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**APPENDIX A – 1975 REPORTS BY
MEDICAL BOARD AND PHYSICAL
EVALUATION BOARD
(Record Before The Agency 1280, 1282-85, 1294)**

MEDICAL BOARD REPORT COVER SHEET

PREPARATION INSTRUCTIONS

NAVMED 6100/1 (Rev. 1-72)

SEE MANMED ARTICLE 18-24

Report Symbol MED 6100-2

1. FROM: Regional Dispensary
MCRD, SDiego, CA

TO: CO, Naval Regional Medical Center
SDiego, CA

VIA:
2. NAME–LAST, FIRST, MIDDLE INITIAL
GEORGE, Kevin R.
3. DUTY STATION
Marine Corps Recruit Depot, SDiego, CA
4. SOCIAL SECURITY NO.
[REDACTED]
5. SEX/RACE
M/Negro
6. DATE OF BIRTH
[REDACTED] JAN 1958

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7. LENGTH OF SERVICE
00 years 02 months
8. GRADE/RATE BRANCH DESIG/MOS
PVT USMC 9900
9. CAUSE OF INJURY
NA
10. MILITARY THEATER OF OPERATIONS
NA
11. MEMBER'S STATUS (CHECK ONE)
 1 ACTIVE DUTY NAVY
 2 ACTIVE DUTY NAVY RECRUIT
 3 ACTIVE DUTY MARCORPS
 4 ACTIVE DUTY MARCORPS RECRUIT
 5 OTHER
12. DATE AND PLACE OF ENTRANCE PHYSICAL EXAMINATION
DATE: 28 May 1975
PLACE: AFEES, Kansas City, MO
13. ORIGIN OF CONDITION (*CHECK ONE*)
 1 EPTE—AGGRAVATED BY SERVICE
 2 EPTE—NOT AGGRAVATED BY SERVICE
 3 DNEPTE
14. ADMITTED TO SICKLIST
 1 Yes
 2 No
- DATE OF ADMISSION
NA

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DATE OF DISPOSITION
NA

15. DATE OF BOARD

14 Aug 1975

16. INDICATED DISPOSITION (*CHECK ONE*)

- 1 REFER TO CENTRAL PEB
- 2 DISCHARGE PHYSICAL DISABILITY
- 3 DISCHARGE ENLISTED IN ERROR
- 4 DISCHARGE CONVENIENCE OF GOV'T
- 5 DISCHARGE UNSUITABLE FOR SERVICE
- 6 RETURN TO FULL DUTY
- 7 RETURN TO LIMITED DUTY
- 8 DEPARTMENTAL REVIEW OR OTHER

17. DOCUMENTS ATTACHED (*CHECK ONE OR MORE*)

- SIGNED NAVMED 6100/2
- SIGNED NAVMED 6100/3
- MEMBERS REBUTTAL

18A. PRIMARY DIAGNOSIS

SCHIZOPHRENIA, PARANOID, 2953, EPTE
(AGGRAVATED BY SERVICE)

18B. SECOND DIAGNOSIS

18C. THIRD DIAGNOSIS

18D. FOURTH DIAGNOSIS

19. REMARKS

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20. BOARD MEMBERS

Senior Member R. D. COMER
GRADE/CORPS CAPT MC
SERVICE USN
SIGNATURE /s/ R.D. Comer

Member *A. M. DRUKTEINIS
GRADE/CORPS LCDR MC
SERVICE USNR
SIGNATURE /s/ A.M. Drukteinis

Alternate Member

21. FIRST ENDORSEMENT:

DATE: 14 Aug 1975
FROM: CONVENING AUTHORITY
TO: Office of Naval Disability Evaluation,
Central Physical Evaluation Board,
800 N. Quincy St., Arlington, VA 22217
VIA:

1. INDICATED DISPOSITION OF THE MEDICAL BOARD IS APPROVED. DISCIPLINARY ACTION OR ADMINISTRATIVE INVOLUNTARY SEPARATION ACTION ~~IS~~/IS NOT PENDING.
2. To be retained at MCRD, SDiego, pending departmental action.

/s/ R.D. Comer

R. D. COMER

SIGNATURE

By direction

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MEDICAL BOARD REPORT, MCRD, SDiego, CA

14 Aug 1975

GEORGE, KEVIN R., [REDACTED], PVT USMC
(Platoon 2084)

DIAGNOSIS: PARANOID SCHIZOPHRENIA, 295.3,
EPTE (AGGRAVATED BY SERVICE)

This seventeen year old, single, Negro Private in the United States Marine Corps with approximately two and one-half months of active duty, presents to the medical Board with the diagnosis of Paranoid Schizophrenia, 295.3, EPTE-Aggravated, after having evidenced paranoid delusions, ideas of reference, and thought disorganization.

The patient reported that he was in his usual state of health until May 1975, at which time he was on route to the state of Utah to join in the Job Corps. On his way, he stopped in Denver, Colorado, and at this point first began experiencing symptoms. He claims that he called his cousins by phone from the airport and started feeling that they weren't really his cousins. Apparently they were distressed enough that they urged him to return home to Kansas City. He described seeing people in the airport lobby who he felt were giving him "signs" and later, felt that a bus driver was communicating with him through "sequences". He continues to describe thoughts that there were electronic media through radios being "used on him", this was by way of electrical forces which could "pin point on his person". He feared that people were watching him, from behind and trying to

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some how place him and his family in danger. In addition, he admitted to hearing voices and being preoccupied with religion. In June 1975, he enlisted in the United States Marine Corps.

He was unaware of the significance of this history and did not report it to AFEES examiners. He was subsequently found fit for duty and arrived at MCRD on 11 Junn 1975. While in the early days of processing he reported his symptomatology and was sent to depot psychiatry for evaluation. It was felt that the patient was undergoing a psychotic reaction and he was transferred to Naval Regional Medical Center, San Diego, Psychiatry Department for further observation and treatment.

While in the hospital the patient was treated with group, individual and Milieu psychotherapy, as well as major tranquilizers. On 24 Jun 1975 the patient began experiencing some side effects from the medication and they were subsequently discontinued. The patient remained slightly hyperactive and a bit inappropriate but had lost most of his psychotic symptomatology and was able to behave appropriately enough to give a reasonable history.

He was discharged from the Naval Hospital on 11 Jul 1975 with the diagnosis of acute schizophrenic reaction and with the recommendation to return to the recruit evaluation unit for separation via medical board for illness existing prior to enlistment.

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When he returned to MCRD he was placed in the Recruit Casual Company but was not returned to the recruit evaluation unit as recommended, and instead placed again in a training platoon. On 11 Aug 1975, Private GEORGE presented to sick bay with multiple vague complaints. At that time the history of his recent hospitalization was elicited and he was returned to recruit evaluation unit to be evaluated by the psychiatrist.

Private GEORGE now appeared quite disturbed and apprehensive. He was withdrawn, tearful, and clutched a towel tightly to his face. When questioned he had looseness of association, tangential thought, and a blunted inappropriate affect. Shortly, he was able to describe above historical symptoms as well as continuing auditory hallucinations, paranoid ideas of reference, and delusions. His sensorium was not grossly altered. There is no past history of any psychiatric care prior to enlistment and there is no significant family history of psychiatric disorder. Private GEORGE dropped out of the tenth grade of school in December 1974 and has been unemployed since that time.

Private GEORGE was treated supportively, recommended to be dropped to Recruit Casual Company once again to be a boarder on the Dispensary "C" Ward where he will continue to have medical supervision by the psychiatrist. He essentially, now appears in his pre-enlistment state complicated by service aggravated stress, both prior to initial hospitalization and certainly subsequent training attempts.

After an adequate period of observation, evaluation, and treatment it is felt that Private GEORGE suffers from a mental illness of psychotic proportions that does preclude his rendering any further useful military service; therefore, on 11 Aug 1975, the primary diagnosis was established as Paranoid Schizophrenia, Acute, Moderate, In Remission, 295.3, EPTE-Aggravated, Precipitating Stress, Moderate Pre-service Disposition, Severe, with Present Condition Existing Prior to Enlistment; Military Impairment, Severe; Unfit for Duty.

It is further of the opinion that the patient's psychiatric condition at the present time manifests itself by moderate interference of social adaptability and moderate interference with his civilian industrial adaptability. Further hospitalization is not required.

The medical Board agrees with the above findings and diagnosis and is of the opinion that the patient is unfit for further military service as a result of physical disability and that the physical disability had its onset prior to enlistment, but as a result of conditions peculiar to the service, has progressed at a rate greater than is usual for such disorders and therefore, is considered to have been aggravated by a period of active duty. The medical Board recommends that this members case be referred to the Central Physical Evaluation Board.

The medical Board is further of the opinion that the patient has received the maximum benefits of military hospitalization and treatment and that this has not restored the patient to duty status. At the present time, the service member is considered fully

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competent to be discharged in his own custody and does not constitute a menace to himself or others, and is not likely to become a public charge.

In accordance with provisions of Chapter 15, JAG Manual Paragraph 1504, the Board is of the opinion that the patient is mentally capable of handling his own financial affairs.

There is no known disciplinary action, investigation or processing for administrative discharge pending.

The service member did appear before the medical board in person, was informed of the contents of the board report and recommendations and does not desire to admit a statement in rebuttal. His signed statement is attached.

/s/ A.M. Drukteinis
A. M. DRUKTEINIS
LCDR MC USNR

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**MEDICAL BOARD STATEMENT OF PATIENT
NAVMED 6100/2 (Rev. 1-74)
S/N 0105-208-2004**

MCRD, SDIEGO, CA
Activity

**STATEMENT OF PATIENT
CONCERNING THE FINDINGS OF A
MEDICAL BOARD**

I have been informed that it is the recommendation of the Medical Board of 14 Aug 1975 (Date) that: (check appropriate box)

- My case be referred to the Office of Naval Disability Evaluation (CPEB)
- I be discharged by reason of physical disability existing prior to entry on active duty and not aggravated by service. (Complete NAVMED 6100/3 if indicated.)
- I be discharged by reason of enlisted in error, i.e. failure to meet enlistment physical standards.
- I be discharged by reason of convenience of the government.
- I be discharged by reason of unsuitability for service.
- I be returned to full duty without physical or geographical limitations.

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- I be returned to limited duty for a period of _____ with the following limitations: _____
- My case be referred for departmental review.
- Other: _____

Having been informed of the contents, opinion(s) and recommendation(s) of the Medical Board I do (not) desire to submit a statement in rebuttal. I understand that this Medical Board report with my rebuttal, if any; will become a part of my official Department of the Navy records. I further understand that the opinion(s) and recommendation(s) expressed by the Medical Board are not binding upon the Department of the Navy, and that my case may be subjected to review and final disposition by higher authority.

Signed: /s/ Kevin Riley George
(sign all copies)
Kevin Riley GEORGE

Witnessed: /s/ A.M. Drukteinis
A. M. DRUKTEINIS LCDR MC USNR

Date: 14 Aug 1975

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PHYSICAL EVALUATION BOARD –
PROCEEDINGS AND FINDINGS

1. HEARING
 INFORMAL dgb
 FORMAL

2. PLACE OF HEARING
 CPEB
 GREAT LAKES
 BETHESDA
 SAN DIEGO

3. PARTY (LAST, FIRST, MIDDLE INITIAL)
GEORGE, Kevin R.

4. SSN
[REDACTED]

5. RANK/RATE
PVT

6. SERVICE
USMC

7. DATE
19 Aug 1975

7. NAME & LOCATION OF COUNSELOR OR
COUNSEL FOR THE PARTY
QMCS W. L. LOWE, USN, SAN DIEGO, CA

RECOMMENDED FINDINGS (Indicate applicable statements)

- THE PARTY IS FIT FOR DUTY

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- 1 THE PARTY IS UNFIT BECAUSE OF PHYSICAL DISABILITY:

DIAGNOSES (ICDA Codes Required)

Schizophrenia, paranoid #2953

EPTE, NOT AGGRAVATED, NOT RATABLE

- MINORITY REPORT ATTACHED

DISABILITY RATING

V.A. CODES

PERCENT

- 2 THE DISABILITY WAS (NOT) (INCURRED) (AGGRAVATED) WHILE ENTITLED TO RECEIVE BASIC PAY
- 3 THE DISABILITY IS (NOT) DUE TO INTENTIONAL MISCONDUCT OR WILLFUL NEGLECT
- 3 THE DISABILITY WAS (NOT) INCURRED DURING A PERIOD OF UNAUTHORIZED ABSENCE
- 4A THE DISABILITY IS (NOT) THE PROXIMATE RESULT OF ACTIVE DUTY OR INACTIVE DUTY TRAINING (AGGRAVATED)
- 4B THE DISABILITY WAS INCURRED IN LINE OF DUTY IN TIME OF WAR OR NATIONAL EMERGENCY

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- 4C THE PARTY HAS AT LEAST EIGHT YEARS OF ACTIVE SERVICE
- 5 THE DISABILITY IS (MAY BE) PERMANENT
- 6 THE DISABILITY IS RATABLE AS SET FORTH ABOVE AT PERCENT

J. T. GORDON, LTCOL, USMC
NAME, RANK & SIGNATURE OF PRESIDENT

S. E. THOMAS, CAPT, USNR
NAME & RANK OF NON-MEDICAL MEMBER

G. L. NEGRON, CDR, MC, USN
NAME & RANK OF MEDICAL MEMBER

R. D. LOGAN, LTJG, USNR
NAME, RANK & SIGNATURE OF RECORDER OR
COUNSEL FOR THE BOARD

PHYSICAL REVIEW COUNCIL ACTION
NOT REQUIRED

CONCUR IN THE RECOMMENDED FINDINGS:

EPTE

DISCHARGED FILE

DATE: AUG 29 1975

NAME, RANK & SIGNATURE OF NON-MEDICAL
MEMBER

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NAME, RANK & SIGNATURE OF MEDICAL
MEMBER

NAME, RANK & SIGNATURE OF JUDGE
ADVOCATE (IF APPLICABLE)

B. H. SIMMONS, CAPT, USMC

NAME, RANK & SIGNATURE OF RECORDER

SEP 17 1975

NAVSO 6100/16 (Rev. 9-72)

**APPENDIX B – STATUTORY AND
REGULATORY PROVISIONS**

Code of Federal Regulations
Title 38. Pensions, Bonuses, and Veterans' Relief

38 C.F.R. § 3.105 (1997)

§ 3.105. Revision of decisions

The provisions of this section apply except where an award was based on an act of commission or omission by the payee, or with his or her knowledge (§ 3.500(b)); there is a change in law or a Department of Veterans Affairs issue, or a change in interpretation of law or a Department of Veterans Affairs issue (§ 3.114); or the evidence establishes that service connection was clearly illegal. The provisions with respect to the date of discontinuance of benefits are applicable to running awards. Where the award has been suspended, and it is determined that no additional payments are in order, the award will be discontinued effective date of last payment.

(a) *Error*. Previous determinations which are final and binding, including decisions of service connection, degree of disability, age, marriage, relationship, service, dependency, line of duty, and other issues, will be accepted as correct in the absence of clear and unmistakable error. Where evidence establishes such error, the prior decision will be reversed or amended. For the purpose of authorizing benefits, the rating or other adjudicative decision which constitutes a reversal of a prior decision on the grounds of clear and unmistakable error has the same effect as if the

corrected decision had been made on the date of the reversed decision. Except as provided in paragraphs (d) and (e) of this section, where an award is reduced or discontinued because of administrative error or error in judgment, the provisions of § 3.500(b)(2) will apply.

(b) *Difference of opinion.* Whenever an adjudicative agency is of the opinion that a revision or an amendment of a previous decision is warranted, a difference of opinion being involved rather than a clear and unmistakable error, the proposed revision will be recommended to Central Office.

(c) *Character of discharge.* A determination as to character of discharge or line of duty which would result in discontinued entitlement is subject to the provisions of paragraph (d) of this section.

(d) *Severance of service connection.* Subject to the limitations contained in §§ 3.114 and 3.957, service connection will be severed only where evidence establishes that it is clearly and unmistakably erroneous (the burden of proof being upon the Government). (Where service connection is severed because of a change in or interpretation of a law or Department of Veterans Affairs issue, the provisions of § 3.114 are for application.) A change in diagnosis may be accepted as a basis for severance action if the examining physician or physicians or other proper medical authority certifies that, in the light of all accumulated evidence, the diagnosis on which service connection was predicated is clearly erroneous. This certification must be accompanied by a summary of the facts, findings, and reasons supporting the

conclusion. When severance of service connection is considered warranted, a rating proposing severance will be prepared setting forth all material facts and reasons. The claimant will be notified at his or her latest address of record of the contemplated action and furnished detailed reasons therefor and will be given 60 days for the presentation of additional evidence to show that service connection should be maintained. Unless otherwise provided in paragraph (h) of this section, if additional evidence is not received within that period, final rating action will be taken and the award will be reduced or discontinued, if in order, effective the last day of the month in which a 60-day period from the date of notice to the beneficiary of the final rating action expires.

(Authority: 38 U.S.C. 5112(b)(6))

(e) *Reduction in evaluation—compensation.* Where the reduction in evaluation of a service-connected disability or employability status is considered warranted and the lower evaluation would result in a reduction or discontinuance of compensation payments currently being made, a rating proposing the reduction or discontinuance will be prepared setting forth all material facts and reasons. The beneficiary will be notified at his or her latest address of record of the contemplated action and furnished detailed reasons therefor, and will be given 60 days for the presentation of additional evidence to show that compensation payments should be continued at their present level. Unless otherwise provided in paragraph (h) of this section, if additional evidence is not received within that period, final rating action will be taken and the award will be reduced or

discontinued effective the last day of the month in which a 60-day period from the date of notice to the beneficiary of the final rating action expires.

(Authority: 38 U.S.C. 5112(b)(6))

(f) *Reduction in evaluation—pension.* Where a change in disability or employability warrants a reduction or discontinuance of pension payments currently being made, a rating proposing the reduction or discontinuance will be prepared setting forth all material facts and reasons. The beneficiary will be notified at his or her latest address of record of the contemplated action and furnished detailed reasons therefor, and will be given 60 days for the presentation of additional evidence to show that pension benefits should be continued at their present level. Unless otherwise provided in paragraph (h) of this section, if additional evidence is not received within that period, final rating action will be taken and the award will be reduced or discontinued effective the last day of the month in which the final rating action is approved.

(Authority: 38 U.S.C. 5112(b)(5))

(g) *Other reductions/discontinuances.* Except as otherwise specified at § 3.103(b)(3) of this part, where a reduction or discontinuance of benefits is warranted by reason of information received concerning income, net worth, dependency, or marital or other status, a proposal for the reduction or discontinuance will be prepared setting forth all material facts and reasons. The beneficiary will be notified at his or her latest address of record of the contemplated action and

furnished detailed reasons therefor, and will be given 60 days for the presentation of additional evidence to show that the benefits should be continued at their present level. Unless otherwise provided in paragraph (h) of this section, if additional evidence is not received within that period, final adverse action will be taken and the award will be reduced or discontinued effective as specified under the provisions of §§ 3.500 through 3.503 of this part.

(Authority: 38 U.S.C. 5112)

(h) *Predetermination hearings.*

(1) In the advance written notice concerning proposed actions under paragraphs (d) through (g) of this section, the beneficiary will be informed that he or she will have an opportunity for a predetermination hearing, provided that a request for such a hearing is received by VA within 30 days from the date of the notice. If a timely request is received, VA will notify the beneficiary in writing of the time and place of the hearing at least 10 days in advance of the scheduled hearing date. The 10 day advance notice may be waived by agreement between VA and the beneficiary or representative. The hearing will be conducted by VA personnel who did not participate in the proposed adverse action and who will bear the decision-making responsibility. If a predetermination hearing is timely requested, benefit payments shall be continued at the previously established level pending a final determination concerning the proposed action.

(2) Following the predetermination procedures specified in this paragraph and paragraph (d), (e), (f) or (g) of this section, whichever is applicable, final action will be taken. If a predetermination hearing was not requested or if the beneficiary failed without good cause to report for a scheduled predetermination hearing, the final action will be based solely upon the evidence of record. Examples of good cause include, but are not limited to, the illness or hospitalization of the claimant or beneficiary, death of an immediate family member, etc. If a predetermination hearing was conducted, the final action will be based on evidence and testimony adduced at the hearing as well as the other evidence of record including any additional evidence obtained following the hearing pursuant to necessary development. Whether or not a predetermination hearing was conducted, a written notice of the final action shall be issued to the beneficiary and his or her representative, setting forth the reasons therefor and the evidence upon which it is based. Where a reduction or discontinuance of benefits is found warranted following consideration of any additional evidence submitted, the effective date of such reduction or discontinuance shall be as follows:

- (i) Where reduction or discontinuance was proposed under the provisions of paragraph (d) or (e) of this section, the effective date of final action shall be the last day of the month in which a 60-day period from the date of notice to the beneficiary of the final action expires.

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(ii) Where reduction or discontinuance was proposed under the provisions of paragraph (f) of this section, the effective date of final action shall be the last day of the month in which such action is approved.

(iii) Where reduction or discontinuance was proposed under the provisions of paragraph (g) of this section, the effective date of final action shall be as specified under the provisions of §§ 3.500 through 3.503 of this part.

(Authority: 38 U.S.C. 5112)