

February 1, 2008

Social Security Administration
Thomas P. O'Neill Building
10 Causeway Street
Boston, MA 02114

RE: DB
DOB: --/--/--
SSN: XXX-XX-XXXX

Attn: DT

Dear Examiners,

Mr. DB has been a patient of ours at Massachusetts General Hospital for the past 9 years, and I believe he is unable to work or engage in significant gainful activity based on his longstanding affective disorder. In my opinion, he fully meets the criteria under section 12.04 of the Listing of Impairments.

Mr. B was born and spent most of his childhood in Battle Creek, Michigan. His only full sibling is his twin sister, and they were the youngest of six children in his family. He has three half-sisters and a half-brother. His parents were heavy drinkers who suffered from severe alcoholism, and they divorced when he was 11 years old. He continued to live with his mother, and he had no contact for many years with his father. His mother died at 46, presumably from liver problems related to alcohol. He now speaks to his father once every year or two, and he has had two hip replacements and suffers from cirrhosis of the liver.

D found school "boring" and he developed a pattern of skipping school and would often get into "trouble." His mother moved the family to Iowa City when D was 15 in an attempt to find a better environment for him. After one year, his mother moved the family again to Marquette in the Upper Peninsula of Michigan. He struggled in school, finding some classes easy and others "too difficult to understand." He finally dropped out of school early in the 10th grade. Of note, his twin sister did very well and graduated from high school with honors.

D was drifting and "looking for direction." His older brother had joined the Navy and D decided to enlist in the Navy in October, 1978, at the age of 18. His naval career lasted four years until October, 1982, and would prove to have a profound influence on the course of his life. Two months after enlisting and just nearing his 19th birthday, D married the girl he had dated since he was 15. They lived apart for most of his first year in the Navy, as he was training in Illinois and his wife eventually joined him in California.

Mr. B was stationed in San Diego with the 7th Fleet and served as a boiler technician on a fast frigate. His ship traveled throughout the Pacific and he is proud of his travels. However, he was burned in 1980 while working on the ship's boiler and suffered 2nd and 3rd burns over almost half of his body. He was hospitalized at Balboa Naval Hospital in San Diego for approximately three months. Upon discharge from the hospital, he was granted 30 days of convalescent time before reporting back to his ship. He had great difficulty going into the boiler room. "I was even having trouble drinking a hot cup of coffee." His anxiety escalated, and he failed to report to the ship. He states that he eventually turned himself in after about two weeks. "I was still married at that time and it was the right thing to do." He was placed on restriction and assigned to another ship; however, he was assigned to work again in the boiler room. "If I had known better, I would have requested a medical discharge." He again failed to report again, and this time he was charged with desertion after 30 days. He was arrested in San Diego and sent to Japan to join his ship, the Marvin Shields (FF1056). He worked in the boiler room begrudgingly and with great fear and anxiety. During this period, his wife left him and he recalls being devastated. When his ship returned to San Diego from Japan, he failed again to report to duty, again turned himself in, and worked for a few months while the ship was in port. He deserted a third time, was arrested and was seen and evaluated by several doctors. "They taught me self-hypnosis to calm myself down." He was not given any medication and was not told of any psychiatric diagnoses. He admits that he has not seen his medical records from that time, and he is currently petitioning to see them. He was offered either a court martial or an "other than honorable" discharge, and he accepted the latter in October of 1982.

Although Mr. B began drinking alcohol when he was 14 or 15 years old, he states that this did not become a problem until this injury and the end of his marriage. He was forced to undergo a rigid rehabilitation and recovery, but his fear of the boiler room and the memory of his burns gradually grew more intense. He had little else in his life and he drank and experimented with multiple drugs. He found alcohol and marijuana to be his drugs of choice. He then tried to find work in San Diego, but was only able to find jobs that paid "under the table."

His mother, to whom he felt very close, died in 1983 at age 46, but his siblings did not tell him. He was "shattered" to learn of her death three years later, and was angry with his family. He moved to Richmond, Virginia, to live with an older sister, and continued to work in sporadic jobs that paid under the table. After five years, he argued with his sister and he was forced to leave her home. He moved to a junk yard, where he lived in an abandoned car and did odd jobs. He was fired after he destroyed the owner's car while driving intoxicated. In 1991 he moved to Pennsylvania to live with his twin sister. He witnessed her husband be violent toward her, and this precipitated "a huge brawl" in which he sustained a blow to the head with a bottle and a large laceration that required multiple sutures to close. He left his sister's house and joined the carnival, spending the next four years with Wrighthoffer Shows traversing the East Coast from Florida to Vermont working as a "carnie." He eventually met a woman and they left "the show" and moved to Brockton, MA. This relationship ended after three years and Mr. B came to Boston in 1997 and began living under bridges and on the streets. He had been

drinking heavily through all these years without any prolonged periods of sobriety. Not long after arriving in Boston, he went to a public detoxification unit and then to a recovery program named Anchor Inn that is run by Pine Street Inn but located on Boston's Long Island. He did very well and remained clean and sober for almost two years, the longest period of sustained sobriety in the 17 years since his devastating burn injury.

Mr. B has recovered from the physical effects of his burns, and his primary medical problem is severe degenerative joint disease that primarily involves his hips as well as his lumbar and cervical spine. He has considerable pain in the hips, which is aggravated by prolonged standing or walking. Like his father, he will likely require bilateral hip replacements in the future, although we hope to delay the surgery until he is older. I do not believe that this medical condition is severe enough at this time to meet the specific Listings of Impairment, although I do believe that his DJD clearly contributes to his overall inability to engage in substantial gainful activity.

Mr. B does suffer from the longstanding traumatic effects of his injury, which clearly catalyzed a marked decline in the quality of his life. The trauma and extent of his burns, his inability to cope with the resulting pain and physical limitations, his difficulty handling his situation with his superiors in the Navy, and the end of his marriage all appear to have a complex relationship with his injury. He states that he was seen and evaluated by a psychiatrist in the Navy at the time, although I do not know if he was given a formal mental health diagnosis at that time. His discharge appears to be "less than honorable" rather than a medical discharge. What does seem abundantly clear is that his life began a downward trajectory at that time that ended with Mr. B alone and sleeping under a bridge along Storrow Drive in Boston, which is where I met him in the late 1990s. We were able to witness his hopelessness, his labile moods, his inability to tolerate even the minimal rules of the shelters, and his often impulsive behavior. He has appeared chronically depressed, with difficulty sleeping, a poor appetite, marked and open thoughts of worthlessness, erratic behavior likely triggered by his difficulty with authority. He is particularly sad and admits to "feeling very depressed" during the holiday season each year from Thanksgiving through the New Year. He states that he has never been on psychiatric medications and has never been hospitalized. He has considerable difficulty being around other people, and we have observed him to be socially isolated and without close friends on the streets even though he appears ostensibly very friendly and affable. We have visited him innumerable times under the bridges and more recently in a gazebo near the Muddy River in the Fenway area. He is virtually always alone, and openly notes that he needs to be "away from others." He admits that he drinks alcohol to hide his loneliness, to help him forget the trauma of his injury and the loss of his marriage, and to help ease the pain of his guilt and sense of failure. He notes that he has long since lost all interest in the things that once gave him joy, such as sports.

While caring for this unfortunate man over these past 9 years, I have noted consistent and significant signs, symptoms, and devastating social consequences of a chronic and persistent affective disorder. I believe that his longstanding mood disorder has affected

his entire life journey, and he fully meets the criteria listed in 12.04. He has clearly demonstrated a pervasive loss of interest in almost all activities, has been erratic in his sleep habits, is frequently agitated and unable to tolerate others, has difficulty concentrating, and has long been overwhelmed by feelings of guilt and worthlessness. These have clearly resulted in his chronic homelessness and isolation on the streets, where he has shown marked difficulties in maintaining social functioning, has lost all friends and social supports, and openly admits to his inability to concentrate or keep up with a normal and persistent pace.

I firmly believe that Mr. B's affective disorder predates his chronic alcoholism, and he has sought solace and relief from his symptoms through self-medication with alcohol. When we witnessed him after over a year of sobriety while in a program in the late 1990s, and his symptoms persisted despite the lack of alcohol and he fled his program and returned to his isolation under the bridges of Boston.

Thank you very much for your time and consideration of this very wonderful individual. Please feel free to call me with any questions.

Respectfully,

James J. O'Connell, M.D.
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