

Erika Meyer
305 NE 61st Ave Apt D13
Portland, OR 97213
phone: 503-462-6138
email: ekm@seastorm.com

Oregon Health & Science University Hospitals and Clinics
Health Information Services / Medical Correspondence
3181 SW Sam Jackson Park Rd.
Mail Code: OP17A
Portland, OR 97239-3908

Tuesday, May 3, 2016

Attachments:

- #1 Affidavit regarding Dr. Pollack diagnosis on February 3, 2014
- #2 Response to visit with Dr. Frank on February 4, 2014
- #3 Response to visit with Dr. Frank on June 3, 2014
- #4 Response to visit with Dr. Frank on April 1, 2015
- #5 OHSU medical records (approx August 2013-April 2015)
- #6 Back Pain History from Kaiser Permanente (2002-2008)
- #7 Letter to OHSU Comprehensive Pain Center dated April 25, 2015

To Whom It May Concern:

Beginning in early 2014, I began to notice what I believe to be serious problems with record keeping in regards to my status as a patient at OHSU. At first I believed that I was dealing with an isolated incident which occurred on February 3, 2014 with a psychiatrist and an assisting doctor who identified herself as part of my doctor's team (see attached affidavit and supporting documents). However, in November 2015 I requested and later received approximately two years worth of records from Richmond Family Clinic. I was fairly surprised and disturbed about what I learned from them, specifically, I believe that there has been a pattern at OHSU of on one hand, virtually ignoring a serious and debilitating medical issue that I have had for more than two decades (recurring severe spasmodic back pain), and on the other hand, bringing into focus very minor or long-resolved issues (consumption of caffeinated beverages, minor weight issues, "anxiety"). In addition, there have been certain diagnoses so severely misleading, it makes it difficult to believe they were made in good faith, specifically, the idea that I ever suffered from "delusions" or "psychosis." While it's a bit late to make a detailed record of my bouts of recurring back pain, I would at least like to see OHSU amend my medical records to remove or otherwise negate the psychological misdiagnoses.

Because I have been at OHSU since late 2010 or early 2011, and I only requested records back to August 2012 I can't sure how far back these problems go. The records, which arrived out of chronological order, seem to end around April 2015. I can't be certain whether the records within the span of August 2013-April 2015 are complete, or whether there are additional problems extending before August 2012 or after April 2015. Unfortunately, if the records I have are any indication, I suspect that with another records request, additional inaccuracies will be revealed, probably within the same pattern.

Unfortunately, in regards to recent medical records, I have found a pattern of not just inaccuracies, but outright factual lies from medical providers and even from law enforce-

ment professionals. Clearly, there is something much larger at work here, something which doesn't begin or end with OHSU. This is obviously of tremendous concern, since medical and law enforcement professions are expected to adhere to the highest of standards, and both professions have, first, the ability to determine whether an individual will be confined or free, and second, because they have the ability to determine whether a patient receives proper treatment for the proper diagnosis (versus improper treatment for an improper diagnoses). I am in the process of trying to retrieve various medical records from various facilities to get a better idea of how - and why - this pattern of misdiagnosis seems so pervasive.

Rather than create a painful or adversarial situation which could go on forever, I would prefer to work with OHSU to fix that which has been broken. Based on the records to which I currently have access, here is what I would like OHSU to do:

1. address the problems with Dr. Pollack's evaluation of 03 February 2014 and Dr. Frank's follow ups. The situation with Dr. Pollack is addressed in Attachment #1 (affidavit).

2. address the problems with Dr. Brian Frank's follow up care 04 February 2014. (OHSU medical records p. 17-19 of 37.) This is addressed in Attachment #2.

3. address the problems with the visit with Dr. Brian Frank on 03 June 2014. This is addressed in attachment #3.

4. Correct the statements about me made repeatedly in the "other topics" sections of my paperwork which are misleading or untrue:

- Caffeine Concern - "yes" - I do not recall ever voicing concern to a doctor about my own caffeine consumption, nor to I ever recall a doctor voicing concern to me about my caffeine consumption. Is this "caffeine concern" marked for every patient who consumes a morning cup of coffee? If so, then it seems odd, but makes sense. If it is something other than that, it needs to be removed or amended.

- Back Care - "no" - In reality, my back is an ever-present concern and after 25 years of back problems, the truth is that my back concerns factor into almost every physical and mental choice I make. I don't think doctors understand my back problems properly however: the fact that my back pain is more likely to be triggered by problems with diet than by problems with posture or movement, or that controlling my breathing is far more effective than physical therapy. I don't think that doctors understand that I always use non-medical solutions (rest, cold packs, etc) first, to muscle relaxers/nsaids when that is not effective, and only ask for opioid medications when the spasms begin, at which point the pain is already snowballing and the back is involuntarily causing itself further injury, and that once the spasms begin, the pain is unbearable and I am nonfunctional, and that opioids are, so far, the only thing that stop the pain and spasms. And if taken in time, a relatively small dose of opioids can stop the pain and spasms very quickly and very effectively. Back Care - "no" is inaccurate and unfair.

- Weight Concern - "yes" I am ambivalent about this. I have been far more interested in maintaining my health than getting "skinny." It's best for my back that I stay well nourished. I think this "weight concern" is nitpicky, and though I always like to keep my weight appropriate, I personally can't recall whether I ever discussed any weight concerns with a doctor.

5. Please remove the "anxiety state" diagnosis in "Active Problem list." It is untrue and dangerous.

- When I saw "anxiety state, unspecified" turn up, several times, in my paperwork I was shocked. It is true that between 2004 and 2006 I suffered from anxiety and snowballing panic attacks. It is also true that I took Ativan for the panic attacks for about 1.5 years, beginning probably late 2004, tapering off beginning in April 2006, and freeing myself of it completely by October 2006. I believe that I suffered from anxiety and panic attacks at that time due to a combination of perimenopausal hormonal shifts and long-term professional burnout suffered as a single mother trying to support my daughter without financial or other help. To my way of thinking, the anxiety issue was largely resolved (by leaving the stress of my job and self-practicing CBT) by late 2007. In reality, I did suffer from a few very rare residual panic attacks up through 2010, and because I am usually very honest and disclosing to my doctors, I probably mentioned this, in passing, to Dr. Frank. However, by this point I had learned to successfully manage a panic attack (breathe my way out), and having one was no big deal. Despite having (I'd say less than 6) sudden panic attacks between 2009 and 2011, I do not feel I was in an "anxiety state" at all during this time period, and certainly not afterward.

What I find more troubling about the "anxiety state" diagnosis is that after 2006, no doctor had ever told me that he or she believed that I had an ongoing issue with anxiety. It seems inappropriate to me for a doctor to put a diagnosis like this into my medical records - repeatedly! - without informing me. Early on I had doctor at Richmond Family Clinic attempt to prescribe an SSRI (Cymbalta) to me, but she stated that this would be for "pain management," never mentioning any concern about anxiety. After studying the research done on Cymbalta for pain management, I decided it is not appropriate for managing my periodic flare-ups of acute spasmodic pain.

Furthermore, it appears to me that when I have visited the doctor in a state of extreme pain, my suffering is being misinterpreted as "stress" or "anxiety." It seems that this has been done so often as to be severely misleading, and even dangerous, especially when viewed in context of other inaccurate statements - the idea that I ever had "delusions" or was ever "suicidal," for example. (Again, these mistakes are addressed in Attachment #1 (affidavit), Attachment #2, Attachment #3). Furthermore, having these severely misleading (and let's face it: severely stigmatizing) diagnoses attached to my medical records puts a deep chill on any responsible doctor's ability to put me on a pain plan and/or prescribe the schedule II medications (opioids) needed stop the severe spasmodic back pain when it comes.

Additional concerns:

ADHD vs. Anxiety

Page 32 of 37 (OHSU medical records) notes that I asked Dr. Frank about ADHD. I did believe, have long believed, and continue to believe that I am dealing with a low level of ADHD. It seems to be one of the chronic conditions that medical cannabis, when I use it, helps with. The reason I brought it up with Dr. Frank is because I'd hoped to have it properly diagnosed. Dr. Frank said to me, "it sounds more like anxiety than ADHD." This is the first and only time I ever heard Dr. Frank say anything about him thinking I had any kind of anxiety. I felt his statement was way off the mark, but I didn't bother to argue. Nonetheless, he or another person at the clinic told me that I could be assessed for ADHD, and that I should expect a phone call from another department. The phone call never came. I attempted to follow up one more time, but after getting no where, I dropped the subject knowing that even with a positive diagnosis of ADHD I probably

wouldn't change my behavior significantly (I generally don't like taking medication, especially daily medications). The note about "anxiety surrounding looking for another job" is misleading without context. My concern about finding a job had to do partly with care for my daughter, and mostly with the pain issue. The problem is that I often suffer from a pain flare up in the early days of a new job, and taking time off of work for any reason in the first couple of months is generally frowned upon, to say the least. With the right medication available, I can function normally. Without proper treatment, debilitating back pain can come on suddenly and it can put me out of commission for weeks. That was, and continues to be, a primary concern when it comes to starting a new job.

Page 35 of 37 notes something about waking up in a state of worry. I can't say that I recall that happening, but I believe that my biggest concern at that point in time was financial: finding and maintaining work after several years unemployed, and while dealing with back pain issues which had begun around 1991 and reached their peak in late 2011 - just a few months prior to this visit. In fact, by 2011 the pain was so severe, the bouts so frequent and so long lasting, I wondered if I could ever be able to work again.

After a few years of medical cannabis use beginning around the same time, the pain issues have improved significantly, though the severe spasmodic flare ups still happen.

Parental Behavior

I was born in 1968. My daughter was born in 1996. I received my Master's Degree in 2000, and from that point, have worked mostly in profession fields: computer consulting, teaching, and web development. I did all of this while raising a daughter with very little familial support. As my economic situation faltered, however, I've received increasing financial support from my family. This should not mean that I am incompetent, unable to speak for myself, or legally incapacitated in any way. Outside of my pain issue, I have a long history as a fully functioning adult human being.

One of the odd aspects of this situation is the fact that at various times, my mother has gone out of her way to make false statements to both medical and law enforcement. I cannot say for sure whether she has done this maliciously, or out of a desire to "control," or because it is she who is "delusional," or for some other mysterious reason. Suffice it to say that some of her actions have been very damaging to me. I am not sure what is the appropriate medical (or law enforcement) approach when an adult has a family member behaves this way in regards to another adult. To my way of thinking, the best thing to do would be for medical and law enforcement professionals to take actions based on empirical evidence and on an ongoing relationship with the patient (if one exists), rather than putting so much weight on hearsay.

I'm looking forward to resolving these issues.

Sincerely,

Erika Meyer

