,

Recently Mr. Goss contacted me and asked me to make a statement verifying certain experiences he had in 1965-1966 as a young Air Force Second Lieutenant at Grand Forks AFB, North Dakota. Although the specific incident occurred over 35 years ago I vividly remember the catastrophic evening in question and its aftermath.

Following a 321st Strategic Missile Wing party at the Officers Club, 2ndLt. Goss and his wife were about to get into their car and drive off base to their home. Bill was very intoxicated, and we were very concerned about their safety. So, we tried to convince them to stay overnight at the base until he sobered up, or he should let his wife drive home. Mr. Goss resisted our advice, but he finally acquiesced and let his wife get behind the wheel. However, shortly after they departed the base they switched places and he became the driver. On the way home he was arrested for DUI.

The senior leaders at Grand Forks AFB were furious. They seriously questioned his judgment and condemned his conduct. Such behavior did not bring credit upon 2ndLt Goss or the U.S. Air Force. His actions were not tolerated, and he was disciplined severely.

He was put on the Control Roster (a list of airmen who are in trouble).

Exhibit B Colonel Rule Letter

He was ordered to give a talk to the Wing in a large assembly stating that he acted very badly under the influence of alcohol, and he had to apologize to everyone.

He was given different, less desirable duties, and often had to work non-regular hours. We seldom saw him, and he had to withdraw from our car pool.

Our Squadron Commander, Colonel Brumbaugh, was quite angry with 2nd Lt. Goss. Bill told me that the Colonel stated that he would never promote him to 1st Lt. Although I was not present to hear the statement, I believe it was made. The majority of personnel in the Wing truly believed Bill's career was over.

People were aware that 2nd Lt. Goss was in trouble, and they chose not to associate with him. He became an outcast.

As I mentioned earlier, these events occurred over 35 years ago, but I can not forget the pain, suffering, and humiliation experienced as consequences of a faulty decision to drive under the influence of alcohol.

Sincerely,



Colonel Carl W. Rule, USAF (Retired)
326 Justina Drive
Oceanside, CA 92057

Exhibit C JobHistory48

1. American National Bank, Chicago, IL	fired
2. Material Service, Chicago, IL	forced to resign
3. Silver Cross Hospital, Joliet, IL	forced to resign
4. Nichols-Homeshield, Elmhurst, IL	forced to resign
5. Northwest Technical Institute, Green Bay, Wisconsin	fired
6. Kimberly Clark, Neenah, Wisconsin	forced to resign
7. Woolworth's, Milwaukee, Wisconsin	fired
8. C.N.A, Chicago, IL	forced to resign
9. FMC, Chicago, IL	forced to resign
10. All State, North Brook, IL	forced to resign
11. White Motors, Mundelein, IL	forced to resign
12. United Airlines,	forced to resign
13. Wrigley's, Chicago, IL	forced to resign
14. AT&T, Orlando, FL	fired
15. General Motors, Kokomo, IN	fired
16. Lincoln National Insurance, Fort Wayne, IN	forced to resign
17. All State, North Brook, IL	forced to resign
18. IBM, Tampa, FL	fired
19. U.S. Gypsum, Chicago, IL	fired
20. First National Bank, Chicago, IL	forced to resign
21. IMC, Mundelein, IL	fired
22. Amoco, Chicago, IL	forced to resign
23. Commerce Clearing House, Chicago, IL	fired
24. Sears, Hoffman Estates, IL	fired
25. Sears Credit Card, Mundelein, IL	fired
26. AT&T, Chicago, IL	fired
27. Rustoleum, Chicago, IL	forced to resign
28. G.T.E, Tampa, FL	forced to resign
29. Publix Food, Lakeland, FL	fired
30. G.T.E, Tampa, FL	fired
31. Equifax, Tampa, FL	fired
32. IBN Amro, Chicago, IL	forced to resign
33. G.T.E., Tampa, FL	fired
34. AT&T, Orlando, FL	forced to resign
35. Time Warner Publications, Tampa, FL	fired
36. Westinghouse, Orlando, FL	forced to resign
37. Harcourt Brace, Orlando, FL	fired
38. Best Buy, Lakeland, FL	forced to resign
39. Santa Fe High School, Lakeland, FL	fired
40. Polk Community College, Lakeland, FL	forced to resign
41. Analysts International, Indianapolis, IN	forced to resign
42. Polk County Board of Education, Bartow, FL	resigned to move
43. IBM, Tampa, FL	fired
44. ITT, Indianapolis, IN	fired
45. DeVry University, Indianapolis, IN	Contract not renewed
46. Lebanon Community Schools, Lebanon, IN	Contract not renewed
47. Zionsville Community Schools, Zionsville, IN	fired
48. Heritage Web Solutions, Utah	fired

Exhibit D Remand / "Reprimand to Mattice"



BOARD OF VETERANS' APPEALS
DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, DC 20420

IN THE APPEAL OF
WILLIAM S. GOSS
(A.K.A. WILLIAM S. GOSY)

C 23 220 026

DOCKET NO. 04-07 401A

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)
)

DATE **AUG 10 2009**

On appeal from the
Department of Veterans Affairs Regional Office in St. Petersburg, Florida

THE ISSUE

Entitlement to service connection for an acquired psychiatric disorder, to include posttraumatic stress disorder.

WITNESS AT HEARING ON APPEAL

Appellant

ATTORNEY FOR THE BOARD

A. P. Simpson, Counsel

Exhibit D Remand / “Reprimand to Mattice”

IN THE APPEAL OF
WILLIAM S. GOSS
(A.K.A. WILLIAM S. GOSY)

C 23 220 026

INTRODUCTION

The Veteran served on active duty from July 1958 to June 1962 and from December 1964 to April 1966.

This case comes before the Board of Veterans’ Appeals (Board) on appeal from a January 2003 rating decision of the St. Petersburg, Florida, Department of Veterans Affairs (VA) Regional Office (RO).

The Veteran had a video conference hearing before the Board in February 2005. The Acting Veterans Law Judge who conducted that hearing is no longer employed by the Board. The law requires that the Veterans Law Judge who conducts a hearing on an appeal must participate in any decision made on that appeal. *See* 38 U.S.C.A. § 7107(c) (West 2002); 38 C.F.R. § 20.707 (2008). In a June 2009 letter, VA informed the Veteran that the Acting Veterans Law Judge was no longer working at the Board and offered him an opportunity to have a hearing with another Veterans Law Judge. The Veteran responded that same month, stating he did not want another hearing. Thus, there is no hearing request pending at this time.

The appeal is REMANDED to the RO via the Appeals Management Center (AMC), in Washington, DC. VA will notify the appellant if further action is required.

REMAND

The Board has remanded this claim three times. The last time it was remanded was in August 2007. There, the Board ordered a VA psychiatric examination of the Veteran “by a psychiatrist.” The Board was clear that it wanted the Veteran to be examined by a “psychiatrist.” Additionally, the Board asked the following, in part:

The psychiatrist should specifically address the conflicting opinion evidence of record, to include A.B., M.D.’s

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December 2002 opinion, C.D., M.D.’s December 2002 opinion, and the June 2003 VA examiner’s opinion.

First, the Veteran was examined in October 2008 by a *psychologist*, not a psychiatrist. Second, the psychologist did not address the three medical opinions described above. The Board finds that its October 2007 remand was not complied with, and thus another remand is necessary. *Stegall v. West*, 11 Vet. App. 268, 270-71 (1998) (Board is obligated by law to ensure that RO complies with its directives and errs as a matter of law when it fails to ensure compliance).

The Board notes that in a December 2008 letter to the AMC, the Veteran informed the AMC of the error in having him examined by a psychologist, as opposed to a psychiatrist. *See* December 8, 2008, letter from the Veteran. The AMC issued a supplemental statement of the case in April 2009, which is *after* receipt of the Veteran’s letter.

The AMC failed to take corrective action before returning the case to the Board, even though the Board had specifically instructed the AMC to ensure compliance with its remand instructions. *See* item 6 in October 2007 remand, stating that to help avoid future remand, the RO/AMC must ensure that all requested action has been accomplished in compliance with this REMAND and that if any action is not undertaken, or is taken in a deficient manner, appropriate corrective action should be undertaken.

Accordingly, the case is REMANDED for the following action:

1. The RO/AMC should arrange for the Veteran to undergo a VA psychiatric examination **by a psychiatrist** at an appropriate VA medical facility.

The entire claims file, to include a complete copy of this REMAND, must be made available to the psychiatrist designated to examine the Veteran, and the report of the

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examination should include discussion of the Veteran’s documented medical history and assertions. All appropriate tests and studies should be accomplished, and all clinical findings should be reported in detail. The examiner should set forth all examination findings, along with the rationale for any conclusions reached, in a printed (typewritten) report.

The psychiatrist should clearly identify all of the Veteran’s current psychiatric disabilities, to include posttraumatic stress disorder, if indicated. With respect to each such diagnosed disability, the examiner should offer an opinion, consistent with sound medical principles, as to whether it is at least as likely as not (*i.e.*, there is a 50 percent or more probability) that such disability is the result of injury or disease incurred or aggravated in service.

In rendering this opinion, the examiner should address the following: (a) whether an acquired psychiatric disability clearly and unmistakably preexisted the Veteran’s entrance into military service; if so, (b) whether this disability increased in severity in service; and, if so, (c) whether such increase in severity represented the natural progression of the condition, or was beyond the natural progress of the condition (representing a permanent worsening of the acquired psychiatric disability). If the psychiatrist determines that the disability did not preexist service, he or she should opine whether this disability had its onset in service or is otherwise medically related to an in-service injury or disease.

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The psychiatrist should specifically address the conflicting opinion evidence of record, to include A.B., M.D.’s December 2002 opinion, C.D., M.D.’s December 2002 opinion, and the June 2003 VA examiner’s opinion. These opinions have been tabbed in pink on the right side of volume I of the claims file with the date and the initials indicated above.

2. If the benefit sought on appeal remains denied, the RO/AMC must furnish to the Veteran an appropriate supplemental statement of the case that includes clear reasons and bases for all determinations, and afford him the appropriate time period for response before the claims file is returned to the Board for further appellate consideration.

The appellant has the right to submit additional evidence and argument on the matter the Board has remanded. *Kutscherousky v. West*, 12 Vet. App. 369 (1999).

This claim must be afforded expeditious treatment. The law requires that all claims that are remanded by the Board of Veterans’ Appeals or by the United States Court of Appeals for Veterans Claims for additional development or other appropriate action must be handled in an expeditious manner. *See* 38 U.S.C.A. §§ 5109B, 7112 (West Supp. 2008).



K. J. ALIBRANDO

Acting Veterans Law Judge; Board of Veterans’ Appeals

Under 38 U.S.C.A. § 7252 (West 2002), only a decision of the Board of Veterans’ Appeals is appealable to the United States Court of Appeals for Veterans Claims.

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This remand is in the nature of a preliminary order and does not constitute a decision of the Board on the merits of your appeal. 38 C.F.R. § 20.1100(b) (2008).

Exhibit E -- VA Dr. Bhagar agrees with 4 civilian doctors

Progress Notes

Printed On May 04, 2010

Alert, oriented, well groomed, polite; speech: voluminous and mildly pressured, but re-directable; mood- "tense;" affect- appropriate, mildly labile at times; thought content & process- some preoccupations, but no current suicidal or homicidal ideations or psychosis; logical and goal directed.

oriented to time 5/5

oriented to place 5/5

immediate recall 3/3

5 minute recall 1/3

naming- good

repetition - good

drawing intersecting triangles- intact

drawing clock face with time on it- intact

Diagnosis:

Axis I Bipolar disorder, Not Otherwise Specified (NOS)

Alcohol abuse versus dependence in remission

Axis II

Personality disorder, NOS, with antisocial and narcissistic traits

- per psychological testing of Dec 4, 2009

Axis III

BPH

History of Malignant skin melanoma

Hypertension

Hyperlipidemia

Axis IV Recent stressors-

1) Having to move from Florida due to a crack house in that neighborhood and being harassed there. States he moved from Florida in 2006.

2) Not receiving unemployment compensation for his wife, from Publix, in Florida.

3) Stress with neighbor in the current neighborhood in Indiana, has been in Indiana 2006-09.

4) Damage to jaw and crown, in Indiana.

5) More incompetence by dentists.

6) Trying to hold a job to help his daughter.

7) Problems with programming job, Oct'08

C&P psychiatric examination's opinion:

1) The veteran's medical history including: C file, medical records, letters from the veteran, psychological testing and laboratory data were reviewed. The veteran was interviewed for 120 minutes.

2) Assertions:

Mr. Goss believes that he was harassed in the military (Air Force) after his DUI. This seems true per the fact that he had a psychiatric decompensation that required hospitalization, involving homicidal ideations at that time against his supervisor, in Fall 1965. (This information is per the clinical record from 1965 in patient's file).

Also, he states that even though he got an honorable discharge he was

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GOSS, WILLIAM
6566 HUNTERS RIDGE SOUTH
ZIONSVILLE, INDIANA 46077
318320741

VISTA Electronic Medical Documentation

Printed at INDIANAPOLIS VAMC

Exhibit E -- VA Dr. Bhagar agrees with 4 civilian doctors

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given the SDN code of 509 and this is why he lost the first few jobs after release from service. SDN 509 is for Resignations, in Lieu of Further Action, or Eliminations, Because of, Substandard or Unsatisfactory Performance. (This information is per letter from R. Tinson, DAFC- Separations Branch, Directorate of Pers Service, dated 10 Aug 09, found in patient's records). New employers do look at past employment and hence, it seems that he could have lost the first few jobs due to the unfavorable SDN.

3) Appropriate tests and studies-

Psychological testing: The following instruments were administered on 11/23/09: MMPI-II, MCMI-2, MISS, Trauma Symptom Inventory, and Rorschach Inkblot Test. Dr. Tarr interpreted the results of the above testing in conjunction with an interview on 12/4/09. The diagnostic impressions per that are:

I. Bipolar Disorder NOS;

Alcohol Dependence, possibly in remission;

II. Personality Disorder NOS with Narcissistic and Antisocial Features.

Laboratory data:

Complete Blood Count- within stable limits 12/8/09

Comprehensive Metabolic Panel- within stable limits 8/26/09

Urine Drug Screen- clean 12/8/09

Thyroid Stimulating Hormone test- stable 12/8/09

4) Current psychiatric disabilities-

Axis I Bipolar disorder, NOS

Alcohol dependence in remission

Axis II Personality disorder NOS (with antisocial and narcissistic traits)

I believe that his psychiatric diagnoses have affected his ability to work and function socially. He has lost several jobs over the years. He has been unable to keep employment for long time. He has had interpersonal problems with neighbors in Florida and Indiana. I believe a significant proportion of his psychiatric disability is from his Bipolar disorder, NOS.

5) 50% or more probability that each diagnosed disability is the result of injury or disease incurred or aggravated in the service-

AXIS I- BIPOLOAR NOS: This diagnosis is based on reports of manic episodes. He endorses periods when he is irritable, has racing thoughts, has poor sleep and is working on multiple projects at once. These are usually associated with poor sleep. Also, he has had periods of hyper sexuality, violent and impulsive behaviors.

This illness first manifested itself while he was in the service. There is no record of him having manic episodes prior to his military service. Per records he was initially, evaluated at Grand Forks, N. Dakota, in Oct 1965. He had thoughts of beating up his supervisor. He had crying spells, hopelessness, ideas of reference, compulsive thoughts and anxiety. He was recommended antipsychotic medications: Triavil and Stelazine. Thereafter, He was transferred to the USAF Hospital Grand Forks AFB, North Dakota. His mental status there showed: he was very talkative, anxious, had feelings of persecution and he displayed circumstantiality. He received antipsychotic medication,

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AXIS I- ALCOHOL DEPENDENCE, IN REMISSION: This illness predates his military service. He reports that he started drinking around age 15 and 16 and he joined the military at age 17. He continued to drink while in service and he received a DUI in 1965. There is a more than 50% probability that its course worsened for him during his 2nd tour, due to the rejection of not being allowed to become a pilot, (before the DUI in 1965) and the harassment (after the DUI).

AXIS III-PERSONALITY DISORDER NOS (NOT OTHERWISE SPECIFIED)- WITH ANTISOCIAL AND NARCISSISTIC TRAITS: This illness predates his military service. Personality disorders are believed to develop before adulthood.

6) the conflicting opinions of the 2 M.D.s in Dec 2002 and the VA examiner in June 2003-

i) One M.D. on December 3, 2002 notes:

Cognitive Disorder, NOS;

Schizophrenia, paranoid type, provisional;

and Alcohol Dependence, in full remission.

Currently, I do not find any gross cognitive deficits at this time.

Currently, I do not find symptoms of Schizophrenia, paranoid type, provisional.

I do agree with the diagnosis of Alcohol Dependence, in remission.

ii) Second M.D. on December 12, 2002 notes:

Major Depressive Disorder (MDD);

Post Traumatic Stress Disorder (PTSD).

Currently, I do not find evidence of MDD.

Currently, I do not find hypervigilance, intrusive thoughts and other symptoms consistent with diagnosis of PTSD, related to the events after the DUI in 1965.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GOSS, WILLIAM
6566 HUNTERS RIDGE SOUTH
ZIONSVILLE, INDIANA 46077
318320741

VISTA Electronic Medical Documentation

Printed at INDIANAPOLIS VAMC

Exhibit E -- VA Dr. Bhagar agrees with 4 civilian doctors

VA Grants 100% Disability (70 / 30)



Department of Veterans Affairs

575 N PENNSYLVANIA ST
INDIANAPOLIS IN 46204

November 30, 2011

Veteran's Name:
Goss, William, S

WILLIAM S GOSS
6566 HUNTERS RDG S
ZIONSVILLE IN 46077

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 23 220 026
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Air Force, Honorable, 11-Jul-1958 - 06-Jun-1962

Air Force, Honorable, 30-Dec-1964 - 15-Apr-1966

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 70 PERCENT

The effective date of the last change to your current award was: 20-AUG-2010

Your current monthly award amount is: \$2,823.00

Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Yes

Are you considered to be totally and permanently disabled due to your service-connected disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Exhibit F Mr. Mattice' Letter



DEPARTMENT OF VETERANS AFFAIRS
RICHARD L. ROUDEBUSH VA MEDICAL CENTER
1481 W. 10TH STREET
INDIANAPOLIS, INDIANA 46202

January 28, 2013

Mr. William S. Goss
6566 Hunters Ridge South
Zionsville, IN 46077

Dear Mr. Goss:

The Indianapolis Veterans Affairs Medical Center has received your letter requesting complete dental restoration. As always, we appreciate hearing from our nation's Veterans.

A review of your medical and dental records was performed by the VA Dental Case & Implant Review Board members to reconsider your request for a full mouth cosmetic dentistry reconstruction using endosseous dental implants. The discussions with the Board members noted that your dental diagnostic case had already been presented and reviewed by our VA Dental Case & Implant Review Board earlier this year. We carefully re-visited the Board's previous opinion and your dental conditions, in the aggregate, are not consistent with a favorable long term prognosis for performing the requested extensive full mouth cosmetic dental reconstruction.

The members of the Board also considered the official guidance for VA dental benefits that is contained in the Dental VHA Handbook 1130.01. These guidelines describe the scope of VA dental care benefits as being "reasonably necessary" and "cost effective" as well as being "goal of care is to attain and sustain oral health and function" or "to maintain or restore oral health and masticatory function". Your current VA plan of dental care is fully consistent with these VHA guidelines. Therefore the Board does not recommend a full mouth cosmetic dentistry reconstruction using endosseous dental implants as a medically necessary response to your dental conditions.

We trust this has been responsive to your inquiry. If you have any further questions please feel free to contact our Dental clinic at 317-988-2733.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Mattice".

Thomas Mattice
Medical Center Director

VA Defining
HEALTH EXCELLENCE
CARE in the 21st Century