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This constitutes my formal written request for the removal of the false psychiatric diagnosis of delusional disorder. I have made this request several times to several different providers and within reason, have followed recommended instructions by providers in order to complete this process, and all that has happened as a result is even more misleading diagnoses ("target of perceived adverse discrimination and persecution") being added to my charts. By now these misdiagnoses are beginning to look to me like criminal negligence or worse.

While the reasons given for the delusional disorder diagnosis have morphed over time, the diagnosis itself has persisted. I have some theories about why the diagnosis went into my charts originally. To my recollection it was made by an OHSU doctor, Brian Frank, in response to my reporting to him - probably just mentioning in passing - my legitimate experience of what can best be described as community-wide organized harassment behaviors. That particular set of records, and many - even, arguably, most - of my medical records, seem to have been deliberately skewed in order to misrepresent my presentation, intents, and behaviors. After examining my medical records in 2015, and seeing these misrepresentations, I filed a formal request with OHSU to get the records changed, which they refused to do. Meanwhile, with only a few exceptions, my medical records continue to show a persistent pattern of falsifications, omissions, and truth twisting, regardless of provider. This needs to stop.

Some psychiatric diagnoses are easier to disprove than others, and I would assert that the diagnosis of delusional disorder may be difficult to "prove" (a person who appears to be delusional may simply be acting), but relatively easy to disprove, and it has to do with what a delusion is, and is not, as defined by the DSM-V (2013). DSM defines delusions as "fixed beliefs that are not amenable to change in light of conflicting evidence." (p 87) As I have explained, my assertions - regardless of how "strange" some may find them - are hypotheses based on documented evidence and valid logic. I have by now provided ample evidence to support my hypotheses, and given multiple providers ample opportunity to provide conflicting evidence to counter my assertions. Providers have consistently failed to provide conflicting evidence outside of appeals to their own authority. ("Numerous doctors say you are delusional, therefore you are delusional.")

As I said earlier, the original diagnosis seems to have been made based on the grounds of me reporting organized harassment behaviors. I don't think that it was carried through in my records at first, but instead later re-appeared when I began to report evidence of subcutaneous implanted devices giving off detectable wireless signals that seem to be involved in attacks that manifest as medical conditions and which I have been consistently claiming are putting me at risk for life threatening conditions including heart attack, stroke/aneurism, and cancer. I've been making these allegations since 2017, after I had found and documented forensic evidence of these biomedical implants. I believe it was in response to this evidence-based claim that "delusional disorder" reappeared in my medical records.

By now this conflict and conundrum has gone on several years. Meanwhile the source of my medical distress has gone persistently unaddressed, putting me in ever more danger, especially with regards to cancer from repeated cell damage. Meanwhile, I have suffered a myriad of health issues, some of which are disfiguring, many of which are distressing and painful, and others which are simply bizarre - all which I have reason to believe is related to wirelessly accessed biomedical implants. My daughter has also experienced a number of bizarre health issues, and people around me are increasingly dying at what appears to me to be abnormally high rates of of

heart attacks, strokes, and cancer. Then, in January 2021 my husband was diagnosed with cancer and died within four months. The issue I am describing is, I believe, widespread and cause for serious concern.

When I say I am being "attacked" it is not just a "perception" but an evidence-based assertion. I am always willing to explain why I make the claims I make, and when possible provide tangible documentation for my claims. I have been over this again and again and again with my providers. It is to the point where I simply can't buy the idea that they are not working with enough information, or even that the false psychiatric diagnosis has been made in good faith.

Recently a new issue has been added to the chart "target of perceived adverse discrimination and persecution." This is also problematic for a number of reasons. First, like so much of the documentation in my records, it focuses on my "perceptions" rather than on the evidence I've presented. Second, it uses language which implicitly connects with psychiatric language linked to paranoia or persecutory delusions. This is, in my opinion, a form of misdirection, focusing attention away from forensic evidence, and towards this idea that I have various types of delusional beliefs or other psychiatric issues.

The records' false diagnoses, misdirection of focus, and lack of precision of language and detail with regards to my assertions and concerns, paired with a lack of documentation of my provided scientific evidence serves to create a misleading profile of me both in terms of my personality and my medical issues, and this is far from harmless. It is this false profile that is used by law enforcement and other agencies with the power and obligation to address issues of crime and malfeasance to excuse inaction in response to my attempts to report crime, or worse, to consider adverse actions such as unjustified psychiatric interventions.

Thus, this is my last ditch effort work with Providence to bring my medical records into line with what is, and is not, really going on. Due to the futility and negativity of my previous experiences trying to work within the system, as advised, and in good faith, I will not be speaking with additional doctors or psychiatrists about this. I am, however, willing to discuss this with an administrative board. If that is unsuccessful, I will stop trying to work within the medical system and instead explore my legal options.

With this letter, based on evidence I've already documented and presented to Dr Warrington, I am simply asking for the delusional disorder diagnosis – which I do not have -- and the new "target of perceived adverse discrimination and persecution" – which is not a medical condition and therefore misleading - to be removed from my charts.

Thank you.

Erika Meyer