

Hi Kathy,

I want to address our appointment today in writing, before I visit. The purpose of this is to minimize any need to provide background information at the appointment, and to put you on notice of some things that may occur and that you may need to be prepared for.

First, I will give you background on how I feel that my post traumatic stress disorder progressed while under your care. I aim to do this in a manner that will tie back your interactions with and observations of me, as well as the information I have provided to nurses to my current situation.

My PTSD began to develop in the weeks following my inpatient stay at Billingsley rd.

I will outline this as follows:

Item 1. – background of the violation of my rights that occurred at Wells Fargo

Item 2 -3. PTSD

Item 4. Today

1. Background of the violation of my rights:

Wells Fargo perpetrated a serious violation of my rights while during the time I worked for them. This happened in around Nov 30th 2017 to the first week of Dec 2017. My friend and former coworker Jenny, who filed the involuntary petition, along with her crisis counselor friend and police officer neighbor/friend, was involved in this.

I did not know what had happened for a very long time, only that Jenny and/or our mutual friend named Tunny had spoken with someone on my facebook, and had been told some malicious lies about me. These malicious lies went around where I used to live, and I am fine-tuned to the way people react to me after hearing them. I do not know what they are, but I have reason to believe they are malicious and grossly exaggerated statements about my health history, and also cruelly exaggerated and mischaracterized statements about my life in general.

I knew that Tunny had heard these things, and that she had spread them to others in my workplace. I will cut the explanation short to say that around the same time Jenny and her accomplices filed this petition under false pretenses, I had begun to realize that their pathological avoidance of discussing this with me in a truthful way was tied to legal and reputational consequences my former employer would face.

I began to contact my most recent former manager at Wells Fargo right before this petition was filed, and then resumed talk with her immediately after returning home. She lied incessantly through our conversations, but in the process leaked out things that pointed to exactly what had happened.

A senior manager named Bill (William P. Vanhoy) who was incompetent and for who I was a source of frustration on the job, had put Jenny, and probably Tunny as well, up to the task of "looking into my past". This was what triggered their contacting a certain person on my

facebook, who spoke of me in the worst terms, and said that I “had been to a mental institution”. The mental institution component came out in a Freudian slip when Jenny and I were arguing about this “Ok, I talked to her and she said you had been in a mental institution!!! Is that what you want to hear?”.

I was subject at my workplace to being treated as a stigmatized person, where coworkers were allowed to disrespect me without consequence (and at times corrective feedback/threats from management about my behavior, rather than theirs, when I reported it). My IMs were ignored at will, people who were assigned to help me with work would put the work they were supposed to take back in my name, and the list of behaviors go on.

It was the exact type of treatment that I received for over a decade where I used to live, and it happened overnight during the first week of Dec, immediately after Jenny conned me into giving her a link to my facebook profile.

2. PTSD development: After first getting an insight into what almost certainly occurred at Wells Fargo, which was more than a coworker getting curious, asking someone about me, and then repeating what was said to others, but a deliberate violation of my rights where people were sent to dig into every fact about my life, which was none of their business, and that after offering dozens of times to merely have a conversation, consequence free, at times for large sums of money, at least twice offering to sign a formal nondisclosure agreement where I would not be allowed to share our discussion with others, this is what I get. I get the scam of the century pulled on me, where I am kidnapped by the police, and where the entire social infrastructure of my city appears to have been corrupted and/or induced to act against my interests for no reason. That I am left to suffer and be lied to for years, all while doing favors for Jenny left and right. I am worth less than a cockroach. This is when the trauma really hit me, although I was already very distressed following my false imprisonment and kidnapping by the police.

3. How I report my PTSD to you:

I was obviously distressed on the visit that occurred around 4/25, immediately after this incident. Around May 2019, I recall reporting to you that I “sit there and melt” at home, unable to work at all, and that I break down during the day several times. I believe I described to you how I “lash out” at my former manager and Jenny when I am hit with bouts of extreme emotional pain. I believe I used the term “traumatic stress” when describing this to you on several more occasions then and subsequently.

Around this time was the first time I recall taking extra medication to help with the concentration issues that prevent me from working. I reported this to you and you requested I take only the 40mg I am prescribed.

I followed this, and also followed your other recommendation that I lean towards the high end of my 5mg to 10mg Zyprexa dosage, and followed up in 2 weeks, if I recall. I have also told you that I take 15mg at times and you have found this to be not completely disagreeable but not recommended.

For several days leading up to this next follow up appointment, I had a period of relatively low psychological distress and I believe had reported to you that “I think I am getting better”. This turned out to be false notion, as I continued your recommendation for Adderall and Zyprexa and, within the next few days, I began to have the same symptoms as always.

I continued your Zyprexa recommendation for a period of 2 to 3 weeks, and there was no relief. The Zyprexa caused cognitive impairment after a while and, for this reason and the fact that any dosage above 5mg doesn't provide any incremental benefit for any of my symptoms of any condition, I went back to taking mostly 5mg daily, with occasional 10mg dosages.

I have found, for a long time, this protocol of 5mg daily and here and there 10mg to be very effective at treating my bipolar type I symptoms, while minimizing cognitive impairment.

I have had several of these “false sense of being better” subjective states that last 1, 2, 3 or sometimes more days in the intervening months. They are totally gone now and have been for a while.

In our last visit and in preceding visits, I have had difficulty answering the question “how is your concentration”. I have expressed this on at least one occasion. The reason is that I have for a long time abandoned almost totally my daily habit of reading, and my habit of reading for 30 minutes immediately after breakfast. When I would sit down to read after breakfast, I would feel a strong drive to go to my computer and work. I would find that this drive and my general emotional/cognitive state would make it very hard for me to read for any period of time.

It seemed to me that I could not concentrate. On the other hand, I would be glued to my computer for 10 to 18 hours a day, often doing productive work towards my outstanding web development contracts. I was confused as to how I could not be able to concentrate, yet work incessantly at my computer.

It was only after researching the symptoms of traumatic stress that I began to put these facts in a frame that made sense. People with PTSD have a compulsion to “stay busy”, as constant activity appears to utilize and absorb the capacity of their cognitive resources in a way that reduces their experience of subjective distress.

And this is how I describe it. I have a **drive**, not any consciously decided behavior, but a motivation that feels as innate as any other fundamental motivation (to eat, to use the restroom), to always be doing something. It is automatic.

Hopefully this reconciles anything you feel needs an explanation. The key takeaways are that-

- a) These symptoms are independent totally of how much Zyprexa I take
- b) These symptoms are also independent of how much Adderall I take, as far as I can tell. Adderall helps with concentration and I have not noticed any difference in the hyperarousal based symptoms. This is possibly due to the relatively small sample of days I have where I have taken 60mg, as opposed to 40 mg. It may be that, if I persisted with frequent increased dosages, the hyperarousal symptoms would be more acute
- c) I have 0 symptoms of any of my other conditions, other than those that overlap with PTSD. I am of the strong belief that 100% of such symptoms are tied to PTSD, as since Nov 2018, I have had a very stable history regarding my other conditions on my current regimen (consistent 40 mg Adderall, 5mg consistent Zyprexa w/occasional 10mg)
- d) There are multiple indications of developing and worsening traumatic stress reactions in my recent history, with the ones that stick out to me being the emotional pain that is accompanied by “lashing out” at people. If it seems that this is a recent issue that popped out of nowhere, I hope this explanation helps to reconcile the set of facts you have been provided with my current condition.

4. My current condition:

I am not in danger of harming myself or others, and am able to meet my basic needs. I will appear unkempt in our meeting, and that is because my concentration and ability to do productive work is a very scarce resource, and 100% of it is devoted to my bankruptcy process.

I am hijacked with shell shock multiple times a day, and the subjective experience of this is worse as time goes on. I can only describe it as a terrible feeling that can be paralyzing, including a slight feeling of physical paralysis (I can walk, but feel shocked), and that is accompanied by a feeling that the only way out is death. I have no intention to act on this feeling, but that is how I describe it. I am very motivated to move forward in life with my bankruptcy and legal matters. My bankruptcy provides an opportunity to extract legal justice from the parties who have wronged me. I spend my time filling out my paperwork and researching the legal consequences I can expose those who have wronged me to. I am in general preoccupied with getting justice in any and all legal ways that I can, and this is a very strong motivator.

For today I want to get my scripts filled, and to get if your pharmacy has the medicines John mentioned, and if so at what cost.

I ask that you understand the distinction between symptoms of illness that are **emotional states** vs those that are **behaviors**. Your concern that staff be treated with respect and not subject to angry outburst is reasonable, and you make an analogy of “other patients who have trouble

controlling their anger". In this case, there is no guarantee of your concern be met, although I will try my best, and your analogy is not relevant.

If you have someone with bipolar disorder and they have a symptom of "irritability", it is reasonable to put their behavior in context and judge their ability to control their resulting behavior, the resulting behavior being influenced by a symptomatic emotional state. However, when **a behavior itself** is a symptom, there is no reasonable expectation to be had for this behavior not to occur.

In general, bringing up my legal matters is a trigger that may likely create a volatile situation where this behavior is likely to occur. I try to contain myself and preemptively warn people.

In short, when someone has a symptom of "irritable, angry outbursts" you cannot say "We expect staff to be treated with respect, and that includes not being subject to angry outbursts" any more than you can tell someone with paranoia "we believe that staff should be comfortable at work, and this includes not hearing nonsensical accounts of how the airplanes flying over your house are surveilling you, for completely implausible reasons."