Comprehensive Narrative of Systemic Harm, Psychiatric Bias, Educational Neglect, and Long-Term Impact

(Centered on Northern Regional Medical Group and Surry County Schools)

1. Psychiatric Framing of Physical Symptoms

All medical workup I received before and during my time with Northern Regional Medical Group was predominantly filtered through a psychiatric lens. Despite multisystem symptoms consistent with connective tissue disorders and autonomic dysfunction, my complaints were reframed as psychological. Cardiac testing and labs showed abnormalities, yet these were dismissed as incidental. Imaging revealed spinal curvature, gastrointestinal inflammation, atypical joint degeneration, and brain malformations, but findings were omitted or minimized in reports, leaving me without meaningful follow-up.

2. Educational Neglect and Surry County Schools

While Northern Regional Medical Group was filtering my health through psychiatry, Surry County Schools reinforced this pattern through systemic academic neglect and failure to provide federally required accommodations. From elementary school through high school:

- My requests for disability accommodations under ADA and Section 504 were ignored or denied.
- Chronic absences from health crises were framed as truancy rather than disability-related.
- School staff minimized neurological and medical symptoms, attributing them to “behavioral” or “emotional” issues.
- No IEP or meaningful educational plan was implemented, despite clear evidence of disability.

These educational failures paralleled the psychiatric framing in my medical records—together producing a cycle where both systems invalidated my symptoms. When Surry County administrators mischaracterized me, those records informed doctors. When Northern Regional mischaracterized me, those records informed schools. This

reciprocal loop entrenched stigma and delayed accurate recognition of genetic, neurologic, and cardiovascular disorders.

3. Overlooked Signs and Lack of Genetic Referral

Despite abnormal skin morphology, TMJ degeneration, cardiac concerns, joint instability, dental crowding, and adoption history—clear red flags for systemic conditions—no genetic referral was offered. Both school and medical institutions treated me as a behavioral problem rather than a student/patient with underlying connective tissue disease.

4. Masked Neurodivergence and Academic Background

Autism traits were masked by academic overachievement. I was top of my high school class, yet teachers ignored my need for accommodations and failed to recognize executive dysfunction and sensory overwhelm. Later I discovered multiple biological relatives with neurodevelopmental diagnoses. My academic trajectory was derailed by both untreated medical illness and the stigma embedded by Surry County Schools and Northern Regional records.

5. 2018 Assault, GI Crisis, and Febrile Seizures

Following a sexual assault, I developed severe gastrointestinal symptoms (later linked to Campylobacter). I was denied prompt care, given morphine despite allergy, and suffered febrile seizures in Brenner's Children's ICU. This trauma was compounded by both Surry County Schools minimizing my medical absences and Northern Regional filtering the event through psychiatric bias.

6. February 6, 2022 Incident (Northern Regional Hospital)

During acute distress, I was denied medications, ignored, and stripped of accommodations. This event caused lasting deterioration—chronic vertigo, tinnitus, migraines, and partial vision loss. The harms were worsened because Surry County Schools had already built a record of disbelief, making my disability status easier for hospital staff to dismiss.

7. Spread of Mischaracterization Across Networks

Northern Regional's records—already tinted by Surry County's school framing—spread to Wake Forest Baptist, Novant Health, Cone Health, Colorado Physician Partners, and Carilion Clinic. I was flagged as a psychiatric risk, leading to inappropriate antipsychotic prescriptions that impaired cognition for years. Similarly, Surry County's records followed me through the education system, undermining my academic credibility and blocking equal opportunity.

8. Sleep Trauma and Neurological Monitoring

I now live with vivid trauma-related lucid dreams of confinement, directly tied to psychiatric mislabeling. qEEG and EMU monitoring confirmed unusual brainwave activity during memory stages, consistent with hyperthymesia (HSAM), showing a neurologic—not psychiatric—origin. Yet both school and medical settings failed to recognize or accommodate these neurologic realities.

9. Lasting Impact of the 2017 Involuntary Commitment

My 2017 IVC, initiated by my Pediatrician and reinforced by school referrals, became the cornerstone of my psychiatric labeling. Though deemed inappropriate by Brenner staff and my own family, this IVC was repeatedly cited by Northern Regional and shaped Surry County's perception of me as unstable, justifying their refusal to provide accommodations or respect my medical absences.

10. Gastroenterology and Cardiology Neglect

Dr. Orli (GI) and Dr. Balough (Cardiology) documented abnormal findings but downplayed or omitted them. An EGD where I regained consciousness mid-procedure was ignored in the report. Repeated abnormal EKGs were never pursued. Surry County staff used my ongoing absences as evidence of irresponsibility rather than disability, compounding the neglect.

11. Missed Cardiac Diagnoses (2015–2025)

Abnormal echocardiograms were dismissed until 2024. In 2025 I was finally diagnosed with atrial fibrillation. These delays directly correlate with systemic bias in both medical and educational systems, which labeled my symptoms as psychiatric or behavioral.

12. Imaging Re-Review

Re-review of spine/abdominal imaging with Cone Health confirmed lumbar disc disease, scoliosis, and GI pathology—all visible in earlier Northern imaging but omitted. Brain scan abnormalities were not significant enough at the time to cause true concern. All Imaging was re-reviewed by Dr. J Peele & Dr. C Meyer's in 2025 which had findings of intracranial calcifications, vascular ischemic changes and abnormal CSF flow. As of 8/18/2025; all imaging is under comprehensive review by UVA. Surry County's denial of accommodations during this period further obstructed continuity of care, as absences and functional limitations were never documented appropriately in school records.

13. Systemic Failure and Advocacy Burden

The combined failures of Surry County Schools and Northern Regional Medical Group forced me into constant self-advocacy, while undermining my credibility at every level. Both systems reinforced each other's mislabeling, creating a cycle that delayed accurate care for nearly two decades.

14. Current Status and Future Goals

Only through independent effort—record access, genetics, self-education—have I obtained accurate diagnoses. My focus remains on doctoral research and advocacy so future patients and students are not subjected to the same systemic failures.

15. Boundary Request re: Current Providers

Out of respect for their neutrality, I request that my current providers not be contacted. They are aware of this case for documentation, and further involvement could cause unnecessary strain. If additional clinical or academic context is required, I can provide prior records and independent evaluations.