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Psychiatric Service Connection Examination Report

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SOURCES OF INFORMATION

In the preparation of this report the following sources were used:

1. Forensic psychiatric evaluation of employee at the Syracuse University Law School on 2/26/2016 for a total of approximately two hours.
2. Air Force service records, including Enlistment/Reenlistment Document and Form DD 214.
3. Medical records for the Veteran from St. Joseph's Hospital Health Center, Syracuse, NY.
4. Medical records for the Veteran from 374th Medical Group, YAB General Surgery Clinic.

STATEMENT OF LIMITED CONFIDENTIALITY

I informed the Veteran of the non-confidential nature of the evaluation. I told the Veteran that I was a psychiatrist who had been retained by their student attorney to evaluate them regarding their service connection claim. I explained that although I was a psychiatrist, I would not be involved in their treatment. I informed them that I would be writing a report based on my evaluation, and this report would be sent to their student attorney, who would then decide how it

would be utilized. I told them that my opinions in this matter may or may not be helpful to their situation. The Veteran acknowledged that they understood all of this information, and agreed to proceed with the evaluation.

Note: I performed a thorough psychiatric evaluation of this individual. The data obtained from that evaluation are contained in my confidential files. Instead of reporting that information here, this report will consist primarily of direct responses to referral questions.

DIAGNOSIS

Posttraumatic Stress Disorder with delayed expression

The Veteran experienced traumatic stress during his service in Balad, Iraq in 2007. At that time, he was stationed at Camp Anaconda in a combat support role. He had the duty of meeting arriving aircraft full of injured soldiers and civilians and transporting them to the medical facility on base. He estimated that each aircraft contained as many as 20 injured and/or dying people.

The Veteran developed PTSD symptoms in 2013 after he was released from a two week hospital stay for a pneumothorax. At that time, he began having nightmares on a daily basis. In his dreams, he saw images of the people arriving in those aircraft with various missing and/or damaged body parts and with various medical tubes and wires attached to their bodies. He awakened from these dreams feeling physically drained and profusely sweating.

Since then, the Veteran has avoided talking about his traumatic experiences. He has not even discussed it with his wife. He also avoids flying because it reminds him of the trauma.

The Veteran has persistently felt guilty about the injuries and suffering of the wounded people he transported. He also reported feeling estranged from others since developing PTSD symptoms. He has found it more difficult to trust others. As a result, he has decreased his social relationships. Overall, he has been less interested in social activities.

The Veteran developed irritable behavior and angry outbursts. During an outburst, he would typically yell and curse and act in an intimidating manner. He would then usually leave the scene and feel guilty about his behavior afterward. He also reported difficulty staying asleep. He often wakes up thinking about the trauma or about existential issues. He also described hypervigilance. He often checks behind him, sits with his back to the wall, and locates all entrances/exits. He does not feel comfortable in crowded places. He may have an exaggerated startle response as well, jumping up when a door slams.

Lastly, the Veteran reported some difficulty with his concentration and memory. He described having to check reference books at work for procedures he used to be able to carry out from memory.

REFERRAL QUESTIONS

1. Does the Veteran suffer from Posttraumatic Stress Disorder (PTSD) or another mental health condition?

Please refer to the section above entitled Diagnosis. It is my opinion with reasonable medical certainty that the Veteran presently suffers from Posttraumatic Stress Disorder.

2. If the Veteran has a diagnosis of PTSD, was it caused by his military service?

It is my opinion with reasonable certainty that the Veteran's Posttraumatic Stress Disorder was caused by his military service. The following evidence supports this opinion:

1. The Veteran developed PTSD symptoms in 2013. His intrusion symptoms, including nightmares, consisted of his experiences during combat support missions in Iraq in 2007.
2. The Veteran did not experience any trauma or PTSD symptoms prior to his service in the military.

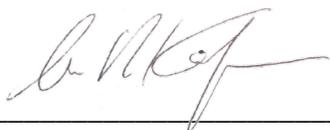
3. Does that Veteran suffer from any work-related functional impairment related to his diagnosis of PTSD? If so, to what degree.

It is my opinion with reasonable medical certainty that the Veteran currently experiences some mild work-related functional impairment as a result of his PTSD. The following evidence supports this opinion:

1. The Veteran reported experiencing some mild difficulty with memory and concentration at work. Specifically, he is unable to recall and stay focused with various procedures involving computer network operations. Whereas in the past he was able to carry these out from memory, at present he has to consult a reference book in order to carry them out.
2. The Veteran's difficulties with memory and concentration began at the same time as his other PTSD symptoms.
3. The Veteran displayed impairment in delayed memory, verbal fluency, and serial subtraction on the Montreal Cognitive Assessment (MoCA), a screening tool for

cognitive impairment. These impairments are consistent with the problems with concentration that occur with PTSD.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'A. Kaufman', written over a horizontal line.

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