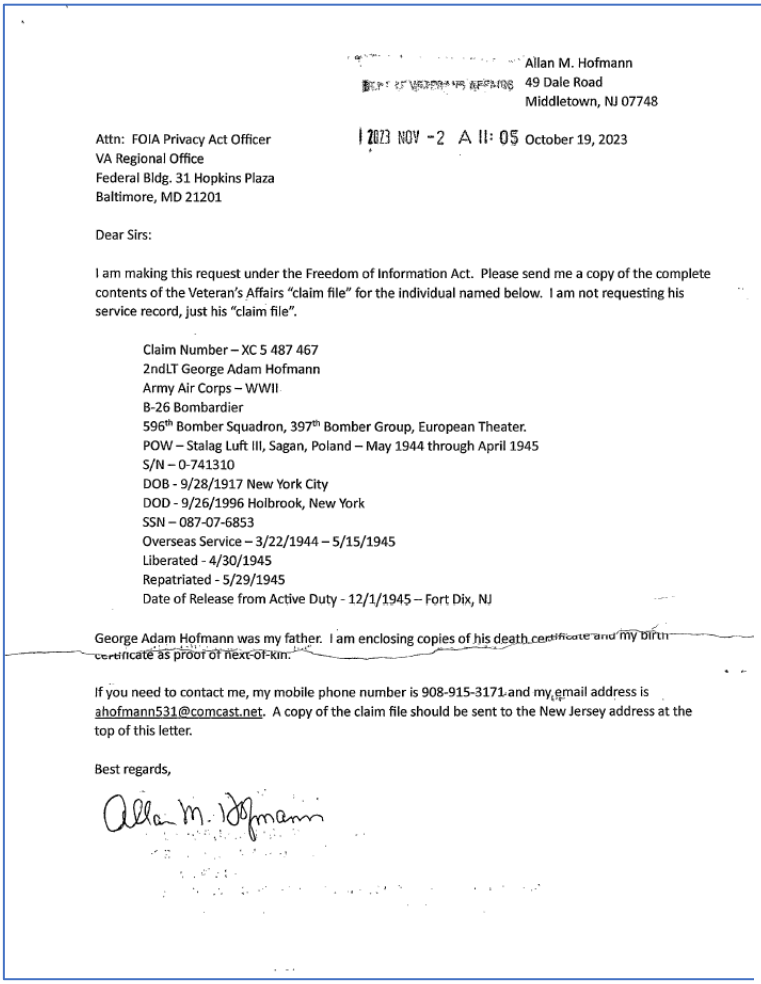
Chapter 22A - Returning to Civilian Life - Postscript

When I completed the compilation and publishing of my father's WWII story, Who Would Have Known, there was one period of time where I had no information. He returned to the US in late May, 1945, on the ship M. S. Ericsson. Like all returning servicemen, he was assigned to one of five national redistribution centers, in his case, Atlantic City, New Jersey and nearby Fort Dix. Six months later he was honorably discharged. Why six months, and what happened during that time?

Given the trauma he had endured coupled with the shocking realization his best friends had been killed in action, I had always assumed his journey from the M.S. Ericsson to private life was one of intense physical and mental rehabilitation – but I had no way of knowing, until 2023. Speaking to a professional researcher[1] at that time, I discovered that the Freedom of Information Act applied to service member's Official Military Personnel File (OMPF) and to their Medical Files. Unfortunately, a 1973 fire at the records center in Missouri destroyed many OMPF's from WWII including my father's. But that was not an issue for me as I had already completed his highly detailed 1,600-page story. His Medical Records, however, just might fill-in the six-month gap of information.

In mid-October of 2023, as advised by my professional researcher, I wrote the following letter to the Veteran's Administration.



Allan M. Hofmann
49 Dale Road
Middletown, NJ 07748

2023 NOV -2 A 11: 05

October 19, 2023

Attn: FOIA Privacy Act Officer
VA Regional Office
Federal Bldg. 31 Hopkins Plaza
Baltimore, MD 21201

Dear Sirs:

I am making this request under the Freedom of Information Act. Please send me a copy of the complete contents of the Veteran's Affairs "claim file" for the individual named below. I am not requesting his service record, just his "claim file".

Claim Number – XC 5 487 467
2ndLT George Adam Hofmann
Army Air Corps – WWII
B-26 Bombardier
596th Bomber Squadron, 397th Bomber Group, European Theater.
POW – Stalag Luft III, Sagan, Poland – May 1944 through April 1945
S/N – 0-741310
DOB - 9/28/1917 New York City
DOD - 9/26/1996 Holbrook, New York
SSN – 087-07-6853
Overseas Service – 3/22/1944 – 5/15/1945
Liberated - 4/30/1945
Repatriated - 5/29/1945
Date of Release from Active Duty - 12/1/1945 – Fort Dix, NJ

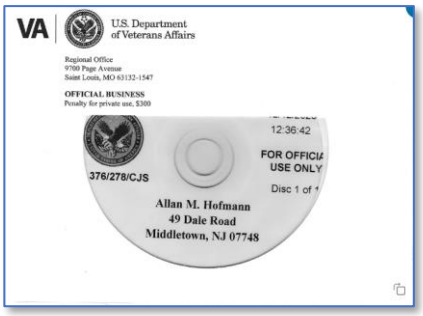
George Adam Hofmann was my father. I am enclosing copies of his death certificate and my birth certificate as proof of next-of-kin.

If you need to contact me, my mobile phone number is 908-915-3171 and my email address is ahofmann531@comcast.net. A copy of the claim file should be sent to the New Jersey address at the top of this letter.

Best regards,

Allan M. Hofmann

To my surprise, they responded less than one month later with over 380 pages of documents from my father's medical "claim file".



VA U.S. Department of Veterans Affairs

Regional Office
9700 Page Avenue
Saint Louis, MO 63132-1547

OFFICIAL BUSINESS
Penalty for private use, $300

12:36:42

FOR OFFICIAL USE ONLY

376/278/CJS

Disc 1 of 1

Allan M. Hofmann
49 Dale Road
Middletown, NJ 07748

Over a decade earlier when I opened my father's box of WWII memorabilia, my first thoughts were, "there must be a story in here somewhere!"

When I opened this new disc, I got that feeling again, and little did I know I would finally see how wounded my parents were. As children of the depression era, they had been trained to keep their troubles to themselves – and they were masters at it. Seeing these heretofore private files broke my heart.

[1] Golden Arrow Research, Geoff Gentilini, Director & Lead Researcher (geoff.gentilini@goldenarrowresearch.com)

Processing Returning POW's

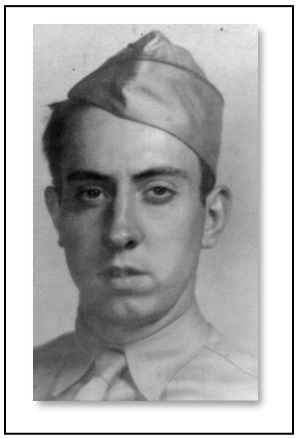
Returning prisoners of war (POWs) were most often processed differently than other returning soldiers at Separation Centers. This differentiation was primarily due to the unique experiences and potential health issues faced by POWs during their captivity.

Upon arrival at a Separation Center, POWs would undergo a specialized debriefing process to gather information about their time in captivity, including any mistreatment, experiences, and information that could be valuable for military intelligence purposes. This debriefing process was often conducted by intelligence officers and could be extensive, lasting several days or weeks.

In addition to the debriefing process, returning POWs would also receive comprehensive medical evaluations to assess their physical and mental health. This evaluation aimed to identify any injuries, illnesses, or mental health issues resulting from their time in captivity and ensure they received appropriate medical treatment and support.

Furthermore, returning POWs might have access to specialized support services tailored to their needs, including counseling, therapy, and assistance with transitioning back to civilian life. These services were designed to address the unique challenges and experiences faced by former POWs and help them reintegrate successfully into society.

Overall, while returning POWs went through many of the same administrative procedures as other returning soldiers at Separation Centers, their experiences, and needs were often recognized as distinct, leading to specialized treatment and support tailored to their circumstances.



Looking at the gaunt face of 2ndLt George Hofmann when photographed at the separation center in early June of 1945, he needed a lot of help. Behind the photo was a 28-year-old man with hair turning white, two heavily sprained ankles and four compression fractured lumbar vertebrae that had healed without medical treatment, an undernourished body down from 230 to 175 pounds, emotionally drained from solitary confinement, transportation in cattle cars, little heat in winter, no hot water, bouts of dysentary, forced marches where many died along the way and other experiences too numerous to mention. Finally discovering none of his very close friends had survived, was the last straw. To keep some semblence of sanity while in captivity, the prisoners tried to lead somewhat normal lives through sports and their own entertainment but for most, those moments of distraction and joy were more than offset by the reality of their surroundings and uncetainy of their futures. To temper the anxiety of the people back home, publications during the war painted a more positive picture than was actually the case.

I have no doubt that his debriefings lasted weeks. That included a number of physical exams to assess any level of disability connected with service injuries. The examiners could not deny the x-ray results of his back injuries but would not support his claims of service-related injured ankles, dysentary and skin conditions as there were no existing documents of those conditions. Any records of illness were kept by the Germans and those were destroyed when the POWs were marched out of Stalag Luft III. In additions, any futher injuries or illnesses that occurred during the 'Death March' to Nuremburg and Moosburg were also destroyed when General Patton liberated Stalag VIIA. From his early medical records, George clearly pursued his claim of disability due to a defective parachute causing ankle and back injurues but, at the time, let the other issues drop. That would come back to haunt him later as the affects of PTSD dominatd his life.

Timeline – Arrival to Discharge

Reading 2ndLt George Hofmann's VA Claim File, it is not clear where he spent all of his time in 1945 after arriving in New York on May 29 to his December 1 discharge. Some assignments are well documented and some not. Documents are clear for Atlantic City, Station Hospital in Plattsburg and his two-month terminal leave. He also referenced being treated at Greensboro, NC, in that order, which might have placed him in Greensboro just before his terminal leave. There are no references in his medical records regarding Greensboro.

M.S. John Ericsson arrives NY

Possible Debriefing at Fort Dix and Atlantic City

Thomas England General Hospital – Camp Boardwalk, Atlantic City

Station Hospital – Plattsburg Barracks, New York

Possibly O'Reilly General Hospital in Greensboro, NC

Separation Center, Atlantic City

Terminal Leave

Discharge – Atlantic City

While the sequence of events in 1945 is not entirely clear, what is certain from his records is he did arrive in New York in late May based on the M.S. Ericsson's ship manifest and telegram home from the War Department which I have in my possession. His first stop in June was Fort Dix in New Jersey where he most likely had his initial physical and overall evaluation. Eight weeks later by the end of July he was in a hospital facility in Atlantic City. By mid-August he was admitted to the station hospital in Plattsburg, New York, for almost three weeks of physical rehabilitation. On September 30th he completed his trip through the 'tunnel' at the Fort Dix/Atlantic City Separation Center and was placed on a sixty-day termination leave starting October 1, 1945 and ending with his honorable discharge December 1, 1945. That makes some sense to me given nine months after his release from Plattsburg and a probable trip home was May 31, 1946 – my birthday!

Thomas England General Hospital – Camp Boardwalk, Atlantic City

When the United States entered World War II in late 1941, no time was wasted in readying troops and facilities for combat. In 1942, Atlantic City became occupied by the military, with 47 different hotels and hostels being repurposed for the war effort.

Atlantic City, now nicknamed "Camp Boardwalk," was an ideal location for military training and soldier rehabilitation. Since its once-high visitation rates were in decline, many of the resort's hotels were nearly empty already, meaning displacement was minimal.

Atlantic City's coastal location ensured that valuable training exercises could be performed on the sand, something troops needed for later beachfront battles in France and Japan. The Boardwalk provided a perfectly even path for injured soldiers going through physical therapy, especially those who were now amputees learning to use prosthetic limbs. Many amputee veterans later expressed that without the help and environment given to them at Camp Boardwalk, re-entering society would have been almost impossible.

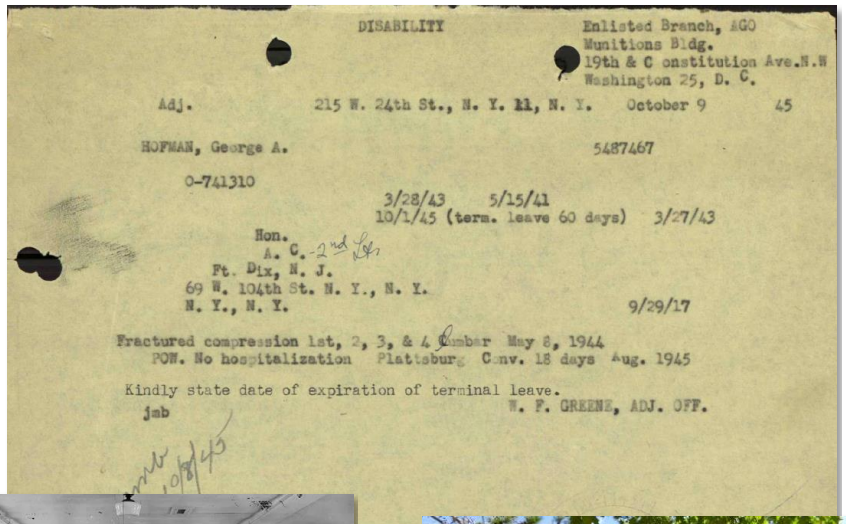
From 1942-1946, Atlantic City housed over 300,000 soldiers. Boardwalk landmarks were renamed, as the massive Convention Hall became the Army Air Corps Technical Training Command Center, and the Haddon Hall hotel (later Resorts Casino) became the Thomas England General Hospital. Originally encompassing 5 different beachfront hotels before being reduced to just the Haddon Hall, England General was the largest hospital in the world at the time.

The environment in the city was different too - beaches were closed at noon so that soldiers could do calisthenics on them, lights had to be turned off at night or windows covered with blue cellophane, and no girl under 18 was allowed on the Boardwalk unescorted after 9 pm.

Despite the changes, however, Atlantic City's residents embraced the military presence. Many families invited soldiers into their homes for Sunday dinners, and training exercises on the Boardwalk drew large crowds. The *Saturday Evening Post* quoted Private Herb Dotten as saying that the spectators "give... an added snap and makes you feel the importance of a job you otherwise might think as a lot of drudgery."

The military presence, in turn, helped Atlantic City return to its former glory. Celebrities once again turned out in droves to visit the soldiers; famous names visiting the resort included Bob Hope, the Andrews Sisters, Abbott and Costello, and Joe DiMaggio. Many military families also came to vacation in Atlantic City in order to see their boys off before going to war. Winners of Atlantic City's famous Miss America Pageant participated in War Bond tours nationwide during these years. In 1992, the 50th Anniversary of Camp Boardwalk was marked by a reunion of soldiers at Resorts, many of whom met again for the first time since the war's end.

Station Hospital – Plattsburg Barracks, New York



DISABILITY

Enlisted Branch, AGO
Munitions Bldg.
19th & C onstitution Ave.N.W
Washington 25, D. C.

Adj. 215 W. 24th St., N. Y. 11, N. Y. October 9 45

HOFMAN, George A. 5487467

0-741310

3/28/43 5/15/41
10/1/45 (term. leave 60 days) 3/27/43

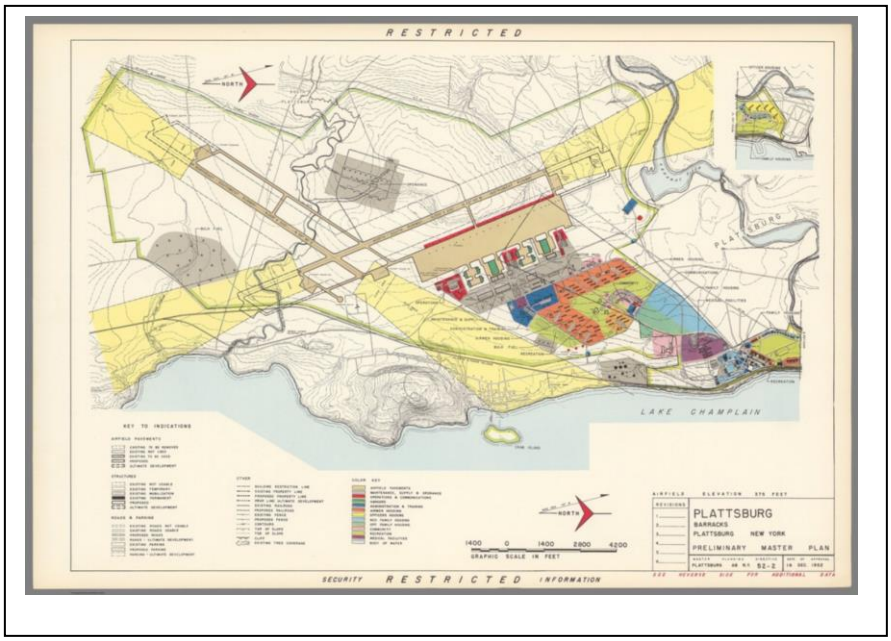
Hon.
A. C. - 2nd Lt
Ft. Dix, N. J.
69 W. 104th St. N. Y., N. Y.
N. Y., N. Y. 9/29/17

Fractured compression 1st, 2, 3, & 4 lumbar May 8, 1944
POW. No hospitalization Plattsburg Conv. 18 days Aug. 1945

Kindly state date of expiration of terminal leave.
jmb W. F. GREENE, ADJ. OFF.

Plattsburg Barracks is located on the west shore of the northern portion of Lake Champlain, and within 1 mile of the city of Plattsburg.

The plan and distribution of its buildings was that of a typical Army regimental post; there was a large parade with the officers` quarters along one side, facing the lake, the hospital and barracks in continuation along another, with the administration building at the southwest corner.

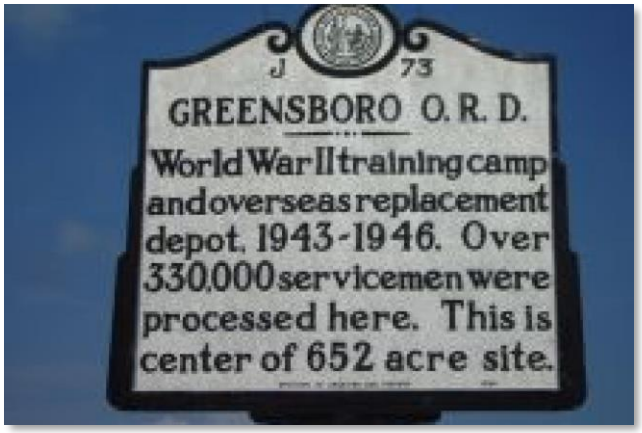


The country along the lake front, north and south of the post, and for 15 miles west to the foothills of the Adirondacks, forms a lowland sloping gently toward the lake. The soil is uniformly sandy, affording good drainage and freedom from dust and mud. The roads throughout the reservation were of macadam and were connected with the well-maintained roads of the State; the New York-Albany-Montreal highway passed just outside of the gates.

Greensboro, North Carolina

During World War II, the Overseas Replacement Depot (ORD) located in Greensboro, North Carolina, played a significant role as a military facility. It primarily served as a major processing center for troops being sent overseas. However, it's important to note that while ORD facilities often handled various administrative tasks related to military personnel, including medical examinations and processing, they were not typically designated as rehabilitation centers for injured or recovering soldiers.

By May 1944, the Air Force had reached its projected capacity, and the base became part of the Army Air Force Personnel Distribution Command. The Greensboro facility became the primary eastern Overseas Replacement Depot (O.R.D.), where soldiers were prepared and processed for overseas duty. In February 1945, the site's responsibilities were altered again. At that time, it took on added duties as Redistribution Station Number 5. In that role, it placed about 31,000 troops in the Far East as fighting shifted. Just after V-J Day, in September 1945, the station began processing personnel for separation from duty. Thus, during its period of service, the Greensboro depot provided services ranging over the full cycle of military duties. Over 330,000 troops were processed in or out of service or redistributed to another location through the center.



As many as 40,000 soldiers were stationed at the Greensboro facility at any given time. The base was comprised of 964 buildings, including five hundred barracks, fourteen mess halls, fifty-five recreation rooms, four movie theaters, ten PXs, five chapels, three libraries, and an equal number of gymnasiums, and one large base hospital. Headquartered at the hospital were a newspaper and a radio station, both geared toward entertaining the troops in the Convalescent Training Program. This hospital was known as the Station Hospital, Greensboro ORD.

Station Hospital, formerly Sternberger Hospital, later integrated with Moses H. Cone Memorial Hospital, played a significant role in treating soldiers returning from the European theater. Like many hospitals across the United States during this time, Sternberger Hospital contributed to the war effort by providing medical care and rehabilitation services to returning servicemen.

While specific details about Sternberger Hospital's role in treating soldiers returning from the European theater during World War II may vary, it is likely that the hospital played a vital role in providing medical care and support to servicemen during and after the war.

Some of the roles Sternberger Hospital may have played in treating soldiers returning from the European theater include:

1. Medical Care: Sternberger Hospital likely provided medical care to soldiers who were injured or ill as a result of their service in Europe. This could include treating a wide range of conditions, from battlefield injuries to illnesses contracted during deployment.
2. Rehabilitation Services: For soldiers who sustained injuries or disabilities during their service in Europe, Sternberger Hospital may have offered rehabilitation services to help them regain functionality and adapt to life with their injuries.
3. Psychological Support: Soldiers returning from combat in the European theater may have experienced psychological trauma such as post-traumatic stress disorder (PTSD). Sternberger Hospital may have provided counseling, therapy, and other mental health services to support these individuals.
4. Reintegration Assistance: Sternberger Hospital may have assisted returning soldiers with reintegrating into civilian life by providing vocational training, education programs, and other support services.
5. Research and Innovation: Hospitals like Sternberger may have also been involved in medical research related to combat injuries and medical conditions prevalent among returning soldiers. This research could have contributed to advancements in medical treatment and rehabilitation techniques.

The Station Hospital at Greensboro ORD was not only focused on medical treatment but also emphasized the well-being and morale of its patients, particularly those participating in the Convalescent Training Program. To boost morale and provide entertainment for the troops, the hospital established its own newspaper and radio station.

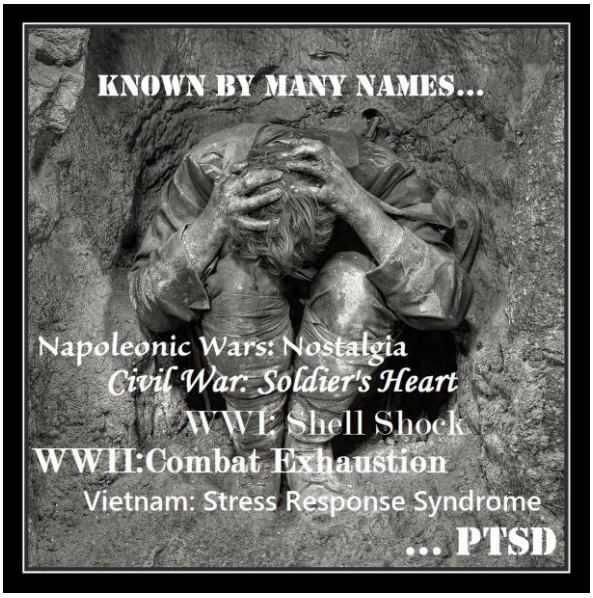
The hospital's newspaper, often referred to as a "base newspaper" or "hospital newspaper," served as a means of communication and entertainment for patients and staff. It likely contained news about hospital activities, updates on patients' progress, announcements about upcoming events, and articles designed to uplift and inspire the troops.

Similarly, the hospital's radio station would have been a valuable tool for providing music, news, and other programming to entertain and engage the convalescing service members. These radio broadcasts could have included music shows, comedy programs, news updates, and messages from loved ones, all aimed at boosting morale and providing a sense of connection to the outside world.

Establishing these forms of media within the hospital environment was a common practice during World War II, as it helped create a sense of community and normalcy for patients recovering from injuries or illnesses. It also provided an outlet for creativity and expression among the hospital staff and patients.

Overall, the Station Hospital at Greensboro ORD demonstrated a commitment not only to medical care but also to the holistic well-being of its patients through initiatives such as its newspaper and radio station, which played important roles in entertaining and supporting the troops in the Convalescent Training Program.

Mental Illness



When a person is subjected to a life or death situation, a chemical reaction occurs inside the body that heightens awareness, numbs pain, and otherwise prepares the body for escape or imminent attack. This ‘fight or flight’ response is a survival mechanism that generally gives human beings (and other creatures) an adaptive advantage. This is a healthy, normal reaction. If this survival mechanism is engaged for a prolonged period, however, side-effects such as severe trembling, dizziness, and hyperventilation can occur. The modern military refers to this condition as Combat Stress Reaction, and it is to be expected due to the emotional, mental, and physical demands of prolonged combat operations.

There’s an old saying in the army: “Stay Alert, Stay Alive!”

Wise words indeed. But how long can a soldier remain in a constant state of alertness before damage is caused to their mental state? How long before this damage becomes permanent?

It’s difficult to say because the results of long term exposure to combat varies among individuals.

During World War II, the understanding of psychological trauma, then often referred to as "shell shock," was limited compared to contemporary understandings of conditions like Post-Traumatic Stress Disorder (PTSD). It was determined by the US Army that the breaking point for a soldier on the front line was somewhere between 60 and 240 days, depending on the intensity and frequency of combat. Soldiers experiencing symptoms of shell shock, such as anxiety, panic attacks, and other psychological distress, were sometimes misunderstood or stigmatized, and their symptoms were not always properly recognized as resulting from the stresses of combat.

In some cases, soldiers exhibiting symptoms of shell shock were incorrectly perceived as displaying cowardice or weakness, rather than being understood as experiencing legitimate psychological distress due to their wartime experiences. This misunderstanding could lead to negative consequences for affected soldiers, including disciplinary actions, ostracization, or being perceived unfavorably by their peers and superiors.

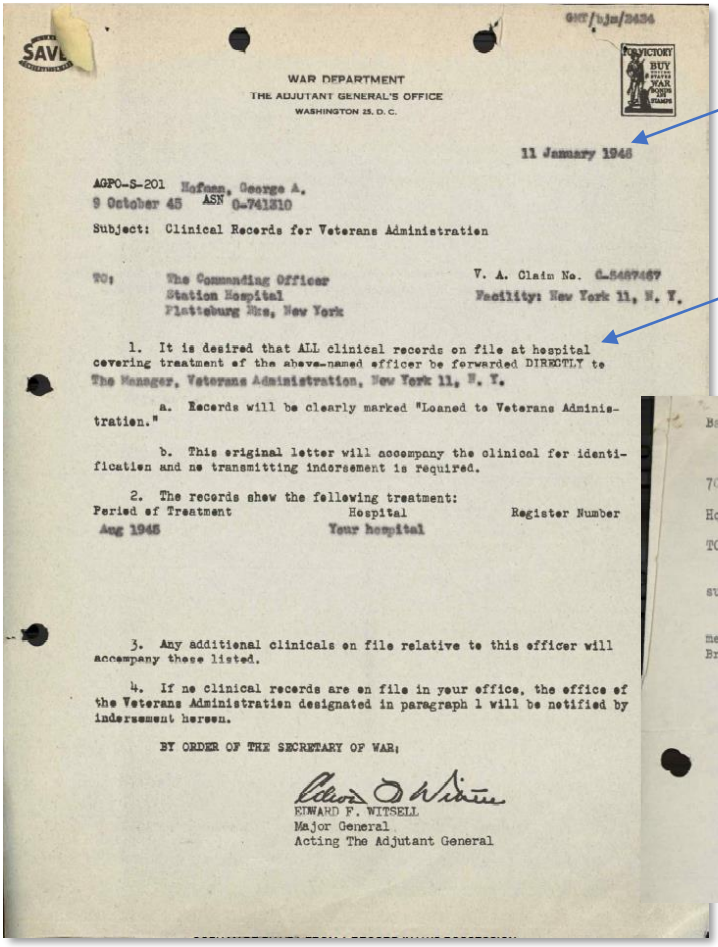
However, it's important to note that attitudes toward shell shock varied widely during World War II, and not all cases were treated in this manner. Some military leaders and medical professionals recognized the validity of psychological trauma and worked to provide appropriate support and treatment for affected soldiers.

Over time, as understanding of psychological trauma evolved and research on conditions like PTSD advanced, attitudes toward mental health in the military shifted. Today, PTSD and other mental health conditions resulting from combat experiences are generally recognized as legitimate medical issues deserving of understanding, support, and treatment, rather than being stigmatized as cowardice.

Coupling those social attitudes with normal behaviors of children of the depression era who kept their fears and anxieties to themselves, I am not surprised there is no mention of psychological trauma in his medical assessments in 1945. For as long as I knew him, he would never talk about his war-connected upsets. There is no doubt in my mind that he was behaving the same way during separation. For thirty years, I never saw my father cry until his world came crashing down in 1978.

Two-Month Termination Leave

After discharge from Plattsburg in late August of 1945 and possible treatment in Greensboro, he continued on active duty until he proceded through the nominal separation gauntlet at the Fort Dix/Atlantic City Separation Center . There he was granted a sixty-day paid termination furlough beginning October 1. There are no records of his activities in September and documents in his medical file issued later that year reference lost files.



WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

11 January 1946

AGPO-S-201 Hofman, George A.
9 October 45 ASN 0-741310

Subject: Clinical Records for Veterans Administration

TO: The Commanding Officer
Station Hospital
Plattsburg Bks, New York

V. A. Claim No. C-5487467
Facility: New York 11, N. Y.

1. It is desired that ALL clinical records on file at hospital covering treatment of the above-named officer be forwarded DIRECTLY to The Manager, Veterans Administration, New York 11, N. Y.

a. Records will be clearly marked "Loaned to Veterans Administration."

b. This original letter will accompany the clinical for identification and no transmitting indorsement is required.

2. The records show the following treatment:

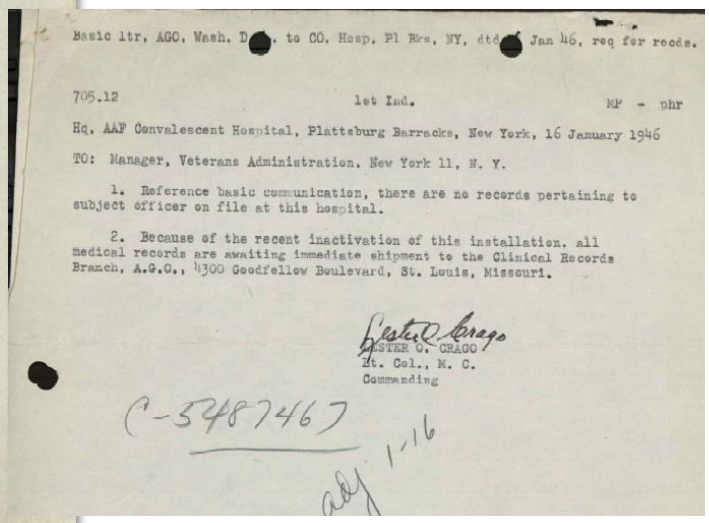
Period of Treatment	Hospital	Register Number
Aug 1945	Your hospital	

3. Any additional clinicals on file relative to this officer will accompany those listed.

4. If no clinical records are on file in your office, the office of the Veterans Administration designated in paragraph 1 will be notified by indorsement hereon.

BY ORDER OF THE SECRETARY OF WAR:

EDWARD F. WITSELL
Major General
Acting The Adjutant General



Basic ltr, AGO, Wash. D.C. to CO, Hosp, Pl Bks, NY, dtd 11 Jan 46, req for recds.

705.12 1st Ind. MF - phr

Hq. AAF Convalescent Hospital, Plattsburg Barracks, New York, 16 January 1946

TO: Manager, Veterans Administration, New York 11, N. Y.

1. Reference basic communication, there are no records pertaining to subject officer on file at this hospital.

2. Because of the recent inactivation of this installation, all medical records are awaiting immediate shipment to the Clinical Records Branch, A.G.O., 4300 Goodfellow Boulevard, St. Louis, Missouri.

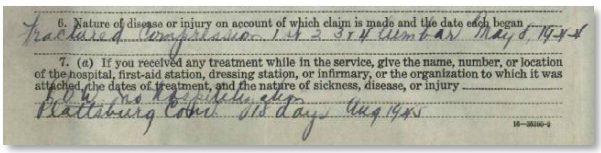
LESTER C. CRAGO
Lt. Col., M. C.
Commanding

C-5487467

Sadly, the loss of these documents coupled with records destroyed in the prison camps and his silence regarding psychological injury, would complicate his battle for benefits from the Veterans Administration for the remainder of his life.

Application for Pension or Compensation for Disability – October 5, 1945

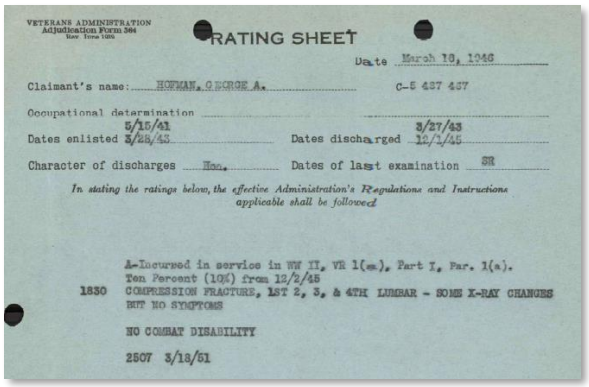
During his two-month termination furlough from October 1 to December 1, 1945, 2ndLt George Hofmann applied for compensation for his disabilities. His claim was limited to compression fractures of his 1st, 2nd, 3rd and 4th lumbar vetabraes.



6. Nature of disease or injury on account of which claim is made and the date each began: Fractured compression 1st 2 3rd 4th lumbar May 8, 1944

7. (a) If you received any treatment while in the service, give the name, number, or location of the hospital, first-aid station, dressing station, or infirmary, or the organization to which it was attached, the dates of treatment, and the nature of sickness, disease, or injury: Plattsburg Corr. 105 days Aug 1945

On March 18, 1946, he was given a 10% disability rating and an erroneous statement that this was not a 'combat disability'. In fact, his injuries were sustained when his B-26 bomber was shot down <u>in combat</u> in France on May 8, 1944. He bailed out and his parachute only partially deployed causing a very hard and awkward landing. His captors ignored his injuries, marching him through German cities on his way to solitary confinement at the Dulag Luft interrogation center. As part of his two week psychological abuse, his injuries were not treated. With other prisoners, he was next loaded into cattle cars and transported by rail across Germany to Sagan, Poland's Stalag Luft III. Bedridden, there was no medical treatment there either.



VETERANS ADMINISTRATION
Adjudication Form 304

RATING SHEET

Date March 18, 1946

Claimant's name: HOFMAN, GEORGE A. C-5 437 437

Occupational determination

Dates enlisted 5/15/41 3/28/43 Dates discharged 3/27/43 12/1/45

Character of discharges Hon. Dates of last examination SR

In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed

A-Incurred in service in WW II, VR 1(m), Part I, Par. 1(a).
Ten Percent (10%) from 12/2/45
1830 COMPRESSION FRACTURE, 1ST 2, 3, & 4TH LUMBAR - SOME X-RAY CHANGES BUT NO SYMPTOMS

NO COMBAT DISABILITY

2507 3/18/51

Although there were no open wounds or loss of limbs, that certinly seems like a combat disabilty to me!

By the end of 1946, other medical and psychological issues were arising. In particular, he was having stomach issues. His early January 1947 application to the Veterans Administration for additional benefits was rejected as there was no evidence of record in his previous files. In a handwritten response, he provided details of what he had previously not reported.

One year after his discharge following months of evaluation, the only recourse at this time was to provide information that was not shared during the separation and rehabilitation process. While this certainly casts doubt and heralds an uphill battle with the Veterans Administration, having been raised in the Hofmann household and exposed to the manifestations his PTSD, I must believe what is recorded in my parent's own handwriting.

My father responded to the Administration of Veteran's Affairs the day after he received this rejection letter:

Regional Office 252 7th Avenue N.Y. I, N.Y.

14 January 1947

ADJ 295

Mr. George A. Hofman
71 West 104 Street
New York, N.Y.

C5 487 467

Dear Mr. Hofman:

This will serve to inform you that your claim was reconsidered under controlling laws and regulations, including the Revised 1945 Schedule Public Law 458, 79th Congress, and all evidence of record, including your claim on Form NK 3-55a for your stomach condition.

It has been determined that the evaluation previously given you for your service connected disability of compression fracture is to be confirmed and continued. However, your monthly payment will include the 20% increase as provided for by Public Law 662, 79th Congress enacted August 8, 1946.

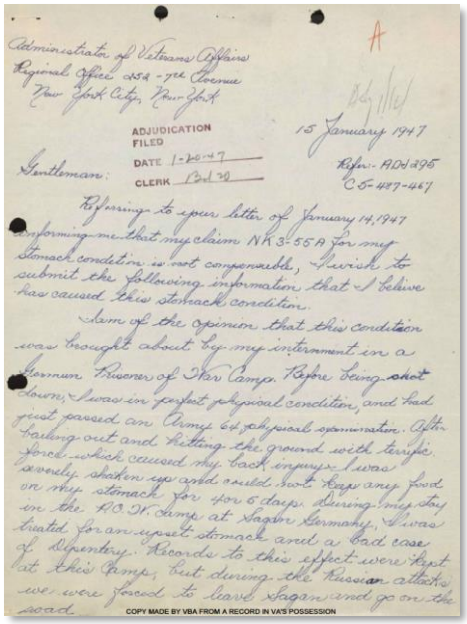
It was also determined that your stomach condition was not shown by the evidence of record and is, therefore, not compensable.

If there is evidence available to you which in your opinion would warrant a different decision, such evidence should be immediately submitted to this office for reconsideration of your claim. If you have no further evidence to submit, but have substantial reason to believe that the decision is not in accordance with the law and facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. In the event you feel that appellate consideration is justifiable, further correspondence relating to the above matter should be addressed to this office.

Very truly yours,

W. F. GREENE,
Adjudication Officer

MEP/bf



Administrator of Veterans Affairs
Regional Office 252 - 7th Avenue
New York City, New York

ADJUDICATION FILED
DATE 1-20-47
CLERK

15 January 1947

Refer - ADJ 295
C5-487-467

Gentleman:

Referring to your letter of January 14, 1947 informing me that my claim NK 3-55A for my stomach condition is not compensable, I wish to submit the following information that I believe has caused this stomach condition.

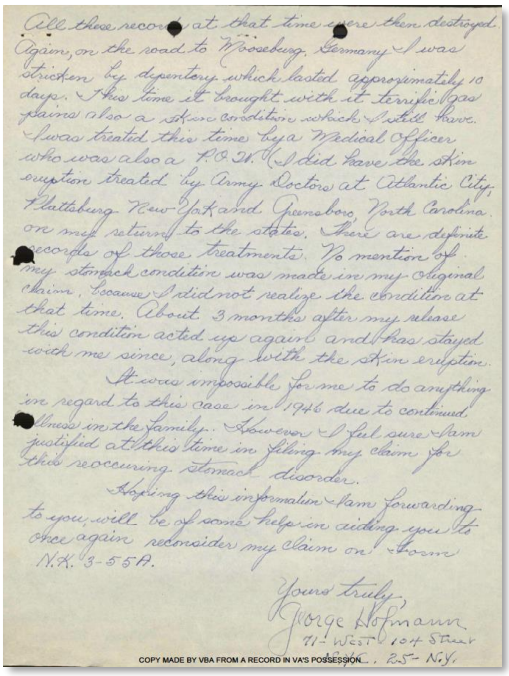
I am of the opinion that this condition was brought about by my internment in a German Prisoner of War Camp. Before being shot down, I was in perfect physical condition, and had just passed an Army 64 physical examination. After bailing out and hitting the ground with terrific force which caused my back injury, I was severely shaken up and could not keep any food on my stomach for 4 or 5 days. During my stay in the P.O.W. Camp at Sagan, Germany, I was treated for an upset stomach and a bad case of Dysentery. Records to this effect were kept at this Camp, but during the Russian attacks we were forced to leave Sagan and go on the road.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Gentleman:

Referring to you letter of January 14, 1947 informing me that my claim for my stomach condition is not compensable, I wish to submit the following information that I believe has caused this stomach condition.

I am of the opinion that this condition was brought about by my internment in a German Prisoner of War Camp. Before being shot down, I was in perfect physical condition, and had just passed an Army 64 physical examination. After bailing out and hitting the ground with terrific force which caused my back injury, I was severely shaken up and could not keep any food on my stomach for 4 or 5 days. During my stay in the POW camp at Sagan, Germany [Poland], I was treated for an upset stomach and a bad case of Dysentery. Records to this effect were kept at this camp, but during the Russian attacks we were forced to leave Sagan and go on the road.


All these records at that time were then destroyed.
Again, on the road to Moosburg, Germany I was stricken by dysentery which lasted approximately 10 days. This time it brought with it terrific gas pains also a skin condition which I still have. I was treated this time by a Medical Officer who was also a P.O.W. (I did have the skin eruption treated by Army Doctors at Atlantic City, Plattsburg New York and Greensboro, North Carolina on my return to the states. There are definite records of those treatments. No mention of my stomach condition was made in my original claim, because I did not realize the condition at that time. About 3 months after my release this condition acted up again and has stayed with me since, along with the skin eruption.
It was impossible for me to do anything in regard to this case in 1946 due to continued illness in the family. However I feel sure I am justified at this time in filing my claim for this reoccuring stomach disorder.
Hoping this information I am forwarding to you will be of some help in aiding you to once again reconsider my claim on Form N.K. 3-55A.
Yours truly,
George Hofmann
71 West 104 Street
New York, 25 N.Y.
COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

All these records at that time were destroyed.

Again, on the road to Moosburg, Germany [Stalag VIIA] I was stricken by dysentery which lasted approximately 10 days. This time it brought with it terrific gas pains also a skin condition I still have. I was treated this time by a Medical Officer who was also a POW. (I did have the skin eruption treated by Army Doctors at Atlantic City, Plattsburg, New York and Greensboro, North Carolina, on my return to the states. There are definite records of those treatments. No mention of my stomach condition was made in my original claim, because I did not realize the condition at that time. About three months after my release this condition acted up again and has stayed with me since, along with the skin eruption.

It was impossible for me to do anything in regard to this case in 1946 due to continued illness in the family [my mom's near-death experience with rheumatic fever]. However, I feel sure I am justified at this time in filing my claim for this reoccurring stomach disorder.

Hoping this information I am forwarding to you will be of some help in aiding you to once again reconsider my claim of Form N.K. 3-55A.

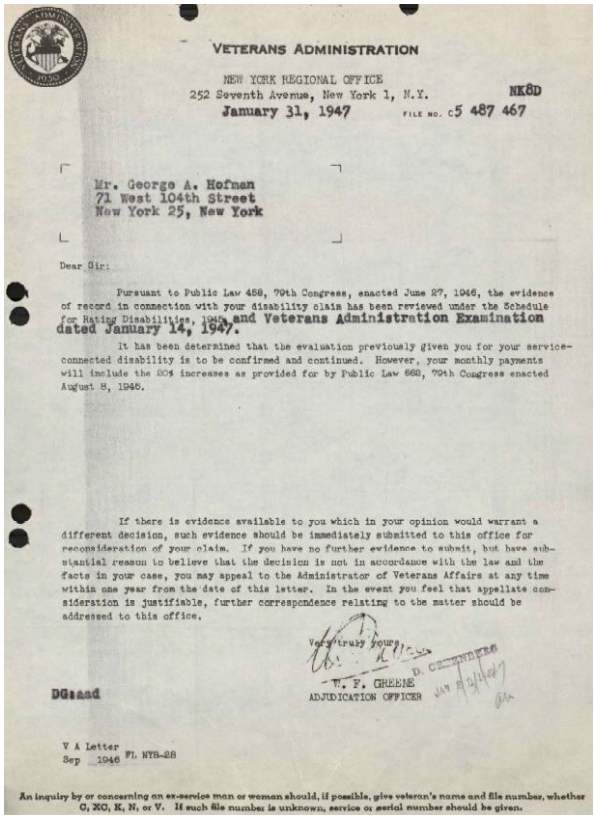
Yours truly,

George Hofmann

There are two interesting things in this letter. First, the claim that his skin condition had been treated by Army doctors and second, that he also recalls being treated at Greensboro, North Carolina. There were no references to either of these items in any of the documentation in his claim file up through January of 1947. Coupling that with the loss of his medical records from Plattsburg in 1946, made this claim very difficult to resolve.

Veteran's Administration Request for Information – January 17, 1947

Based on his written letter, a formal request for records regarding 2ndLt Hofmann's claimed stomach condition was issued by the Veteran's Administration on January 17, 1947. Documentation regarding the scheduling of a medical re-examination of claims, including an assessment of his stomach conditions, resulted in a 'Report of Physical Examination' issued on January 27, 1947. The report contained detailed information and confirmation of his back injury but section 17 of the report, "Digestive System", did not reference his stomach or skin problems. A copy of a record of his physical exam done at the Atlantic City Reception Center on September 30, 1945, however, did explicitly say there were no reported problems with dysentery and a skin condition. There are no documents in his claim file regarding his treatment at Greensboro, North Carolina.


VETERANS ADMINISTRATION
NEW YORK REGIONAL OFFICE
252 Seventh Avenue, New York 1, N.Y.
NK6D
January 31, 1947
FILE NO. C5 487 467

Mr. George A. Hofman
71 West 104th Street
New York 25, New York

Dear Sir:

Pursuant to Public Law 488, 79th Congress, enacted June 27, 1946, the evidence of record in connection with your disability claim has been reviewed under the Schedule for Rating Disabilities, 1945, and Veterans Administration Examination dated January 14, 1947.

It has been determined that the evaluation previously given you for your service-connected disability is to be confirmed and continued. However, your monthly payments will include the 20% increases as provided for by Public Law 662, 79th Congress enacted August 8, 1946.

If there is evidence available to you which in your opinion would warrant a different decision, such evidence should be immediately submitted to this office for reconsideration of your claim. If you have no further evidence to submit, but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. In the event you feel that appellate consideration is justifiable, further correspondence relating to the matter should be addressed to this office.

Very truly yours,
W. F. GREENE
ADJUDICATION OFFICER

DG:aad

V A Letter
Sep 1946 FL NYS-28

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

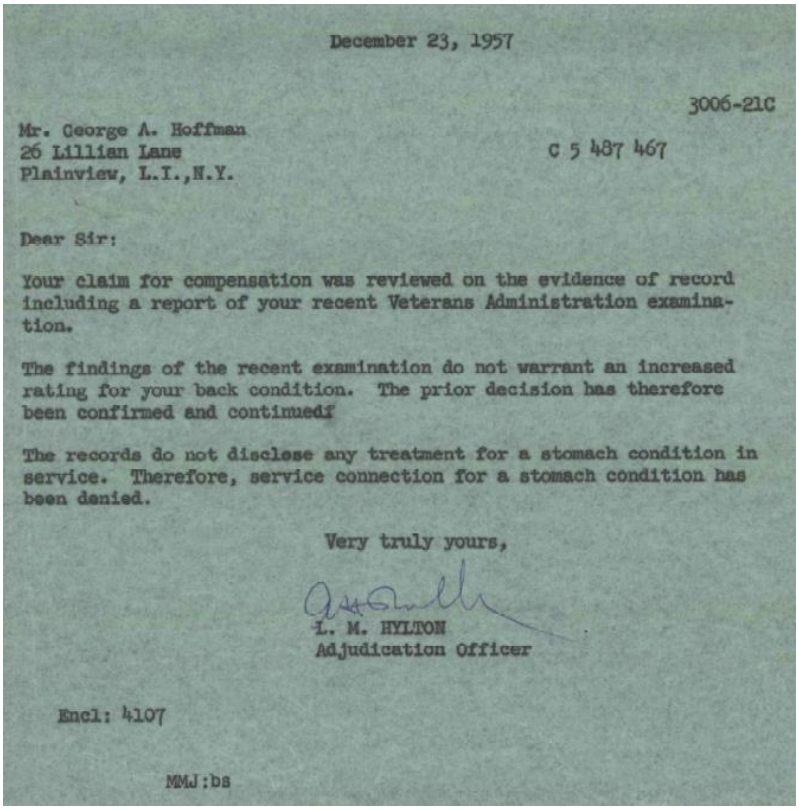
The official disability rating notification arrived on January 31, 1947, reconfirming the existing 10% spinal disability and informing him of a 20% increase in monthly compensation

payments enacted by the 79th Congress as Public Law 662. There was no increase in benefits or acknowledgement of connection of his stomach and skin conditions to the war.

December, 1957

In the tenth anniversary of his prior physical examination and disability rating, now private citizen Geroge Hofmann was contacted by the Veterans Administration for confirmation of his physical condition and rated disability. I was eleven-years-old by then and still totally unaware of his wartime traumas. I did know he suffered from a painful back which is not something you can hide. One day while looking for something in my dad's bedroom closet, I came across a leather and steel contraption that I remembered previously seeing under his white dress shirt when he came home from work. It turned out to be an orthopedic back brace. It looked terribly uncomfortable even though some of it was padded. It was way too big for me but like any eleven-year-old, I tried it on. It was awful!

Following his re-evaluation, his 10% back injury disability was again confirmed but his stomach and skin condition claims were now formally denied.



December 23, 1957

3006-21C

Mr. George A. Hoffman
26 Lillian Lane
Plainview, L.I.,N.Y.

C 5 487 467

Dear Sir:

Your claim for compensation was reviewed on the evidence of record including a report of your recent Veterans Administration examination.

The findings of the recent examination do not warrant an increased rating for your back condition. The prior decision has therefore been confirmed and continued.

The records do not disclose any treatment for a stomach condition in service. Therefore, service connection for a stomach condition has been denied.

Very truly yours,

L. M. HYLTON
Adjudication Officer

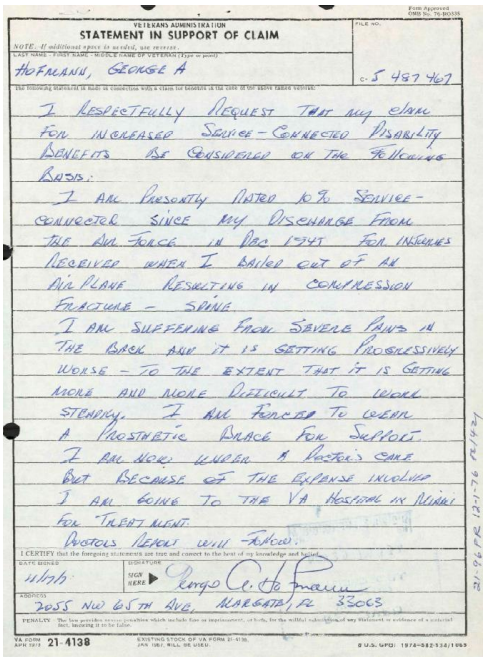
Encl: 4107

MMJ:bs

Nineteen more years pass and it is now 1976. Now fifty-nine-years-old, a few years earlier in 1970 George left his career in New York and moved with mom to Florida. His excuse to his children remaining in the New York metropolitan area was mom's health. He never said why he also wanted to move.

While in Florida in 1973, George applied for, and was awarded, a Purple Heart medal for his injuries incurred while bailing out in combat on May 8, 1944. With an acknowledged Purple Heart in hand, three years later, still

suffering from back pain, becoming more disabled and beginning to publicly recognize and acknowledge his PTSD disorders, he again writes to the Veterans Administrations.



VETERANS ADMINISTRATION
STATEMENT IN SUPPORT OF CLAIM

NOTE: If additional space is needed, use reverse.

NAME (Last - First - Middle) OF VETERAN (Type or print): HOFMANN, GEORGE A

FILE NO. C-5 487 467

The following statement is made in connection with a claim for benefits in the case of the above named veteran:

I RESPECTFULLY REQUEST THAT MY CLAIM FOR INCREASED SERVICE-CONNECTED DISABILITY BENEFITS BE CONSIDERED ON THE FOLLOWING BASIS:

I AM PRESENTLY RATED 10% SERVICE-CONNECTED SINCE MY DISCHARGE FROM THE AIR FORCE IN DEC 1945 FOR INJURIES RECEIVED WHEN I BAILED OUT OF AN AIR PLANE RESULTING IN COMPRESSION FRACTURE - SPINE.

I AM SUFFERING FROM SEVERE PAINS IN THE BACK AND IT IS GETTING PROGRESSIVELY WORSE - TO THE EXTENT THAT IT IS GETTING MORE AND MORE DIFFICULT TO WORK STEADILY. I AM FORCED TO WEAR A PROSTHETIC BRACE FOR SUPPORT. I AM NOW UNDER A DOCTOR'S CARE BUT BECAUSE OF THE EXPENSE INVOLVED I AM GOING TO THE VA HOSPITAL IN MIAMI FOR TREATMENT.

DOCTORS REPORT WILL FOLLOW.

I CERTIFY that the foregoing statement are true and correct to the best of my knowledge and belief.

DATE SIGNED: 11/1/76
SIGNATURE: SIGN HERE ▶ George A. Hofmann
ADDRESS: 2055 NO 65TH AVE, MARGATE, FL 33063

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-4138 APR 1972 EXISTING STOCK OF VA FORM 21-4138, JAN 1967, WILL BE USED.

21-526 FR 12-1-76 Fd/42

I respectfully request that my claim for increased service-connected disability benefits be considered on the following:

I am presently rated 10% service-connected since my discharge from the Air Force in Dec 1945 for injuries received while I bailed out of an airplane resulting in compression fracture – spine.

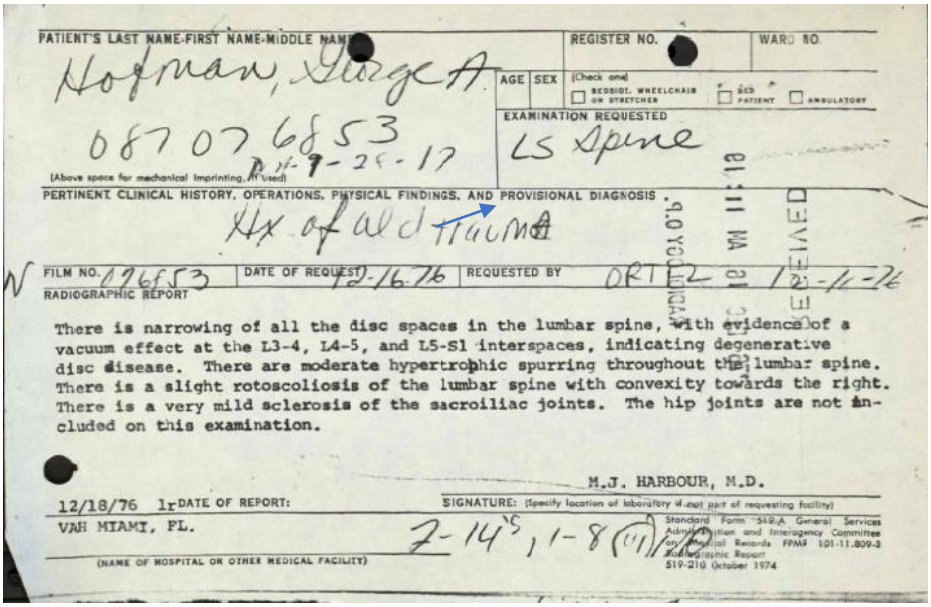
I am suffering from severe pains in the back and it is getting progressively worse – to the extent that it is getting more and more difficult to work steadily. I am forced to wear a prosthetic brace for support. I am now under a doctor's care but because of the expense involved I am going to the VA Hospital in Miami for treatment.

Doctors report will follow.

George A. Hofmann

Based on his claim regarding treatment at the VA Hospital in Miami, the Veterans Administration requested his files only to be informed Miami had no such records! That might have cause even more doubt about his claims for the VA.

On February 8, 1977, his personal physician of five years wrote a letter on George's behalf supporting his claim of his progressive worsening back condition. In his letter, Dr. Lenar indicated he was referring his patient to the Veterans Administration Hospital since he was no "longer responding to symptomatic therapy". Meanwhile, the lost diagnostic report of his examination at the Miami Veterans Administration Hospital date December 18, 1976, turned up! He had been there after all.



PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME: Hofman, George A
REGISTER NO.
WARD NO.
AGE | SEX | (Check one) ☐ BEDSIDE, WHEELCHAIR OR STRETCHER ☐ SED PATIENT ☐ AMBULATORY
087 07 6853
(Above space for mechanical imprinting, if used) DOB 9-25-17
EXAMINATION REQUESTED: LS Spine
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS: Hx of Wd Trauma
FILM NO. 176653 | DATE OF REQUEST 12-16-76 | REQUESTED BY ORT 12-16-76
RADIOGRAPHIC REPORT

There is narrowing of all the disc spaces in the lumbar spine, with evidence of a vacuum effect at the L3-4, L4-5, and L5-S1 interspaces, indicating degenerative disc disease. There are moderate hypertrophic spurring throughout the lumbar spine. There is a slight rotoscoliosis of the lumbar spine with convexity towards the right. There is a very mild sclerosis of the sacroiliac joints. The hip joints are not included on this examination.

M.J. HARBOUR, M.D.
DATE OF REPORT: 12/18/76 lr
SIGNATURE: (Specify location of laboratory if not part of requesting facility)
VAH MIAMI, FL.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)
Z-14[5], 1-8 (11)
Standard Form 519-A General Services Administration and Interagency Committee on Medical Records FPMR 101-11.809-3 Radiographic Report 519-210 October 1974

Two days later on February 10, 1977, he had his rescheduled thorough examination in Miami and his disability was raised to 20%. His stomach issues were still denied:

Standard Form 507

CLINICAL RECORD

Report on C&P EXAMINATION
or
Continuation of S. F. ADJUDICATION
(Strike out one line) (Specify type of examination or data)

(Sign and date)

The veteran presents himself for evaluation of compression fractures of the L1, 2, 3 and 4 vertebrae which occurred following an airplane crash in 1944. He has always had severe pain in his back, but he states that during the past year it has become worse than before. He takes aspirin for the pain. The pain seems to be worse at the end of the day and tends to stay in the lower back. It is when he is stretched out in the horizontal position that he will notice radiation at times going down the lateral aspect of one thigh and then, on some other day, down the lateral aspect of another thigh, but usually not down both thighs at the same time. Objectively, the veteran is a 74" tall, 210-lb., 59 year old, right-handed white male who enters the examination room with normal carriage, erect posture and normal gait. He does not appear to be in acute physical distress and his color is good. He is alert, cooperative, intelligent and a good historian. Examination shows his torso tilted to the left. There is a scoliosis noted to the right. There is no kyphosis noted. The lordotic curve is flattened. The paraspinal musculature in the area of the lumbar spine is in moderate spasm. There is, however, no other evidence of spasticity, flaccidity, paralysis, hypertrophy or atrophy. He walks on his heels and toes with difficulty and is unable to do a deep knee bend. There is definite limitation of motion of the lumbar spine in flexion and extension but, however, not in rotation or lateral bend. The joints are flexible. The extremities are symmetrical. Laboratory tests ordered were x-ray of the lumbar spine.

Diagnosis: 1) Compression fracture, L1, 2, 3 and 4, with probable complicating traumatic arthritis.

B. Reder
B. Reder, M. D.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
HOFFMANN, George A.
EXAM & Dict.: 2-10-77
VAH, Miami, Fla.
Typed 2/13/77 cfs

REGISTER NO. 087-07-6853
WARD NO. Comp.

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.201 G-3
REPRINTED 1970

NOTE: SHADED AREA TO BE COMPLETED BY INPUT ACTIVITY

RATING DECISION

1. COPY TO: INS, MED, DEA FOLDER, R & E FOLDER, OTHER (Specify)
2. FILE NUMBER: C 5 487 467
3. TRANS. CODE
4. DATE OF CLAIM: 11-29-76
5. DATE OF LAST EXAMINATION: 2-10-77
6. DATE OF DEATH
7. INITIALS AND SURNAME OF VETERAN: G. A. HOFMANN
8. SEX: MALE, FEMALE
9. BRANCH: A. ARMY, B. NAVY, C. USMC, D. USCG, E. USPHS, F. USAF, H. WAC, J. AIR CORPS (For others See M21-1, Appx. C)
10. ACTIVE DUTY (No., day, yr.): EOD, RAD
11. ADDTL. SVC: 1. NPE, 2. NPE, 3. VTA, 4. VTA
12. DATE OF BIRTH: 9-28-17
13. COMBAT: 1. NONE, 2. COMP, 3. NON COMP, 4. BOTH: 1
14. EMPLOYABILITY (For compensation only): 1. EMPLOYABLE OR NOT AN ISSUE, 2. UNEMPLOYABLE
15. COMPETENCY: 1. COMPETENT OR NOT AN ISSUE, 4. INCOMPETENT
16. NO. OF S/C DISAB. (0 through 9) (0 in place 0 of none): 1
17. FUTURE DATE CONTROLS: PHYSICAL EXAM. MO. YR. REASON: No Exam 01; OTHER CONTROL 1. CDTAD, 2. CANCEL. ACT. MO. YR. REA.
18. DATE OF THIS RATING: 6-27-77

19. NARRATIVE

J. 11-29-76, claim for increase, VAF 21-4138.

I. Evaluation of SC disability.

F. VAE dated 2-10-77 found a compression fracture of the L1, L2, L3, and L4 with the torso tilted to the left and scoliosis noted to the right. The lordotic curve is flattened and the paraspinal musculature in the area of the lumbar spine is in moderate spasm. The veteran walks on his heels and toes with difficulty and is unable to do a deep knee bend. There is definite limitation of motion of the lumbar spine in flexion and extension, but not in rotation or lateral bend. The joints are flexible. There is no evidence of spasticity, flaccidity, paralysis, hypertrophy, atrophy. The veteran's private physician, Dr. Lenar, in a statement received on 2-11-77, indicates that the veteran's back condition no longer responds to symptomatic thereapy.

1. SC (WWII INC)

5292 COMPRESSION FRACTURE L1, L2, L3, and L4 LUMBAR VERTEBRAE
10% from 12-2-45
20% from 11-29-76

2. NSC (WWII)

7399 STOMACH CONDITION, ALLEGED

20. SPECIAL PROVISION CODE
21. SPECIAL MONTHLY COMPENSATION: A. SMC PAR CODE, B. LOSS OF USE, C. ANAT. LOSS, D. OTHER LOSS
22. NUMBER OVER 6%

(b)(6) [redacted]

21-6796

Redacted

The pain and disability were no better but the increased recognition and compensation was welcomed after all these years. Life again moved on with my brother and I still in the dark about what was really going on. Then PTSD hit with a vengeance. The untold story of his wartime experiences which he had kept suppressed for almost thirty-five years came crashing down on all of us.

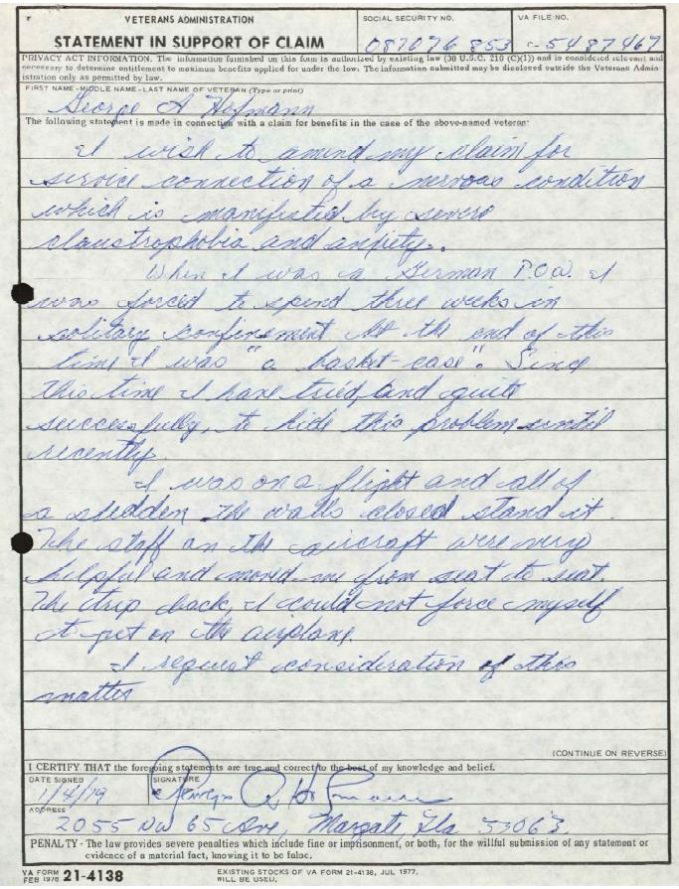
Summer, 1978

With most of the family still in the New York area, summer was the time to visit while the children were out of school. In spite of surviving an airplane crash years ago (actually, two separate crashes!), my father flew frequently for many years on business between New York, Chicago and Boston to Bonwit Teller's retail locations. He even came up to visit me at college a few times while I was at Northeastern University in Boston. My mom, however, was not a frequent flyer but she put up a good front as she was coming to see family.

They boarded the plane in Fort Lauderdale, apparently without incident. Part way through the flight my father had a panic attack. By the time they arrived in New York, he looked like the world was crashing in on him. He tried desperately to hide his emotions, a product of life long keeping-his-problems-to-himself. Mom tried to cover for him as always.

The visit over the summer was good on the surface. However, as the weeks passed, dad seemed more isolated and tense. When I was a teenager at living at home, I always saw him with a large glass of wine at the end of every workday following an arduous commute. That glass came first. Hello, how was your day came second. He might have been an alcoholic but never a dysfunctional one. But that summer, the wine glass was ever present.

It was a very quiet trip to the airport for the return flight. If he was nervous, he again hid it well. They boarded the plane and, as always, we waited around to wave to the plane as it pulled back from the gate. The departure time came and passed but that did not seem too unusual either. Then my mom and a stewardess came out holding my father. He was completely distraught. His subsequent letter to the VA asking for help tells the story:



VETERANS ADMINISTRATION

STATEMENT IN SUPPORT OF CLAIM

SOCIAL SECURITY NO. 087076853 VA FILE NO. C-5487467

PRIVACY ACT INFORMATION. The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

George A Hofmann

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I wish to amend my claim for service connection of a nervous condition which is manifested by severe claustrophobia and anxiety.

When I was a German P.O.W. I was forced to spend three weeks in solitary confinement. At the end of this time I was "a basket-case". Since this time I have tried, and quite successfully, to hide this problem until recently.

I was on a flight and all of a sudden the walls closed stand it. The staff on the aircraft were very helpful and moved me from seat to seat. The trip back, I could not force myself to get on the airplane.

I request consideration of this matter

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED 1/4/79 SIGNATURE George A. Hofmann

ADDRESS 2055 NW 65 Ave, Margate Fla 33063

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1976 21-4138 EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

I wish to amend my claim for service connection of a nervous condition which is manifested by severe claustrophobia and anxiety.

When I was a German POW, I was forced to spend three weeks in solitary confinement. At the end of that time I was "a basket-case". Since this time I have tried, and quite successfully, to hide this problem until recently.

I was on a flight and all of a sudden the walls closed [and I could not] stand it. The staff in the aircraft were very helpful and moved me from seat to seat.

The trip back, I could not force myself to get on the airplane.

I request consideration of this matter.

George A. Hofmann

My brother drove our parents back to Florida and they never flew again.

His claustrophobia was profound. It was not limited to the usual closed or crowded places, like elevators and small rooms – he could not wear a coat, ride in a car without hanging out of the window and he avoided groups of people in both private and public settings at all cost.

His anxiety was intense. I am sure he constantly feared being caught in claustrophobic situations and I also firmly believe much of his anxiety came from a fear of showing his emotions. I had said earlier that I had never seen my father cry. Now when he broke down, he completely collapsed. He would apologize profusely for not being able to control his "crying jags". What he kept pent up all those years came pouring out. It was very difficult to see and I cried with him many times.

Still not fully appreciating PTSD, the Veterans Administration quickly responded showing no compassion or understanding.

NOTE: SHADED AREA TO BE COMPLETED BY INPUT ACTIVITY

RATING DECISION

2. FILE NUMBER: C 5 487 467

4. DATE OF CLAIM: 1-12-79 | 5. DATE OF LAST EXAMINATION: 2-10-77 | 7. INITIALS AND SURNAME OF VETERAN: G A HOFMANN

15. DATE OF BIRTH: 9-28-17

17. FUTURE DATE CONTROLS — PHYSICAL EXAM: 1 No Exam 01 | 18. DATE OF THIS RATING: 2-6-79

19. NARRATIVE

J. 1-12-79, reopened claim

I. SC for a nervous condition

F. SMRs including a review of the entire evidence of record fails to show the claimed nervous condition.

1. SC (WW II INC)

5299 COMPRESSION FRACTURE L1, L2, L3 AND L4 LUMBAR VERTEBRAE 20% from 11-29-76

8. NSC WW II

7399 STOMACH CONDITION (Alleged)
9499 NERVOUS CONDITION (Not shown by evidence of record)

(b)(6) (b)(6) (b)(6)

February 22, 1979

317/215B-311
C 5 487 467

Mr. George A. Hofmann
2055 NW. 65th Avenue
Margate, FL 33063

Dear Mr. Hofmann:

Your claim for service connection for a nervous condition has been carefully considered to determine entitlement to increased benefits.

This condition is not shown by the evidence of record. You should, therefore, submit statements from doctors who examined or treated you during service, or statements from persons who served with you who can testify from their own personal knowledge that this condition claimed by you was incurred or aggravated by military service. Statement from other people, including members of your family, are also acceptable.

Because the findings do not warrant an increase over your presently assigned rating, you will continue to receive disability compensation at the present rate.

Sincerely yours,

M. R. WOODALL
Adjudication Officer

Enclosure
VA Form 1-4107

cc:
DAV (2)

JSullivan:lw 2-21-79

This request to submit "statements" from doctors, employers, fellow airmen and family members to shed light on this condition was pursued, but to no avail.

July 3, 1979

317/215B-501
C 5 487 467

Mr. George A. Hoffman
2055 NW 65th Avenue
Margate, FL 33063

Veterans Administration examination dated February 10, 1977. Dr. Robert J. Lenar's report dated May 11, 1979. Son and employer's letter.

The above cited reports do not warrant any change in our prior evaluation of your nervous condition.

You will continue to receive disability compensation based upon your current 20 percent evaluation.

Hoffmann, G.A.
C 5 487 467

POMPANO MEDICAL GROUP, P.A.
2480 N. E. 23rd STREET
POMPANO BEACH, FLORIDA 33062
INTERNAL MEDICINE
TELEPHONE 942-0100

T. T. RAWLS, M. D.
L. C. CRAIG, M. D.
J. D. MOORE, M. D.
R. J. LENAR, M. D.
R. H. STULTS, M. D.

May 11, 1979

Mr. George A. Hofmann
2055 N.W. 65th. Avenue
Margate, Florida 33063

Dear Mr. Hofmann:

This is to confirm that I saw you in my office on June 9, 1978 with an acute anxiety reaction secondary to claustrophobia.

Very sincerely,

Robert J. Lenar

Robert J. Lenar, M.D.

RJL/cfs
cc: Mr. John Archer, Room 206A
Veterans Administration Hospital
1201 N.W. 16th. Street
Miami, Florida

RECEIVED JUN 06 1979 VA RO FLORIDA ST. PETERSBURG, FL

The following pages contain those statements, this first one from his personal physician and the next two from his immediate work supervisor and from me.

Hofmann, G.A.
5487467

City of Margate, Florida

5790 MARGATE BOULEVARD
MARGATE, FLORIDA 33063
TELEPHONE 972-6454

March 29, 1979

To Whom It May Concern:

Mr. George Hofmann has asked that I, as his immediate Supervisor, put together a review of his tenure in various positions with the City of Margate.

I have worked with Mr. Hofmann for the past seven (7) years and in all definitions of the word, he has been my Assistant for the past six (6) years.

I have had occasion to work for Mr. Hofmann during the first year of our association. My experience with Mr. Hofmann began in July 1972 as an equipment operator under his direction. Through promotions via Civil Service, I was made Director of Public Works and Mr. Hofmann was made my Assistant in the form of Superintendent of City Maintenance.

During my time under Mr. Hofmann's direction I found him to be a stickler for detail, i.e., very rarely did any responsibility of the department go unattended. Regimentation was stressed emphatically by Mr. Hofmann and he demanded excellence in a manner consistent with his professionalism. He continually controlled situations and manipulated the employees to obtain maximum results.

During the next six (6) years this attention to detail has been maintained but with a certain flavor of indifference and without the dynamic charge which I had previously associated with Mr. Hofmann. Over the period of the same six (6) years Mr. Hofmann has become visably upset on numerous occasions over situations previously handled in a routine manner. This has been most noticable during the past three (3) or four (4) years.

This situation has at times become serious in that it has caused separating feelings between Mr. Hofmann and myself. I also noticed that during this period of time Mr. Hofmann reflected at length on his experiences in a prisoner of war camp. Often times repeating previous experiences several times. On several occasions following these periods of conversations in my office blow ups, concerning situations previously handled with considerable skill by Mr. Hofmann would result in several days of ill feelings between him and myself. He would busy himself at his desk and basically ignore all around him.

Hofmann, G.A.
5487467

During the past year, Mr. Hofmann has missed a considerable amount of time from work for medical reasons. I have not objected to these absences as I have personally witnessed several occasions when he has become upset in areas where several employees are gathered in a small room with the doors closed. He has become uncomfortable in the lunch room and left the area when additional employees would enter.

In one situation during a meeting in our City Manager's Office I arrived at the meeting late. All other Department Heads had gathered along with Mr. Hofmann as my representative. Upon my arrival and not finding a place to sit down, I secured a chair from the secretary's office and blocked the only doorway leading from the Manager's Office. Approximately ten (10) people were in the office at the time. Mr. Hofmann became visably shaken and appeared to attempt to leave on several occasions. It appeared that Mr. Hofmann was battling himself or faced with considerable indecision.

It has become increasingly difficult to have confidential conversation with Mr. Hofmann in any closed or confined area. Again, these are isolated incidents and the more recent ones are considerable. The number of others existing during the past three (3) or four (4) years have, to me, indicated a deterioration of his effectiveness and his dynamic personality.

This is not to say that Mr. Hofmann is not a valuable asset to this Department and no consideration whatsoever has been given to taking any action detrimental to his employment with the City of Margate.

Mr. Hofmann, in his attempts to find out just what his problems may be, if any, has requested that I submit this candid review of my experience with him during his tenure with the City of Margate.

James E. Hinds
James E. Hinds, Director
Department of Public Works

- 2 -

Hoffmann, G.A.

Re. George A. Hofmann

April 15, 1979

TO WHOM IT MAY CONCERN:

I have been asked to collect my thoughts on any items or circumstances that might shed some light on my father's recurring claustrophobic condition. Having been born in 1946, I can not provide any information that indicates that his personality was significantly altered by his traumatic experiences during World War II. However, I feel that I can provide some insight based on events that, until now, I had never given a second thought. Having little experience in clinical psychology, I will try to be as objective as possible.

My father and I were fairly close while I was growing up. He is meticulous, conservative, in many respects a perfectionist, very handy and for many activities a jack of all trades. Not surprisingly, since we were close, so am I. He is a natural manager as evidenced by his business career as well as his current responsibilities with the Department of Public Works in Margate Florida. Again, like father like son, I am succeeding as an Engineering Manager at Bell Telephone Laboratories. On the other hand, he also tends to be withdrawn, introvertive and moderately unsociable. I too have acquired those characteristics.

To underscore my fathers effect on my personality, since I consider myself to be the product of my upbringing, I need only look to my brother John. My brother, having been much more independent of my father than I, is highly sociable and outgoing. In fact he and I are diametrically opposite.

Obviously I am reasonably cognizant of why I am what I am but as I mentioned before, until now, I have never wondered why my fathers personality is what it is.

My parents never discussed my fathers problem with me until it chronically reoccurred about a year ago. At that time my mother confided in me that the first occurrence was immediately after he returned home from the War. For the most part it has been remissive since then (I think) but has manifested itself in subtle ways that I had previously considered simply idiosyncrasies of his personality.

For example, as I mentioned before, my father is quite handy. However, he has never been willing to apply his skills in confined areas (ie under cars, under dashboards, in attics and so on). He has always enlisted my assistance. Working in the attic of our house in Plainview, New York is perhaps the most graphic example that I recall. Access to that attic was through a 1½'x2' scuttle hole cut in the ceiling of a small closet. I spent a lot of time in that attic storing and retrieving boxes, routing and installing electrical wiring and antenna wiring, installing ceiling lights and so on. These jobs would simply not get done until I was available.

Hofmann, G.A.
5487467

Re - George A. Hofmann - 2

As a second example, my father is socially a loner. He has never liked parties, theater, indoor sporting events and crowds or any large gatherings in general even in his own home. We attended many sporting events together but they were always outdoors. I explicitly remember that to avoid the crowds, we always arrived very early and also left early which I found to be annoying. But those were the rules. It is also interesting to note, especially in the light of this discussion, that he enjoyed seeing movies at drive-ins and in the privacy of his own home. However, he has never liked War movies and has scorned my brother and I for wanting to see them.

More specifically, my father never talked much about his War experiences even though, as any child would, I expressed my curiosity many times. He did occasionally reflect on his internment as a POW but when pressed to elaborate he gave me the distinct impression that he did not want to discuss it. I vividly remember one discussion, however, when he described the cold cramped conditions of his POW hut, how the POW's were given individual lumps of coal for heat and cooking and how his feeling of confinement was aggravated by his back injury that left him immobile. Also as a boy, I was interested in the excitement of him getting out of his crippled bomber, the crash, parachuting to the ground and his capture. He has never discussed any aspect of these things.

About the only other event associated with the War that he has openly discussed was the loss of his cousin Gibby. Gibby was killed in action. I have never pressed him to discuss this obviously painful loss but he mentions it occasionally nonetheless.

In general my fathers emotions are quite constricted. In spite of several traumatic experiences that he and I jointly shared (deaths or sickness in the family) I have only seen him cry once while I, so much like my father, am emotionally very sensitive. In addition, because of his introvertive nature and strong masculine personality, he has managed to hide his neuroses from his children.

In retrospect, being somewhat less than objective for the moment, I must conclude that these neurotic characteristics have been a part of my father's personality as far back as I can remember. As I mentioned in the beginning of this letter, I am too young to be able to describe personality changes that occurred as a direct result of his traumatic wartime experiences. However, I must now conclude that this is a distinct possibility.

Respectfully,

Allan M. Hofmann

Allan M. Hofmann
73 Buckingham Drive
Jackson, New Jersey 08527
201-367-3151

I am now having second thoughts about my own behavior while this was playing out. Life was getting miserable for my parents but due to our geographic 1,200-mile separation and their continuing philosophy of keeping their trouble to themselves, I use to believe I never saw the problems. Now I wonder if I really did see them but did not want to deal with them – a very depressing thought. This is now more palpable by a letter I never knew my mother wrote until now. This one really hurts! (Note: My mom's handwriting was so good, this needs no transcription.)

1

March 28, 1980

To Pat Hesser:

Here is the letter you wanted for my George, I hope and pray it helps.

My husband came back from P.O.W. camp a gaunt, grey haired man at age 29. His back was than and is now a constant problem, only getting progressively worse. He was given a back brace when he came home because he found it difficult to stand any length of time. Which his job required. He was then getting 10% disability, a disgrace. However brace held him so rigid he soon stopped wearing it and relied on medication and drugs. Each time he has a job to do at home, cutting grass hedges, painting, he loses time from work as drugs make him unable to drive a car or truck at work. Doctors at V.A. Hospital and his own Doctor have told him his spine is deteriorating and the pain has made him very hard to live with.

Now another problem has arisen which makes it almost impossible for us to lead a normal life. Claustrophobia. This he had while in Prison Camp and was held in solitary for so long.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

We can't go to eat, no movies, even church is out for us. He can't ride in any-ways Jones car except his own because he must ride up front and no locking of doors. Our children don't visit us anymore as it is very upsetting for George to have so many people in the house. It is especially hard on the grandchildren to try and make them understand. He can't fly any more as air lines say he is a bad risk.

Seven days a week he comes home from work, has a few drinks and sleeps. Eats supper and sleeps until bed time. Doctor says he is shutting out the world by sleeping so much. Hoping he will wake up and find he is well again.

An example of his problem was a visit not long ago to a friends house. She had invited two other people to come to dinner also. He didn't talk the whole time we were there and when we got to our car he blew up at me, saying she had no right to invite some one to her house with out telling him. I couldn't understand his reaction and he didn't talk to me for 3 days.

We have no company come to our house and we go no where

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

II

George belongs to Elks, Masons, and is a life member of D.A.V. and cannot attend any meeting.

Our home life has become unbearable. I cant leave him alone and I am beginning to feel like a P.O.W. The worst part however has been his complete withdrawal from me. Between his back and this other problem we no longer have any relations of any kind. My nerves are on edge and recent visit to Doctor confirmed this. I cant talk without crying and just feel we are falling apart. After 38 years I feel that my leaving him would be the best thing for him. I cant live with him this way. I am a normal woman and need the love of my husband. It is making us both sick as it is affecting both of us.

Lastly I must say something in his behalf. My husband came back an old man at age 29 and has lived with pain ever since. Yet today our Government is so concerned with Iran Hostages and their being held for 100 days or more. How about our P.O.W. This letter is a good example of what they must go through to try and prove a point. They know he had to jump out of his plane after it was hit, they know his chute was late in opening, hence the back injury. He was a P.O.W. for 2 years now this claustrophobia has re occured. What more do you require of a man.

I love my husband very much but we cant go on living this way. We are not helping each other.

How awful it must be for him to have to live with this day after day, with no one to help.

That is all, cant say anymore hope in some way this letter will help to ease his pain and our problem

Hazel Hofmann

Four years later in 1984, at the young age of 62, Hazel Jane Hofmann passed. Her heart had been afflicted by rheumatic fever when I was born in 1946. Except for the miracle World War II drug, penicillin, she would never have come home from the hospital. I always said how remarkable it was that she had so many good years. Little did I know how difficult those years actually were for both of them.

The Battle Continues

Following my mother's letter and an updated statement from his personal physician below, my father submitted another handwritten claim.

POMPANO MEDICAL GROUP
2480 N. E. 23RD STREET
POMPANO BEACH, FLORIDA 33062
INTERNAL MEDICINE
TELEPHONE 942-0100

T. T. RAWLS, M. D.
L. C. CRAIG, M. D.
J. D. MOORE, M. D.
R. J. LENAR, M. D.
R. H. STULTS, M. D.

February 10, 1980

To Whom It May Concern:

RE: Mr. George A. Hofmann
Our Patient 12,356

Mr. George Hofmann has been a patient of mine since 1972. When I first saw Mr. Hofmann at that time he was having low back pain which he states he had had of the spine while on active military duty during World War Two. In addition to the compression fracture, Mr. Hofmann has also had recurrent attacks of gout in various areas including some presumably in the spine. Mr. Hofmann was last evaluated by me for this condition in 1977; however, since then he reports his low back pain has become progressively more severe and persistent, and it no longer responds to symptomatic therapy. It now acts as a severe deterrent for his normal work load and general life style.

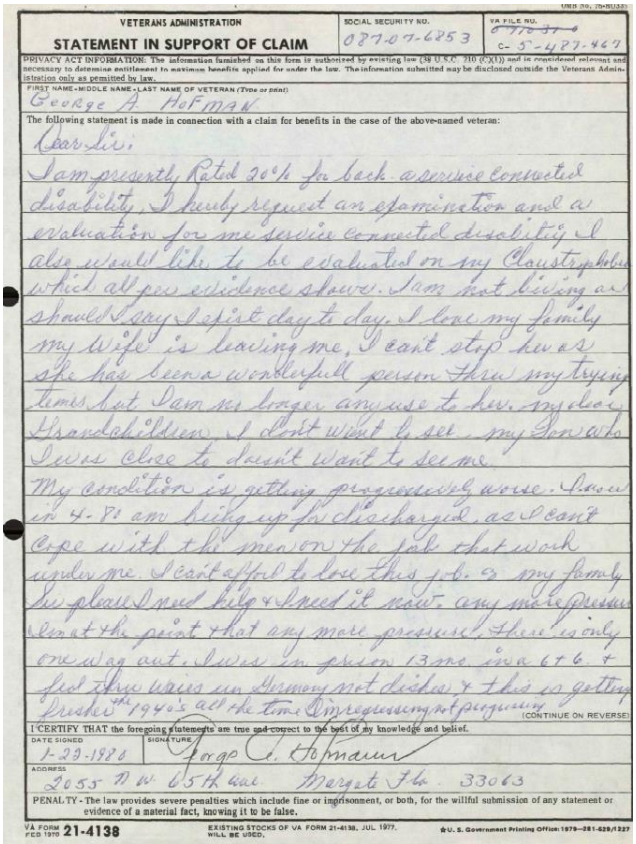
In June 1978 Mr. Hofmann presented in my office with symptoms of a severe acute anxiety reaction secondary to claustrophobia. The patient had had similar episodes since being a prisoner of war during World War Two, however in recent years they have been in remission. The triggering mechanism of this particular episode is still unknown to us, however the symptoms of claustrophobia have since then, namely June 1979, become more severe and more frequent. He has been seen on several occasions in the past eight months by a Veterans Administration psychiatrist at the Veterans Administration Hospital in Miami. There has been some temporary improvement. However the long automobile trips back and forth to Miami for these psychiatric consultations have been very hard on Mr. Hofmann's back to the point that it seemingly has aggravated his back pain to the point of preventing him from making additional trips to the psychiatrist. Unfortunately the claustrophobic symptoms continue to occur to some extent and I feel that they are serving as a marked source of his increasing disability for work and inability to lead a normal life style and I feel he should have continued treatment for this condition in the future.

If I can be of any further source of information, please contact me. Thank you for your consideration of Mr. Hofmann.

Very sincerely,

Robert J. Lenar, M.D.

RJL/ba



VETERANS ADMINISTRATION
STATEMENT IN SUPPORT OF CLAIM

SOCIAL SECURITY NO. 087-07-6853
VA FILE NO. C- 5-487-467

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (CX1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN (Type or print): George A. HOFMAN

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

Dear Sir;

I am presently Rated 20% for back a service connected disability. I hereby request an examination and an evaluation for me service connected disability I also would like to be evaluated on my Claustrophobia which all peer evidence shows. I am not living and should say exist day to day. I love my family my wife is leaving me, I can't stop her as she has been a wonderfull person thru my trying times but I am no longer an use to her. my dear Grandchildren I don't want to see. my Son who I was close to doesn't want to see me.
My condition is getting progressively worse. I now in 4-80 am being up for discharged, as I can't cope with the men on the job that work under me. I can't afford to lose this job & my family. So please I need help & I need it now. any more pressure – I am at the point that any more pressure, there is only one way out. I was in prison 13 mo. in a 6+6 & fed thru waies un Germany not dishes & this is getting fresher the 1940's all the time I am regressing not progressing.

(CONTINUE ON REVERSE)

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED: 1-29-1980
SIGNATURE: George A. Hofmann
ADDRESS: 2055 N.W. 65th ave. Margate Fla. 33063

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1970 21-4138 EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED. ☆U. S. Government Printing Office: 1979—281-629/1227

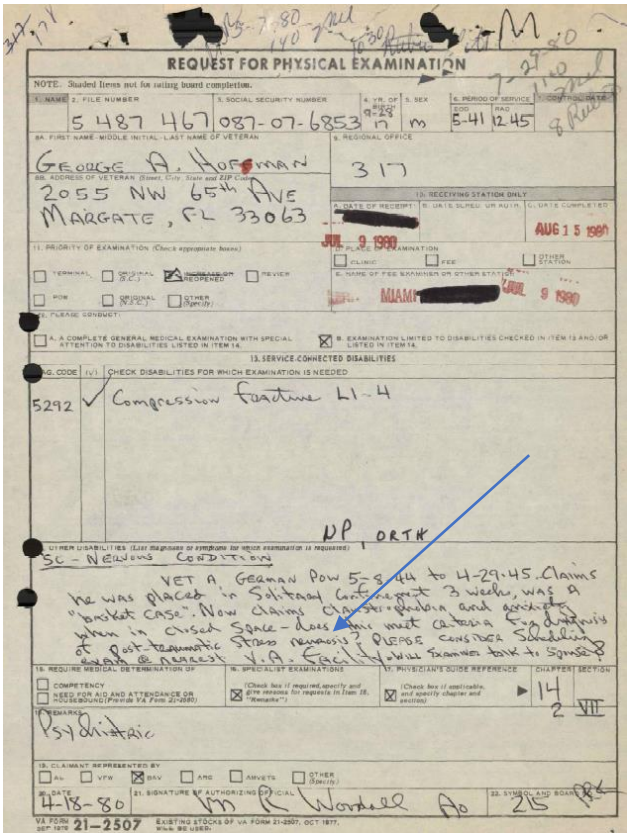
Dear Sir;

I am presently Rated 20% for back a service connected disability. I hereby request an examination and an evaluation of my service connected disability. Also I would like to be evaluated on my claustrophobia which all peer evidence shows. I am not living and should say exist day to day. I love my family. My wife is leaving me. I can't stop her as she has been a wonderful person thru my trying times but I am no longer any use to her. My dear Grandchildren I don't want to see. My Son who I was close to doesn't want to see me. [**ouch!**]

My condition is getting progressively worse. I now in 4/80 am being up for discharged as I can't cope with the men on the job that work under me. I can't afford to lose this job or my family. Sir, please, I need help & I need it now. Any more pressure – I am at the point where any more pressure, there is only one way out. I was in prison for 13 months in a 6 + 6 and fed thru waies un [?] Germany not dishes, & this is getting fresher, the 1940's, all the time. I am regressing not progressing.

George A. Hofmann

Finally, after thirty-five years, someone recognized possible "post-traumatic stress neurosis".



REQUEST FOR PHYSICAL EXAMINATION

NOTE. Shaded Items not for rating board completion.

1. NAME: 2. FILE NUMBER: 5 487 467 | 3. SOCIAL SECURITY NUMBER: 087-07-6853 | 4. YR. OF BIRTH: 9-23 | 5. SEX: M | 6. PERIOD OF SERVICE: EOD 5-41 RAD 12 45 | 7. CONTROL DATA

8A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN: GEORGE A. HOFMAN
8B. ADDRESS OF VETERAN (Street, City, State and ZIP Code): 2055 NW 65th AVE MARGATE, FL 33063
9. REGIONAL OFFICE: 317

10. RECEIVING STATION ONLY: A. DATE OF RECEIPT: JUL 9 1980 | B. DATE SUPED OR AUTH. | C. DATE COMPLETED: AUG 15 1980

11. PRIORITY OF EXAMINATION (Check appropriate boxes): ☐ TERMINAL ☐ SPECIAL (S.C.) ☒ REOPENED ☐ REVIEW ☐ POW ☐ ORIGINAL (S.C.) ☐ OTHER (Specify)

D. PLACE OF EXAMINATION: ☐ CLINIC ☐ FEE ☐ OTHER STATION
E. NAME OF FEE EXAMINER OR OTHER STATION: MIAMI JUL 9 1980

12. PLEASE CONDUCT: ☐ A. A COMPLETE GENERAL MEDICAL EXAMINATION WITH SPECIAL ATTENTION TO DISABILITIES LISTED IN ITEM 14. ☒ B. EXAMINATION LIMITED TO DISABILITIES CHECKED IN ITEM 13 AND/OR LISTED IN ITEM 14.

13. SERVICE-CONNECTED DISABILITIES

DIAG. CODE	(V)	CHECK DISABILITIES FOR WHICH EXAMINATION IS NEEDED
5292	✓	Compression fracture L1-4

UP ORTH

OTHER DISABILITIES (List diagnoses or symptoms for which examination is requested): SC - NERVOUS CONDITION

VET A. GERMAN POW 5-8-44 to 4-29-45. Claims he was placed in Solitary Confinement 3 weeks, was a "basket case". Now claims claustrophobia and anxiety when in closed space - does he meet criteria for diagnosis of Post traumatic Stress neurosis? PLEASE CONSIDER Scheduling a V.A. Facility will Examiner talk to Spouse & friends & families

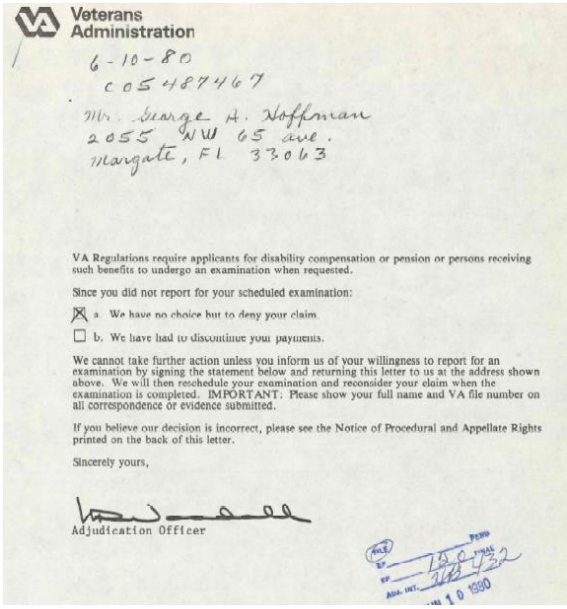
15. REQUIRE MEDICAL DETERMINATION OF: ☐ COMPETENCY ☐ NEED FOR AID AND ATTENDANCE OR HOUSEBOUND (Provide VA Form 21-2680)
16. SPECIALIST EXAMINATIONS: ☒ (Check box if required, specify and give reasons for requests in Item 18, "Remarks")
17. PHYSICIAN'S GUIDE REFERENCE: (Check box if applicable, and specify chapter and section) ▶ CHAPTER 14 SECTION 2 VII

18. REMARKS: Psychiatric

19. CLAIMANT REPRESENTED BY: ☐ AL ☐ VFW ☒ DAV ☐ ANC ☐ AMVETS ☐ OTHER (Specify)
20. DATE: 4-18-80
21. SIGNATURE OF AUTHORIZING OFFICIAL: M R Wordell
22. SYMBOL AND BOARD: AO 215

VA FORM SEP 1979 21-2507 EXISTING STOCKS OF VA FORM 21-2507, OCT 1977, WILL BE USED.

Another physical and psychiatric exam was ordered and George was notified by a letter, which he never received. His claim was summarily denied since he was a no-show for his appointment. [Ed note: you can't make this up! How much more miserable can this story get?]



Veterans Administration

6-10-80
C05487467
Mr. George A. Hoffman
2055 NW 65 ave.
Margate, Fl 33063

VA Regulations require applicants for disability compensation or pension or persons receiving such benefits to undergo an examination when requested.

Since you did not report for your scheduled examination:

☒ a. We have no choice but to deny your claim.

☐ b. We have had to discontinue your payments.

We cannot take further action unless you inform us of your willingness to report for an examination by signing the statement below and returning this letter to us at the address shown above. We will then reschedule your examination and reconsider your claim when the examination is completed. IMPORTANT: Please show your full name and VA file number on all correspondence or evidence submitted.

If you believe our decision is incorrect, please see the Notice of Procedural and Appellate Rights printed on the back of this letter.

Sincerely yours,

Adjudication Officer

Standard Form 507

CLINICAL RECORD

Report on COMPENSATION EXAM
or
Continuation of S. F. ADJUDICATION
(Strike out one line) (Specify type of examination or data)

(Sign and date)

This 62 year old veteran of the Air Force was a POW from the years of 1944 until 1945. After being liberated, he was hospitalized at a hospital in Atlantic City. Since that time he has not been hospitalized for any psychiatric conditions, but has been under outpatient psychiatric treatment. At the present time he's not receiving specific treatment. He does take an anti-depressant called Doxepin, prescribed to him while he attended the Miami VA Hospital Mental Hygiene Clinic.

Psychiatric Examination: Mr. Hoffman was cooperative and properly dressed and behaved throughout the interview. He was oriented in time, place and person and displayed a good concentration and good memory from both past and recent events. He was able to do simple calculations and appears to be of an average intellect. His associations were goal oriented in general without evidence of gross delusions or hallucinations. He describes extreme panic consisting of tremors, cold sweats, palpatations and a sense of impending doom mainly happening when he is in an inclosed spaces and in crowds. He has a normal appetite and has some difficulty sleeping. His affect was appropriate to the content of his thought and his modd unremarkable during the interview. His insight and judgement were fair for a man of his stated age.

Mr. Hoffman was born and raised in New York City. He is one of four children of his family. His parents are both deceased; his mother from a heart illness and his father from cancer. There is no history of mental illness in any members of his immediate family. He went to school and completed high school. Mr. Hoffman is married and has two sons from that his only marriage. He has been living in the south Florida area for approximately 10 years and at present is employed as a supervisor of the City of Margate, FL. He describes a limited number of social and daily activities.

Diagnosis: Post traumatic neurosis, a chronic condition manifested by claustrophobia, agraphobia and symptoms secondary to these phobias. His condition is directly related to his trauma suffered while he was a POW in closed spaces.

Predisposition unknown, stress unknown; degree of severity moderate.

He is competent for VA purposes.

F. MILANES, M. D., Staff Psychiatrist

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
HOFFMAN, George A.
Examined: 29 Jul 80
VAMC, Miami, FL
Typed: 31 Jul 80 (fld)

REGISTER NO. SS# 087-07-6853 C8354-87-467
WARD NO.
REPORT ON _____ or CONTINUATION OF _____

STANDARD FORM 507
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.80 6-8
October 1975 507-106
GPO: 1979-281-143/1629

After pleading and eventual rescheduling of his evaluation, on July 31, 1980, thirty-five years after his release from a POW camp in Germany, his psychiatric regression is finally confirmed by Staff Psychiatrist, Dr. P. Milanes to be explicitly linked to his experiences during the war. In addition, the physical ailments from his back injury are acknowledge to be severely symptomatic and degenerating.

Standard Form 507

CLINICAL RECORD

Report on COMPENSATION EXAMINATION
or
Continuation of S. F. ADJUDICATION
(Strike out one line) (Specify type of examination or data)

(Sign and date)

Age: 62.

20. Height: 6'2".

21. Weight: 210 lbs.

22. Max Wt Past Year: 218 lbs.

23. Build: Well developed. Overweight.

24. Temperature: 98.6.

25. Gait: Antalgic.

28. Rt or Lt Handed: Right handed.

Special examination of lumbar spine: Veteran states that he had a parachute jump accident during the WWII, in France, causing compression fracture of several lumbar vertebra, from L1 to L4. At this jump he was made a prisoner and was never sent to a hospital, never had x-rays during the year that he was a prisoner and the only treatment was heat and massage done by another prisoner and rest on a hard surface. Back in the U.S.A., he was diagnosed by x-rays with compression fracture of several lumbar vertebrae and he was told that nothing could be done, except symptomatic treatment and he was placed in a big trunk brace and given physiotherapy, etc.

Veteran states that he has been always with pain in the lower back and now he has also pain in the hips and on some other joints. He was diagnosed a few years ago with gouty arthritis in the knees and the ankles and he has been on the 10 years on medication to control the level of the uric acid in the blood. Now he is on Allopurinol.

Physical examination: Veteran came into the office with a slow, moderately antalgic gait. He had moderate difficulty taking off trousers and shoes, because limitation of motion of the spine.

At inspection there is very marked flattening of the lumbar lordosis. There is a mild scoliosis of the lumbar spine with convexity to the right. At palpation there is a very marked spasm of lumbar paravertebral muscles. At deep palpation there is pain all over the lumbar spine and lumbar paravertebral muscles, more marked on the level of the L5-S1. Veteran states that the pain has been always on the lumbar spine radiating to the side and never radiating along the buttocks or the legs. He is able to stand on toes with no pain, but standing on heels cause pain in the lower back. He can squat only half the distance with pain in the lower back.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
HOFFMAN, GEORGE, A. 087-07-6853
E 7-29-80
Typed 8-5-80 bkg
VAH, Miami, Fla.

REGISTER NO.
WARD NO.
REPORT ON _____ or CONTINUATION OF _____

-1-

STANDARD FORM 507
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.80 6-8

Standard Form 507

CLINICAL RECORD

Report on COMPENSATION EXAMINATION
or
Continuation of S. F. ADJUDICATION
(Strike out one line) (Specify type of examination or data)

(Sign and date)

Motion examination: Flexion forward 45 degrees; extension backwards 10 degrees; lateral flexion 20 degrees, both sides; rotation 25 degrees, either way. Veteran claims pain at full range of motion on all planes.

Straight leg raising is positive at 40 degrees, both sides; Laseque & Patrick signs are severly positive on both sides.

Neurological examination is normal.

44. Remarks: CBC, Urinalysis, SMA-6, SMA-12, Anteroposterior lateral and Obliques lumbosacral spine x-rays, were ordered.

46. Diagnosis: 1. Compression fractures of lumbar vertebrae from L1 to L4, with loss of motion, severely symptomatic.
2. SEVERE DISCOGENIC DISEASE AND SPONDYLO-ARTHROSIS OF THE LUMBOSACRAL SPINE. By X-Rays.

J. RUBIO, M.D.

Would you believe, in spite of clear findings from their own doctors, it was still not enough!

SEP 3 1980

Mr. George A. Hofmann
2055 NW. 65th Avenue
Margate, FL 33063

Dear Mr. Hofmann:

We need additional information to decide whether your nervous condition is service connected. Please send us:

1. Statements from doctors who have treated you since you were discharged from service. They should give the dates of treatment, the type of treatment given, the diagnosis made and reports of any clinical or laboratory findings, and/or

2. Statements from other persons who know of your condition, just what they observed, and their association with you which enabled them to make their observation.

All statements should contain the following certification: "I certify that the foregoing information is true and correct to the best of my knowledge and belief."

You should send us the requested information as soon as possible. If it is not received within one year, we can pay any benefits that are authorized only from the date we receive it.

Sincerely yours,

M. R. WOODALL
Adjudication Officer

Enclosure:
VA Form 21-4138 (2)

cc:
DAV (2)

317/215B-430
C 5 487 467

The final rating was documented on November 17, 1980. It was a lengthy three pages but was finally responsive to the substantiated claims. His physical disability was doubled from 20 to 40 %. While the myriad of dysfunctions rooted in PTSD were still not fully appreciated even ten years after the Vietnamese War, an additional 10% disability was welcomed.

An appeal was made again.

VETERANS ADMINISTRATION
STATEMENT IN SUPPORT OF CLAIM
SOCIAL SECURITY NO. 087076853
VA FILE NO. C- 5 487 467

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN (Type or print)
George A. HOFMANN

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

Dear Sir
Enclosed are all letters I have, Sir
in badly need of Evaluation & a
Thorough examination for my nerves
I have submitted everything when I
wrote to reopen my case.
Since then my nerves are progressively
worse & there is a chance I'll be replaced
on my job.
-My war records, work records & Personal
letters show I'm a sincere person.
Please try to help me.
I remain
Respectfully

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.
DATE SIGNED 10-7-80 SIGNATURE George A. Hofmann
ADDRESS 2055 N.W. 65 Ave Margate Fla 33063

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1976 21-4138 PREVIOUS EDITIONS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Dear Sir:

Enclosed are all of the letters I have. I'm in badly need of Evaluation & a thorough examination for my nerves.

I have submitted everything when I wrote to reopen my case. Since then my nerves are progressing worse and there is a chance I will be replaced on my job.

My war records, work records and personal letters show I am a sincere person. Please try to help me.

I remain respectfully

George A. Hofmann

INCREASED DISABILITY COMPENSATION

The item(s) checked below apply to you:

☐ 1. The evidence establishes that your service-connected condition has increased in severity. The rating for your disability has been increased from % to %.

☑ 2. Due to the increased severity recently recorded in your physical condition, the following evaluations and combined rating have been assigned for your disabilities:

Condition	Prior %	New %
Compression fracture, L1, L2, L3, and L4 lumbar verterbrae	20%	40%
Nervous condition	---	10%
Combined - 50%		

NOTE - SHADED AREA TO BE COMPLETED BY INPUT ACTIVITY

RATING DECISION

1. COPY TO: INS, MED, DEA FOLDER, R & E FOLDER, OTHER (Specify)
2. FILE NUMBER: C 5 487 467
3. TRANS. CODE:
4. DATE OF CLAIM: 4-14-80
5. DATE OF LAST EXAMINATION: VAE 7-29-80
6. DATE OF DEATH:
7. INITIALS AND SURNAME OF VETERAN: G. A. HOFMANN
8. SEX: MALE / FEMALE
9. BRANCH: A. ARMY, B. NAVY, C. USMC, D. USCG, E. USPHS, F. USAF, H. WAC, J. AIR CORPS (For others See M21-1, App. C)
10. ACTIVE DUTY (Mo., day, yr.): EOD / RAD
11. ADDTL. SVC: 1. WT, 2. PPE, 3. SCD
12. DATE OF BIRTH: 9-28-17
13. COMBAT: 1. NONE, 2. COMP, 3. NON COMP, 4. BOTH: 1
14. EMPLOYABILITY (For compensation only): 1. EMPLOYABLE OR NOT AN ISSUE, 2. UNEMPLOYABLE
15. COMPETENCY: 1. COMPETENT OR NOT AN ISSUE, 2. INCOMPETENT: 1
16. NO. OF S/C DISAB. (0 through 9) (9 to show 9 or more): 2
17. FUTURE DATE CONTROLS — PHYSICAL EXAM. MO. YR. REASON: no exam. 01 — OTHER CONTROL ACT. MO. YR. REA. 1. ESTAB. 2. CANCEL
18. DATE OF THIS RATING: 11-17-80

19. NARRATIVE

J. Claim for increase 4-14-80.

I. Evaluation of SC lumbar compression fractures and SC for nervous disorder.

F. VA examination disclosed the veteran walked with a slow, moderately antalgic gait. He had moderate difficulty taking off his trousers and shoes because of limitation of motion in the spine. Physical examination showed very marked flattening of the lumbar lordosis. There was mild scoliosis of the lumbar spine with convexity to the right. At palpation, there was very marked spasm of the lumbar paravertebral muscles. At deep palpation, there was pain all over the lumbar spine and the lumbar paravertebral muscles, more marked on the level of the L5-S1. The veteran stated that the pain has always been on the lumbar spine radiating to the side and never radiating along the buttocks or the legs. He was able to stand on toes with no pain but standing on heels caused pain in the lower back. He could squat only half the distance with pain in the lower back. Flexion was 45 degrees, extension 10 degrees, lateral flexion 20 degrees, bilaterally, and rotation 25 degrees either way. He claimed pain to full range of motion on all planes. Straight leg raising was positive at 40 degrees both sides. Laseque and Patrick signs were severely positive on both sides. Neurological examination was normal. X-rays confirmed the above.

The veteran claimed a nervous disorder and alleged its inception while he was a prisoner of war from May 8, 1944, to April 29, 1945, in Germany, although manifestations apparently did not present themselves until June 1978 when his private physician diagnosed acute anxiety reaction secondary to claustrophobia. A review of his file shows that separation exam in September 1945 showed his neuropsychiatric examination to be normal. He claims his experiences as a POW are becoming fresher in his memory all the time and that he is regressing, not progressing. He claims he was in a 6 by 6 enclosure and fed through wires in a fence. In another statement dated January 15, 1947, the veteran stated that he was in a POW camp at Sagan, Germany, but when they came under attack from the Russians, they were forced

RATING DECISION CONTINUATION SHEET

NAME OF VETERAN: G. A. HOFMANN — FILE NUMBER: C5 487 467

PAGE 2 OF RATING DATED: 11-17-80

to leave and move by road to Mooseburg, Germany. He stated the medical treatment he received was by another POW who was a medical officer. He did not, at that time, claim a nervous disorder. In a statement from his private physician dated February 10, 1980, it is claimed that he has had anxiety reaction secondary to claustrophobia since his discharge, but that in recent years, they had been in remission. The triggering mechanism of the particular episode was still unknown to the reporting physician; however, the symptoms of claustrophobia since June 1979, had reportedly become more severe and more frequent. A statement is of record from a physician at the Veterans Administration Medical Center, Miami, Florida, dated March 2, 1979, of the Crisis Intervention Clinic showing the veteran had been a patient in the clinic since January 26, 1979. He apparently terminated the appointments around February 1980, because the drive to Miami aggravated his back condition. The veteran's wife submitted a statement dated March 28, 1980, saying that her husband returned from the service a gaunt, gray haired man of age 29. She stated their life together has become almost impossible and the veteran has later claimed she has left him. She stated they were unable to go out in public, to movies, eat dinner or visit friends, and they can no longer have their children or grandchildren visit because the veteran becomes extremely upset by a gathering of people in a small area. He allegedly belongs to several fraternal organizations but is unable to attend any of the meetings. His routine was reported as coming home from work, having a few drinks, eating his supper and sleeping until bedtime. A letter submitted by his immediate supervisor, City of Margate, Florida, provided that from approximately 1975, the veteran's demanding attitude of himself and those under his supervision had changed and reflected a certain flavor of indifference. The veteran began reflecting at length about his experiences in a prisoner of war camp. He became more short tempered and would busy himself at his desk and basically ignore everyone around him. In 1979, he missed a considerable amount of work for medical reasons and could not attend meetings at work where several employees were gathered in a small room with the doors closed. He would become visibly shaken and appeared to attempt to leave the room. They considered him a valuable employee and no consideration whatsoever had been given to taking any action detrimental to his employment. His son submitted a letter dated 4-15-79 stating among other things that his father had always been unable to work in confined places such as under a dashboard or under a car or in attics. He never cared to attend indoor parties, theaters or sporting events where there were crowds but preferred to be out of doors. And to avoid crowds, they always arrived early and left early. Also, the son stated that the veteran never liked war movies and scorned his two sons for wanting to see them. The veteran refused to discuss any aspect of his war experiences with his children.

At VA examination, the veteran was cooperative, properly dressed and behaved well throughout the interview. He was oriented in time, place and person

RATING DECISION CONTINUATION SHEET

NAME OF VETERAN: G. A. HOFMANN

FILE NUMBER: c. 5 487 467

PAGE 3 OF RATING DATED: 11-17-80

and displayed good concentration and good memory for both past and recent events. He was able to do simple calculations and appeared to be of average intellect. He was without evidence of gross delusions or hallucinations. He described to the examiner extreme panic consisting of tremors, cold sweats, palpitations and a sense of impending doom mainly happening when he is in enclosed spaces and in crowds. He has a normal appetite but has some difficulty sleeping. His affect was appropriate to the content of his thought and his mood unremarkable during the interview. His insight and judgment were fair for a man of his age. He described a limited number of social and daily activities. The examiner diagnosed posttraumatic neurosis, a chronic condition manifested by claustrophobia, agraphobia, and symptoms secondary to these phobias. The examiner stated his condition is directly related to his trauma suffered while he was a POW in closed spaces. He is competent for VA purposes.

D. Program Guide 21-1, Section 0-12, provides for posttraumatic stress neurosis or disorder with certain criteria expressed to meet such a diagnosis. It also points out that when an initial clinical manifestation occurs at a date remote from service examination, service connection should still be granted if the life-threatening episode, described by the examiner, is consistent with the nature, characteristics, circumstances of the veteran's service as evidenced by his military records.

It is the opinion of this Board that the facts and circumstances meet the criteria for manifestations of and diagnosis of posttraumatic neurosis and therefore, service connection is in order.

1. SC (WW II INC)

5292 COMPRESSION FRACTURE, L1, L2, L3, AND L4 LUMBAR VERTEBRAE
20% from 11-29-76
40% from 4-14-80

9411 POSTTRAUMATIC NEUROSIS
10% from 4-14-80

8. NSC (WW II)

7399 STOMACH CONDITION (alleged)

COMB: 20% from 11-29-76
50% from 4-14-80

20. SPECIAL PROVISION CODE | 21. SPECIAL MONTHLY COMPENSATION | 22. NUMBER OVER SIX

A. SMC PAR CODE | B. LOSS OF USE | C. ANAT. LOSS | D. OTHER LOSS

24. RATING BOARD NO. | 25. R.O. NO.

(b)(6) (b)(6) (b)(6)

AUG 1977 21-6796b

[Redacted document]

4.130-2 §4.130—Scheduling of ratings—mental disorders 4.130-2

ANXIETY DISORDERS

9400	Generalized anxiety disorder
9403	Specific (simple) phobia; social phobia
9404	Obsessive compulsive disorder
9410	Other and unspecified neurosis
9411	Posttraumatic stress disorder
9412	Panic disorder and/or agoraphobia
9413	Anxiety disorder, not otherwise specified

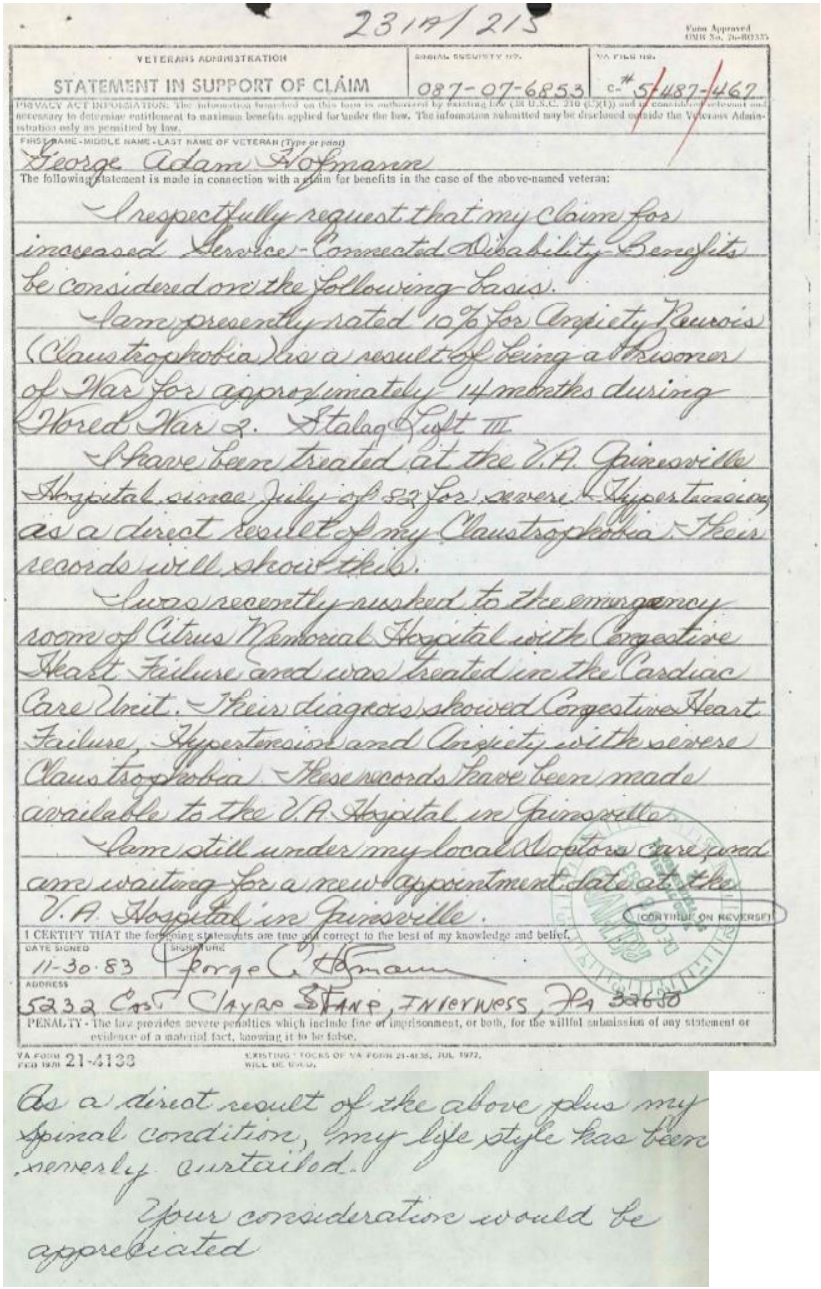
9411 Was now a legitimate VA code for medical disorders.

It is interesting to note that this saga resulted in disability payments of $363 per month - $1,358 in 2024 dollars.

But as George moved on in years, the story continued. Three years later in 1983, there was another crisis when he was rushed to the hospital with apparent congestive heart failure possibly due to hypertension and anxiety from severe claustrophobia.

Just being admitted to a small room in the hospital was overwhelming and taken from floor to floor in elevators made it worse.

When released, he again submitted a claim to the Veterans Administration. This time it was in mom's very legible handwriting.



23141/215

Form Approved OMB No. 76-R0335

VETERANS ADMINISTRATION

STATEMENT IN SUPPORT OF CLAIM

SOCIAL SECURITY NO. 087-07-6853

VA FILE NO. C-# 5 487 467

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (c)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

George Adam Hofmann

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I respectfully request that my claim for increased Service-Connected Disability Benefits be considered on the following basis.

I am presently rated 10% for Anxiety Neurosis (Claustrophobia) as a result of being a Prisoner of War for approximately 14 months during World War 2. Stalag Luft III.

I have been treated at the V.A. Gainesville Hospital since July of 82 for severe Hypertension as a direct result of my Claustrophobia. Their records will show this.

I was recently rushed to the emergency room of Citrus Memorial Hospital with Congestive Heart Failure and was treated in the Cardiac Care Unit. Their diagnosis showed Congestive Heart Failure, Hypertension and Anxiety with severe Claustrophobia. These records have been made available to the V.A. Hospital in Gainesville.

I am still under my local Doctors care and am waiting for a new appointment date at the V.A. Hospital in Gainesville.

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED 11-30-83 SIGNATURE George A. Hofmann

ADDRESS 5232 Cos. Clayre Stane, Inverness, Fla 32650

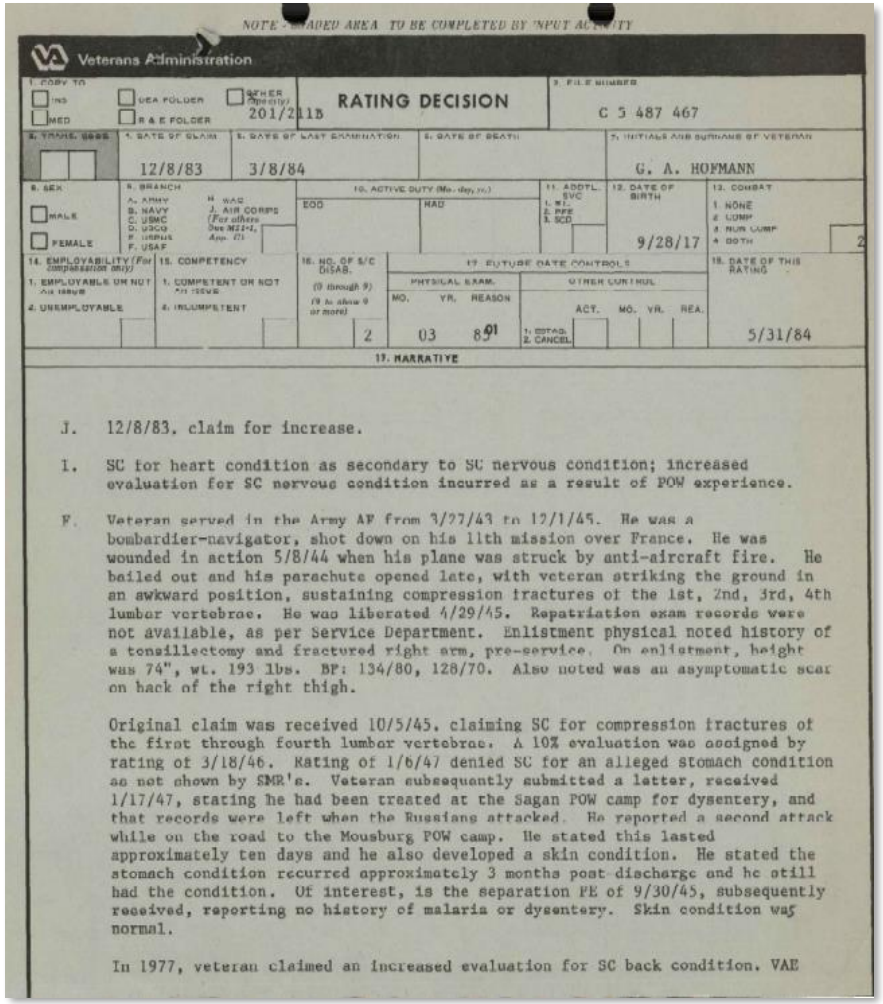
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1968 21-4138 EXISTING STOCKS OF VA FORM 21-4138, JUL 1972, WILL BE USED.

As a direct result of the above plus my Spinal condition, my life style has been severely curtailed.

Your consideration would be appreciated

Following this claim application of November 30, 1983, the Veterans Administration Claim File contains seventy pages of documents covering a six-month evaluation period - tests, interpretations, follow-up requests ad nauseum. Finally, on May 31, 1984, six months before mom's passing, a Rating Decision was made raising dad's disability for causes during World War II to 80%, primarily for PTSD.



NOTE - SHADED AREA TO BE COMPLETED BY INPUT ACTIVITY

Veterans Administration

RATING DECISION

1. COPY TO: INS, MED, VSA FOLDER, R & E FOLDER, OTHER (Specify) 201/2115

2. FILE NUMBER C 5 487 467

3. TRANS. CODE

4. DATE OF CLAIM 12/8/83

5. DATE OF LAST EXAMINATION 3/8/84

6. DATE OF DEATH

7. INITIALS AND SURNAME OF VETERAN G. A. HOFMANN

8. SEX: MALE / FEMALE

9. BRANCH: A. ARMY, B. NAVY, C. USMC, D. USCG, E. USPHS, F. USAF, H. WAC, J. AIR CORPS (For others See M21-1, App. D)

10. ACTIVE DUTY (Mo., day, yr.): EOD / RAD

11. ADDTL. SVC: 1. WT., 2. PFE, 3. SCD

12. DATE OF BIRTH 9/28/17

13. COMBAT: 1. NONE, 2. COMP, 3. NON COMP, 4. BOTH

14. EMPLOYABILITY (For compensation only): 1. EMPLOYABLE OR NOT AN ISSUE, 2. UNEMPLOYABLE

15. COMPETENCY: 1. COMPETENT OR NOT AN ISSUE, 2. INCOMPETENT

16. NO. OF S/C DISAB. (0 through 9) (9 to show 9 or more) 2

17. FUTURE DATE CONTROLS: PHYSICAL EXAM. MO. 03 YR. 85 REASON 91; OTHER CONTROL ACT. MO. YR. REA. 1. EXTAD. 2. CANCEL.

18. DATE OF THIS RATING 5/31/84

19. NARRATIVE

J. 12/8/83. claim for increase.

I. SC for heart condition as secondary to SC nervous condition; increased evaluation for SC nervous condition incurred as a result of POW experience.

F. Veteran served in the Army AF from 3/27/43 to 12/1/45. He was a bombardier-navigator, shot down on his 11th mission over France. He was wounded in action 5/8/44 when his plane was struck by anti-aircraft fire. He bailed out and his parachute opened late, with veteran striking the ground in an awkward position, sustaining compression fractures of the 1st, 2nd, 3rd, 4th lumbar vertebrae. He was liberated 4/29/45. Repatriation exam records were not available, as per Service Department. Enlistment physical noted history of a tonsillectomy and fractured right arm, pre-service. On enlistment, height was 74", wt. 193 lbs. BP: 134/80, 128/70. Also noted was an asymptomatic scar on back of the right thigh.

Original claim was received 10/5/45, claiming SC for compression fractures of the first through fourth lumbar vertebrae. A 10% evaluation was assigned by rating of 3/18/46. Rating of 1/6/47 denied SC for an alleged stomach condition as not shown by SMR's. Veteran subsequently submitted a letter, received 1/17/47, stating he had been treated at the Sagan POW camp for dysentery, and that records were left when the Russians attacked. He reported a second attack while on the road to the Mousburg POW camp. He stated this lasted approximately ten days and he also developed a skin condition. He stated the stomach condition recurred approximately 3 months post-discharge and he still had the condition. Of interest, is the separation PE of 9/30/45, subsequently received, reporting no history of malaria or dysentery. Skin condition was normal.

In 1977, veteran claimed an increased evaluation for SC back condition. VAE

Veterans Administration

RATING DECISION CONTINUATION SHEET

NAME OF VETERAN: G. A. HOFMANN

FILE NUMBER: C 5 487 467

PAGE 2 OF RATING DATED: 5/31/84

revealed muscle spasm, enabling rating of 6/27/77 to increase the disability evaluation 20%.

On 1/12/79, veteran claimed SC as due to his POW experience, consisting of a 3 week period in solitary confinement which left him a "basket case" in his words. He claimed residual claustrophobia and anxiety. Rating of 2/6/79 denied this condition as not shown by evidence of record. Subsequent rating decision of 11/17/80 awarded a 10% evaluation for post-traumatic stress disorder.

On 12/8/83, veteran claimed SC for a heart condition as secondary to his SC claustrophobic type nervous condition. A POW protocol exam was requested 12/14/83.

On 1/13/84, OPTR's for 5/25/82 through 12/1/83 were received from VAMC Gainesville, FL. Veteran was first seen for complaint of severe back pain. Physician reported a documented slight rotary scoliosis with marked spondyloarthritis at L3-4, L4-5, L5-S1 with sclerosis of the sacroiliac joints. Also presented was a history of hypertension and gout. Veteran was given a TENS trial. He reported considerable decrease in pain. A unit was ordered for the veteran. Subsequent treatment reports noted in 7/82 that BP was out of control, stabilized 9/82. A diagnosis of gout was also presented at that time. Chest x-ray, 12/1/83, reported no x-ray evidence of congestive heart failure.

POW protocol exam conducted 3/8/84. Summary sheet listed dysentery by history, vitamin deficiency by history, dislocated ankle, alleged by veteran when he hit the ground, external hemorrhoids found on exam, pneumonia by history, skin disease by history, labyrinthitis by history. Severe degenerative joint disease of the back, secondary to compression fracture was cited, as was post-traumatic stress syndrome.

Veteran claimed he suffered from dysentery, skin disease (manifested by skin rashes) and vitamin deficiency as a POW.

He reported rapid heart beats, numbness, weakness in the arms or legs, nausea, vomiting, diarrhea, chills, aches or pains in the muscles and/or joints, fever, unsteady gait, broken bones (compression fractures L1 through 4), and psychological or emotional problems as a POW.

He stated he had been imprisoned at Frankfurt, Sagan, Neurenburg and Mooseburg. Veteran confirmed he was in solitary confinement and also shipped by railroad car. He did not come under attack. He stated he was subjected to constant intimidation and on ten occasions psychological torture. When shot down he weighed 230 lbs., lowest weight in captivity 175 lbs. He stated the worse

Veterans Administration

RATING DECISION CONTINUATION SHEET

NAME OF VETERAN: G. A. HOFMANN

FILE NUMBER: C 5 487 467

PAGE 3 OF RATING DATED: 5/31/84

experience was being confined in solitary confinement. He stated he had adequate water as a POW with inadequate or nonexistent diet supplement. Medical treatment was nonexistent. Veteran worked until 1981, at which time he retired. Veteran states his present health is poor due to hypertension, congestive heart failure, constant back pain due to arthritis of the spine.

Social worker reports that veteran has been unable to go anywhere since retirement as he feels trapped. Family is very supportive. He suffers a severe case of claustrophobia which limits his social activities. On Part IV, system review, there was complaint of backache, joint pain and stiffness resulting from severe compression fractures suffered in WWII. External hemorrhoids were noted on exam. There was abnormal configuration, mobility and tenderness of the spine. Impression was severe degenerative joint disease of the back with decreased range of motion on flexion and extension, degree of which not provided. Neuro exam unremarkable.

Psychiatric exam reports veteran cannot stay in a room with a locked door, cannot go to a restaurant if not near an exit. He cannot ride an elevator, cannot be a passenger in a car. He must drive. He cannot drive through a tunnel. He does not like to be in a crowd of people. He is on med for high blood pressure. He has moved to increasingly smaller towns. He now resides in the town of Inverness as it is smaller than the last residence in Margate, FL, where he had moved upon leaving Ft. Lauderdale. Veteran maintained good eye contact. Mood was normal. Affect was appropriate except when he cried when talking of his wartime experiences. He stated he could not talk to his children about them, confirmed by the children. Veteran stated he sleeps fitfully. He has occasional nightmares if he reads or watches anything associated with the war. He stated that when he bailed out his chute did not open for a long time and he fractured his back on an awkward landing. When captured, they had to walk through the town of Frankfurt, where they were stoned by the local people, as the city was under bombing attack. He and other prisoners were subjected to bombing and strafing by American planes. He was placed in solitary confinement for a two week period, interogated every day. He reported the usual deprivation of food and medical attention. They were marched all over Germany and liberated by the Americans. Vetearn reports suffering severe panic attacks and claustrophobia which the psychiatrist stated were associated with his solitary confinement, confinement as a POW and confinement in his plane. Veteran states he is less sociable and does not get close to people, not letting anyone get close to him. He is hyperalert at all times. Sudden noises or strange noises startle him. He has sleep disturbance with occasional nightmares. Even talking about flying, he breaks down and cries. He had the signs and symptoms of generalized anxiety which at times amount to panic. He has claustrophobia when in a confined space.

Veterans Administration

RATING DECISION CONTINUATION SHEET

NAME OF VETERAN: G. A. HOFMANN

FILE NUMBER: C 5 487 467

PAGE 4 OF RATING DATED: 5/31/84

BP: 158/84 on EKG. Veteran is on Minipress at present.

D. It is acknowledged that POW medical records may be incomplete and it may be necessary to evaluate claims on secondary evidence.

Veteran has claimed SC for hypertension as secondary to his nervous condition. Applying sound medical principals, this condition cannot be granted as hypertension was not diagnosed until 1982, 37 years subsequent to discharge from active military service. Based upon the psychiatric findings, an increased psychiatric evaluation is in order. The clinical findings with regard to the compression fractures of the lumbar spine are not so severely disabling as to warrant an increased disability evaluation. A future psychiatric exam in one year will be scheduled.

1. SC (WWII INC)

9411 POST-TRAUMATIC STRESS DISORDER, SEVERE, COMPETENT
10% from 4-14-80
70% from 12-8-83

5292 COMPRESSION FRACTURE, L1, L2, L3, L4
40% from 4-14-80

8. NSC (WWII)

7399 STOMACH CONDITION, ALLEGED

7322 DYSENTERY

7899-7806 SKIN DISEASE,(MANIFESTED BY SKI RASHES)

6399-6313 VITAMIN DEFICIENCY

5271 DISLOCATED ANKLES, ALLEGED

7336 HEMORRHOIDS, EXTERNAL

6899-6802 PNEUMONIA

7101 HYPERTENSION

7005 CONGESTIVE HEART FAILURE, HISTORY OF

Veterans Administration

RATING DECISION CONTINUATION SHEET

NAME OF VETERAN: G. A. HOFMANN

FILE NUMBER: C 5 487 467

PAGE 5 OF RATING DATED: 5/31/84

5017 GOUT

5204 LABYRINTHITIS, HISTORY OF

7099-7013 RAPID HEART BEAT

8599-8516-8520 NUMBNESS, TINGLING OR PAIN IN THE FINGERS OR FEET

8599-8513-8520 NUMBNESS OR WEAKNESS IN THE ARMS OR LEGS

5099-5002 ACHES OR PAINS IN THE MUSCLES AND/OR JOINTS

7399-7307 NAUSEA, VOMITING, DIARRHEA

6399-6304 CHILLS

6399-6308 FEVER

8599-8520 UNSTEADY GAIT

COMB: 50% from 4-14-80
80% from 12-8-83

20. SPECIAL PROVISION CODE

21. SPECIAL MONTHLY COMPENSATION

(b)(6) (b)(6) (b)(6)

POW RD 2

317

VA FORM OCT 1980 21-8796b SUPERSEDES VA FORM 21-6796b, AUG 1977, WHICH WILL NOT BE USED.

[Redacted document]

This ratings report captures everything ever reported over the prior forty years. It still expresses some doubts to the validity of the claims but, nonetheless, increases his disability coverage substantially. Monthly disability payments almost doubled to $732 per month - $2,173 in 2024 dollars. That rate would commence as soon as he provided proof of his marriage in 1942! [Ed Note: Once again, you can't make this stuff up].

The Veterans Administration offers additional benefits for inability to work due to disability. Having stopped work as Supervisor of Public Works for the Margate, Florida, Department of Public Works in 1984, George applied for additional coverage. His request was denied as there were no documented records of him retiring due to disability.

The Twilight Years

Hazel Jane Hofmann Schuch passed away on November 21, 1984, and disability payments no longer including spousal benefits were adjusted to $692 per month - $2,054 in 2024 dollars. Her passing was much more than a financial hit, however, – it was the loss of his 'rock'. In spite of their troubles, she hung in there until the end as the only person who fully understood what had happened to him during the war.

As a follow-up to his last disability rating assessment one year prior, the Veterans Administration contacted George in March of 1985 to schedule yet another disability examination and evaluation. Since he had recently moved back to New York to live with my brother and he would now be going to the Northport VA Hospital on Long Island. Records and bank accounts were transferred and he settled in with family.

The years that followed were difficult as his PTSD hung on without relief. It was now exacerbated by extreme loneliness. Alone in his apartment, my bother could hear him talking to Hazel every night.

I did my best to re-engage with him. We had many visits and long walks together which he always told me he really appreciated. We attended sporting events where he had difficulties handling the crowds but always jumped at the chance to go. True to my mom's advice to "never go there", we never talked about the war.

In 1996, twelve years later just two days shy of his 80th birthday, the very month I retired from Bell Laboratories and he rejoiced at my leaving the stress of the job, he passed from lung cancer – another result of a wartime-related intense smoking habit he developed. The tobacco companies were pretentious in providing endless supplies of free cigarettes to our troops and, through the Red Cross, to our POWs. They pressured families to buy cigarette and send them overseas as a way of comforting their sons and daughters on the front lines. They knew they were developing a massive market and that is all that mattered. They fooled me too, as I gave him many Christmas and birthdays gifts of cartons of cigarettes. Another regret I carry.

In spite of all this, he was a great dad. He worked hard to provide for his family, always had time for my brother and I and taught me many skills that I still use today. I wish I could take back the insensitive stubborn disagreements we had as adults. I could say I should have known better but he was a master at not letting me know. In his final years, I began to recognize his needs and my selfishness. Our long walks together closed the gap that I had allowed to grow.

I was with him the night he died and in spite of the grief of loss, we formed a memory I will always cherish.

It was a weekday night and I had been driving 70 miles each way after work from New Jersey to the Northport VA Hospital to be with him most nights. That night, we talked for a few hours. His memory was clear but his voice was weak and labored due to fluid build-up from terminal congestive heart failure. He constantly felt like he was drowning – the worst fear of a claustrophobic.

Early in our conversation he asked me to remind him to tell me something before I left for the evening. Seemed like a strange request and, of course, I forgot. As I was leaving, he stopped me and said, "you were supposed to remind me I wanted to tell you something."

He motioned me to come closer and I stood by the side of the bed. He motioned me to come closer still, and then closer. I put my ear to his mouth and he whispered, "ice cream!"

I said, "are you kidding," and he shook his head and smiled.

Oh crap! It is 11:30 PM out in the middle of nowhere on Long Island after businesses had closed, and he wants ice cream. Thus, the midnight scavenger hunt began.

Cafeteria closed. Restaurants closed. Not many convenience stores around at that time. But, I did find a gas station that was open that had a freezer with a few ice cream sandwiches for sale. Hallelujah!

Back to the hospital as quickly as I could to keep them cold, I handed one to my father. He fumbled trying to open it and handed it back to me. I unwrapped it and broke off small pieces, hand feeding him one piece at a time. He was beaming – and covered in chocolate. In that moment, our roles completely reversed. I was now the parent feeding his son. We laughed and laughed as he finished his ice cream – then he ate mine!

I wiped the mess from his smiling and totally satisfied face and he looked at me with a grin saying, "OK, you can go now." I headed home and when I arrived, my phone rang. It was my brother, John. Dad was gone.

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It had been very satisfying to write his story but very painful as this final chapter was discovered. It is one of many veteran stories that needed to be told and now it is complete. What remains for me now is to deal with my regrets.

September 28, 1917 – September 26, 1996