

Transmission Result: **Sent**
 Sender: **909-277-7893 (Gruwup-SrFax.com@inthemindway.org)**
 Time Sent: **Dec 04/21 03:51 AM**
 To Fax#: **1 202-619-3818**
 Recipient Name: **CDCINFO-Confirm : HHS-Confirm**
 Pages Sent: **22**
 Remote ID: **2026193818**
 Duration: **721**
 Reason for Failure:
 Account Code: **Agmented-Conscience**



To: CDCINFO-Confirm : HHS-Confirm **From:** James Martin Driskill
Fax: 1-202-619-3818 **Date:** Dec 04/21 03:50 AM
Organization: The United States of America Bullshitters #TimesUp
Subject: CDC INFO: Topic I am STILL DETACHED from HIV DOCTOR CARE

Dear CDC-INFO --- Media/Press Department --

Would you please direct and route this to the correct persons -- Thank You.

Dear HHS -- Would you please direct and route this to Timothy Noonan.

Thank you

Dear Public Agency of Public Duty of in the Federal Government of the United States of America in view of the Administration of our Healthcare.

I have written out to you repeatedly - I still do not have a fully trust-bearing doctor/patient-provider installed into my life for the treatment of my HIV Disease.

I have not had HIV DOCTOR CARE since March of 2019. It is getting really really tired of trying to establish my story unfolds upon each new looping I try. I have tried to reset my doctor care 4 times now with Humana. I need your upper-level oversight onto my doctor care -- Specifically informing the doctors I have at my reach in my health plan with JHumana, and Humana itself to obey the law -- they can not just DETACH and TERMINATE care because I need to bring forward an issue into the understanding and be able to

TALK ABOUT THE MATTER -- TRUTHFULLY - TRUSTFULLY.

Is that standard just all too much to obtain here in this Country - The corruption so over the top --Get your shit out of my path -- and do your job for once -- ok?

Who is HT?

Thank You

Grammarly scan this cover page text and returns the result emotional presence as:

Tone detector

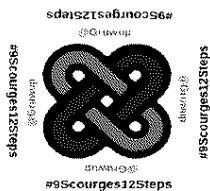
How this may sound to readers:

- 🗉 confident
- 🗉 appreciative
- 🗉 formal

Will you finally respond with a response of responsibility in my case and care for the fact I dying?

BTW, until this matter gets up into a confirmed receipt and assigned to someone to help me into some kind of actions here, your public web presence storage folder is assigned:

<http://webdomains.fuckaduphuman.net/cdc.gov/>



@gruwup.net : Peacebuilding and Trustbinding Ideal
3260 Grande Vista, San Bernardino CA 924
San Bernardino, CA 92405
Tel: 909-882-8759 Fax: 909-277-7893
#Kramobone : #Nyansapo : #Mpatapo

Fax

To: CDCINFO-Confirm : HHS-Confirm **From:** James Martin Driskill
Fax: 1-202-619-3818 **Date:** Dec 04/21 03:50 AM
Organization: The United States of America Bullshitters #TimesUp
Subject: CDC INFO; Topic I am STILL DETACHED from HIV DOCTOR CARE

Dear CDC-INFO --- Media/Press Department --

Would you please direct and route this to the correct persons -- Thank You.

Dear HHS -- Would you please direct and route this to Timothy Noonan.

Thank you

Dear Public Agency of Public Duty of in the Federal Government of the United States of America in view of the Administration of our Healthcare.

I have written out to you repeatedly - I still do not have a fully trust-bearing doctor/patient-provider installed into my life for the treatment of my HIV Disease.

I have not had HIV DOCTOR CARE since March of 2019. It is getting really really tired of trying to establish my story unfolds upon each new looping I try. I have tried to reset my doctor care 4 times now with Humana. I need your upper-level oversight onto my doctor care -- Specifically informing the doctors I have at my reach in my health plan with JHiumama, and Humana itself to obey the law -- they can not just DETACH and TERMINATE care because I need to bring forward an issue into the understanding and be able to

TALK ABOUT THE MATTER -- TRUTHFULLY - TRUSTFULLY.

Is that standard just all too much to obtain here in this Country - The corruption so over the top --Get your shit out of my path -- and do your job for once -- ok?

Who is HT?

Thank You

Grammarly scan this cover page text and returns the result emotional presence as:

Tone detector

How this may sound to readers:

- confident
- appreciative
- formal

Will you finally respond with a response of responsibility in my case and care for the fact I dying?

BTW, until this matter gets up into a confirmed receipt and assigned to someone to help me into some kind of actions here, your public web presence storage folder is assigned:

<http://webdomains.fuckeduphuman.net/cdc.gov/>

Index of /cdc.gov

- [Parent Directory](#)
- [CDCINFO-IAmStillDetachedFromHIVDoctorCare-HIVUntreatable-Diligence.htm](#)
- [CDCINFO-IAmStillDetachedFromHIVDoctorCare-HIVUntreatable-Diligence.pdf](#)
- [CDCINFO-IAmStillDetachedFromHIVDoctorCare-HIVUntreatable-Diligence_files/](#)
- [CDCINFO-IAmStillDetachedFromHIVDoctorCare-HIVUntreatable-diligence.ogg](#)

<http://webdomains.realuphuman.net/hiv.gov/>

Index of /hiv.gov

<u>Name</u>	<u>Last modified</u>	<u>Size</u>	<u>Description</u>
 Parent Directory		-	
 FacebookMessenger/	2018-12-20 16:04	-	
 OK-Hiv.Gov-FacebookMessenger-WrittenandAudio.png	2018-12-21 14:31	118K	

Index of /hiv.gov/FacebookMessenger







Name Last modified Size Description

 Parent Directory -			
 Messenger-12-Dec-2018_files/ 2018-12-19 00:11 -			
 Messenger-13-Dec-2018_files/ 2018-12-19 00:15 -			
 Messenger-16-Dec-2018 [hiv.gov attempting discussion - scardy cat]_files/ 2018-12-19 00:18 -			
 Messenger-20-Dec-2018 [hiv.gov attempting discussion]_files/ 2018-12-20 15:17 -			
 HIV.gov [1].ogg 2018-12-14 03:16 3.0M			
 HIV.gov [2].ogg 2018-12-18 20:41 6.5M			
 HIV.gov.ogg 2018-12-20 16:03 11M			
 Messenger-12-Dec-2018.htm 2018-12-13 06:41 349K			
 Messenger-13-Dec-2018.htm 2018-12-14 02:25 414K			
 Messenger-18-Dec-2018 [hiv.gov attempting discussion - scardy cat].htm 2018-12-18 21:22 488K			
 Messenger-20-Dec-2018 [hiv.gov attempting discussion].htm 2018-12-20 14:35 62			
 hiv.gov [2].htm 2018-12-18 21:22 488K			
 hiv.gov.htm 2018-12-20 18:39 623K			

<http://webdomains.realuphuman.net/hhs.gov/>

Index of /hhs.gov

<u>Name</u>	<u>Last modified</u>	<u>Size</u>	<u>Description</u>
 Parent Directory		-	
 # Urgent Address 911 - To - BarackObama.FuckedUpHuman.Net !/	2019-06-06 14:55	-	

	Gmail - A Forevermore Dunce NCTI files/	2019-04-25 06:26	-
	Gmail - Proposed Data Submission To Site Out Of Desperation No Apologies Here Files/	2019-01-10 02:31	-
	Dining Out For Life - Waters Run A Muck.docx	2019-04-25 13:10	0
	Gmail - A Forevermore Dunce NCTI .htm	2019-04-25 16:32	216K
	Gmail - A Forevermore Dunce NCTI .ogg	2019-04-25 07:31	9.8M
	Gmail - Proposed Data Submission To Site Out Of Desperation No Apologies Here.htm	2019-01-10 02:29	1.1M

--

Confidentiality Warning: This message is intended only for the use of the individual or entity to which it is addressed, and may contain information which is privileged, confidential, proprietary or exempt from disclosure under applicable law. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying or in any way using this message. If you have received this communication in error, please notify the sender, and destroy and delete any copies you may have received.



Makta Pond <realuphuman.net@gmail.com>

CDC INFO; Topic I am STILL DETACHED from HIV SERVICES -- and no one from the community will rEPLY; [CDC-2197930-Q8K6V8] CRM:01534466

Real Up Human [.net] <realuphuman.net@gmail.com>

Fri, Dec 3, 2021 at 8:37 PM

To: CDCInfo <cdcinfo@cdcinqury.onmicrosoft.com>, #StopGangStalking <contact@stopgangstalking.org>, "timothy.noonan@hhs.gov" <timothy.noonan@hhs.gov>, ocrmail@hhs.gov

Cc: Lorraine.Sheridan@curtin.edu.au, Gangstalking aExpert - Doctor Andrew Lustig <andrew.lustig@camh.ca>, JMIR Support <support@jmir.org>, mama.firedancer@gmail.com

Notice of Spoken Voice Media



OGG Audio Media
24 Mins 38 Secs

#HIVUntreatable
#StopGangStalking



CDCINFO-
IAmStillDetachedFromHIVDoctorCare-
HIVUntreatable-diligence.ogg

[CDCINFO-IAmStillDetachedFromHIVDoctorCare-HIVUntreatable-diligence.ogg](https://www.cdc.gov/od/ohrt/ogg/CDCINFO-IAmStillDetachedFromHIVDoctorCare-HIVUntreatable-diligence.ogg)

Please Click On Speaking Head Emoji To Play OGG Audio Media: 24 Mins 39 Secs

The Situation That Is Being Reported Here Are Very Serious.

I am expecting a timely responsive return to my reporting efforts here.

Thank you.

A Copy Of This Address Will Be Sent To The Only Fax Assigned To The CDC

CDC's

Main Press Line

Phone: (404) 639-3286

Fax: (404)718-1630

and

**Health and Human Services
Pacific Region - California,**

Michael Leoz, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

RK? I do not know if this mark relates that this email is being handled by a human "care". --- if so, great.

Seems that you are in a mode of hidden shadows.



© CanStockPhoto.com - csp87140339

in the reply to my submitted message to their care,

RK from the CDC Info Communications Interface Email to United States Citizens Said

On Thu, Dec 2, 2021 at 7:11 AM CDCInfo <cdcinfo@cdcinqury.onmicrosoft.com> wrote:

So CDC can verify the most current information and best respond to your inquiry, would you please elaborate further on your question. This information will help us respond to your inquiry.

And This Is My Composed Detail Reply,

Here is that elaboration for your due diligence on these matters.

due dil·i·gence
*noun*Law
noun: **due diligence**

1. reasonable steps taken by a person in order to satisfy a legal requirement, especially in buying or selling something.
 - o a comprehensive appraisal of a business undertaken by a prospective buyer, especially to establish its assets and liabilities and evaluate its commercial potential.

The hope that you find this in a good-natured tone to bring forward an informed reply back upon me.

I will just say it plain - for it should be relatable for you --- due to the research findings that have now been published on the National Institutes of Health [[HTTP://nih.gov](http://nih.gov)]. For today's world of interchange and relating to each other, what appears there for the recent past year and a half is so absolutely within your reach.

Reflecting on the three research papers appearing since April 6th, 2020, Yes indeed.

This places those who are involved in the communications between the persons affected by this [such as you and I here] does hold an obligation of sorts of a complete 180-degree about-face turn into a different direction AND A DIFFERENT CONSIDERATION [respect]. To be communicated into the transfers of the truism meaning expressed.

That would be this email into our society to readdress matters that are of a great need of importance here. These matters if left unanswered and unaddressed are allowed to be the element that is harming and injurious to me and many. I must have to realize many as in the collective tone. It would be many since the published

findings appear on the National Institutes of Health after all.

In that capacity, I would have to observe the role I write here in a story of individual over-casting effect on my life, which must also be taken into retrospect to the collective knowledge that many as we speak are being harmed by the silence and the delay that has been underway for years. This remains upon decades back that must be broken to provide a platform of intelligence and dialogue.

To find the discourse of resource and remedy,

For right now, I must represent and express to you how hurt and detached I am attempting to find this resolve on my own life with no working advocacy to remain connected to me, as I seek out these contacts to my ruined life.

Ruined into the view of course we have to acknowledge are the collective - of the many.

Published on June 10, 2016 --- in the New York Times,

As I reaffirm the number of persons involved,

There are tens of thousands if not more in the United States who are being subjected to this scheme of abuse, particularly mental abuse.

I identify as a Targeted Individual of Gangstalking.

Quoted from the article in 2016,


Yet, the phenomenon remains virtually unresearched.

“What’s scary for me is that there are no counter sites that try and convince targeted individuals that they are delusional,” Dr. Sheridan said.

She trying to retain her 2015 published findings on the subject which I will not give it merit to quote.

Along with the full New York Times Article from 2016, the future looks bleak.

Please now go to the New York Times Article or Link To Spoken Voice Audio Media to create a bridge of understanding that brings you into view of the reporting issues and the push back from the uninformed so-called professionals in the industries involved,

 [New York Times: United States of Paranoia - They See Gangs of Stalkers]
Written article on [nytimes.com](https://www.nytimes.com)

🔊 [New York Times: United States of Paranoia - They See Gangs of Stalkers]
OGG Audio 10 Min 33 Sec

Onto my life, this has been an ongoing never-ending FOREVERMORE CRUEL [Google] set of life circumstances - those dynamics -- for more than 16 years back to the year 2005 without recourse to find some kind of core realism of some kind of end. The end of the waking daytime nightmare I live day by day.

The targeting intended to erode trust and destroy my self-worth. The targeting intended to destroy my life.

I am not a FOREVERMORE DUNCE. [Google]

I am writing to you here just a few days after World Aids Day 2021. December 1st, 2021.

This has not been the first time I have contacted you. I do believe I have attempted more than once, with absolutely no response given back.

What has been put into view, by the same doctor as just quoted above.

With now -- actually, researched findings published to the NIH, to make a new conclusive position.

-- a new finding -- a new truth.



Search

Enter your search term, gangstalking.

Search results

Int J Environ Res Public Health. 2020 Apr; 17(7): 2506.
Published online 2020 Apr 6. doi: 10.3390/ijerph17072506
PMCID: PMC7178134
PMID: 32268595

The Phenomenology of Group Stalking ('Gang-Stalking'): A Content Analysis of Subjective Experiences

2.2. Content Analysis. In order to gain insight into the subjective experiences of self-defined victims of **gang-stalking**, a content analysis was conducted. [26].

A repositioning point of view of Dr. Sheridan,

Excerpts:

Within the

1. Introduction

This is said:

Stalking by individuals has been found to result in high rates both of psychological distress and lasting psychiatric morbidity, in particular post-traumatic symptomatology and depression [1,4,10,18,19,20]. The one study to examine the psychological sequelae of the experience of being gang stalked found that individuals who had been group or gang stalked scored significantly higher on ratings of depressive symptoms, post-traumatic symptomatology and adverse impact on social and occupational functioning than those who were individually stalked [5]. The only other published study of gang-stalking samples that we could locate detailed four cases reported by the media of men who had engaged in extreme violence as a response to the perception that they were the target of gang stalkers [21]. Both Sheridan and James [5] and Sarteschi [21] concluded that the subjects of their studies were suffering or had suffered from severe psychological distress in the context of their subjective gang-stalking experiences.

4. Discussion

Given that the available evidence suggests that 12% of stalking reports involve gang-stalking and that, at a conservative estimate, 8% of women and 2% of men report being stalked at some point in their lives, it would appear that the subjective experience of being gang-stalked could affect around 0.66% of adult women and 0.17% of adult men in the western world at some point in their lives. It might be assumed that something that affects the lives of so many people would have been the subject of extensive research. However, this is not the case.

This is the first study to examine the phenomena of the gang-stalking experiences using a methodology that allows categories to emerge de novo from subjective descriptions. The only other empirical study of gang-stalking phenomena, of which we are aware, required subjects to fit their own experiences into categories derived from earlier studies of those stalked by individuals [5]. The categories of experience arrived at through the content analysis in the current study are therefore the clearest

available expositions of the core phenomena of gang-stalking. The categories are unlikely to be exhaustive, given that they are based upon the phenomena that the individual subjects chose to report. However, they are likely to constitute those concepts that the individuals considered the most important. As well as extracting categories from the data, this study also grouped data into types, offering the first empirical attempt at a phenomenology of the gang-stalking experience.

5. Conclusions

The experience of being gang-stalked appears to be a widespread phenomenon that has been subject to little scientific examination. The current study provides a preliminary description of the phenomena involved that was produced by a methodology that did not incorporate pre-conceived assumptions. This provides a foundation upon which further research could be built. It also serves to confirm the harmful effects of the gang-stalking experience upon sufferers, first set out in the only other study available [5]. These findings constitute a potent reason why gang-stalking should be regarded as an important subject for study.

Whilst it was important to adopt a methodology that allowed the phenomena constituting the experience of gang-stalking to emerge de novo, it would now be appropriate to conduct studies of cases based upon specific questions in order to gain a clearer idea of the proportion of sufferers who experience each category of phenomenon, as the main categories have now been elucidated and the core phenomena described. This is because higher proportions are likely to be elicited through direct questioning than were found by studying internet descriptions. Finally, whilst this study has described the core phenomena of the gang-stalking experience, the question remains as to whether gang-stalking is a single phenomenon or represents several overlapping phenomena, each with its own defining pattern of experiences.

With now -- actually, researched findings published to the NIH, to make a new conclusive position.

-- a new finding -- a new truth.

Not that I can see -- in all honesty.

What appears at the Psychology Today published three-part article - By Doctor Joseph Pierre, absolutely drained of scholarly integrity. I have put the article and its author into view.

The article that appears this day -- is in fact an instrument and goal intended to carry a false narrative, to hold a mass ignorance against shining light to the truth.

The article of Dr. Pierre -- [ID: @PsychUnseen] is straight dope - agnotology.

Gang Stalking: Real-Life Harassment or Textbook Paranoia?

Part 1: The paranoid reality of "targeted individuals."

This is in view of my publically visible LIVE LIFE JOURNAL WEBSITE -- Nothing I am doing wrong here, nothing illegal -- nothing false -- nothing fake.

📄 Doctor-Joseph-Pierre/

2021-07-07 02:13 -

In my own healthcare, I have detachments in all of civil society to be able to bring this subject forward with discussion and merit. The merit of the so-called experts of doctors. That would include my very last Doctor in my HIV care, Dr. Eric Tomomi Shigeno. When I attempted to bring these matters involved into my HIV Care session, in view of the quality of care that I was receiving, including my distortion that I had been receiving from the local AIDS SERVICE ORGANIZATION of the Foothill Aids Project in San Bernardino CA. When I attempted to bring this matter into a discussion with my HIV Care Doctor, he terminated my care. I have not been able to get my care to reset - several resets attempted. My Humana Insurance Care and Customer Services also has been negatively affected by this subject to cause the ghosting of the conversation channels with Humana Help Customer Support and my Insurance Agent to also refuse to return my communication attempts. These attempts are many.

Once again, as the CDC involves in this address individually... I have not been able to get a reliance and trust pathway to link to and obtain an HIV Care provider doctor care.

My posting across the web and previously shared to the CDC in all of this has been placed:

#HIVUnTreatable

The representing agencies of those outsides of my patient side of this must be placed into a correction of their beliefs on this subject to have the intention to just ignore me. Those sources to keep this lie alive happens to be the one I seek to contact at the CDC. So, since I am writing out this fact, and I demand to have an audience with CDC imperatives.

I will not receive a response now -- you will not reply --- you will hold your involvement of truth onto this discourse. In that silence, people are being harmed

greatly. As published on the National Institutes of Health.

The next two research papers that have been published on this subject, both confirm that gangstalking is a real thing that is happening and being discussed on the internet --- the science that puts these matters to the research, logic is sound and not disputed. The science involved here has merit to accept the findings

of these two papers along with the new position of Dr. Sheridan --- someone at the CDC should take this subject into the accounting and remove the constraints you have -- remove the blocks that are being waged against the truth. Remove the agnotology --- declare a public service address on the subject of gangstalking. Take on the role to enforce the laws instead of being the agent that condones the violations of our laws and of our human decency. Step up to the table with some augmented conscience.

Please sirs -- Please --

Can I have your attention to these other research findings on gangstalking published at the National Institutes of Health,

Subsequentionally, will you please respond to this communication from a citizen of the United States?

You as a public official and a public employee in the deliverance of careful interface between the government and its citizens when you do honor the need of a response, would you please provide your full human name, sir.

I do have a prior connection and a letter signed by Timothy Noonan in view of history here. The letter he signed was a ruling against my claim/complaint that I filed upon the actions of my HIV provider care, Doctor Eric Tomoni Shigeno.

Improving Response Times from the Office for Civil Rights

Redesigning and optimizing the Centralized Intake Unit to process complaints more efficiently.

Press Release

Timothy Noonan Named Deputy Director for Health Information Privacy at the HHS Office for Civil Rights

Nov. 26, 2019

May I have the direct attention of Timothy Noonan [in CC:] ?

Or will this email communication attempt be completely ignored, thus providing the element of default assignment of guilt? Hello, is there anybody out there?

As the community local to me knows, Doctor Shigeno passed away on April 10th, 2020, when in the view of things, he and I never found agreement. He filed a harassment complaint against me which was way way way outrageous upon the circumstances. Be it that, he was successful to get a restraining order against me. I told the San Bernardino Police officers that we dispatched in the time prior to this that I would indeed violate any kind of restraining order if need be. About 10 days prior to Dr. Shigeno's death, I did indeed violate the restraining order.

If only Tim Noonan would have actually taken the view of my case in the patient's view, perhaps the outcome that ran its course could have been avoided.

The burden that Dr. Shigeno had onto the wrongdoing showing, perhaps the ruling in my favor for what was truly a violation of the law on Dr. Shigeno's part.

The official cause of death was a stroke.

This Facebook post by @BorregoHealth : [Sadden To Share That Doctor Shigeno Passed Away] was commented on by me. The choice to BLOCK ME has been UNJUST by the COMMUNITY as a whole, EVERYONE protecting a CONSPIRACY.

Taking all that I know and have discovered about what is interwoven in this topic of gangstalking, I have my great suspicion that Dr. Shigeno committed suicide because of the pressures to not be able to come forward with these matters. Especially the defense and position that I actually attempted to get the attention of the court in the harassment complaint case.

In the days prior to his death, I did indeed violate the restraining order. The focus of advice published by Doctor Andrew Lustig in the change and modification of communication standards -- must be appreciated by all of my contacts to civil society. It says specifically,

" This may be important in communicating with people and patients with persecutory belief systems."

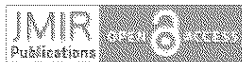
EXACTLY!

" This observation may have important clinical ramifications."

"The prospect of a clinician definitively establishing the truth or falsity of a delusional belief system is often impractical or impossible."

"Often when a clinician states that a belief system is untrue or impossible, they are relying on their own beliefs, biases, and cultural referents. "

" Ultimately, all users of semiotic systems—patients and clinicians alike—are subject to the same fundamental limits on communication and understanding inherent in language and all symbolic systems. Such a humbling realization may help to promote empathy and understanding and reduce stigma affecting people afflicted by persecutory belief systems."



<https://pubmed.ncbi.nlm.nih.gov/33666560/>

J Med Internet R

. 2021 Mar 5;23(3):e25722.

doi: 10.2196/25722.

Linguistic Analysis of Online Communication About a Novel Persecutory Belief System (Gangstalking): Mixed Methods Study

Andrew Lustig # 1 2 , Gavin Brookes # 3 , Daniel Hunt # 4

Affiliations

- PMID: **33666560**
- PMCID: PMC7980115
- DOI: 10.2196/25722

pubmed.ncbi.nlm.nih.gov/33666560/

Background: **Gangstalking** is a novel persecutory belief system whereby those affected believe they are being followed, stalked, and harassed by a large ...

Conclusions: The study found that contributors to the study corpus accomplished a number of tasks. They used linguistic practices to co-construct an internally coherent and systematized persecutory belief system. They advanced a position that gangstalking is real and contested the medicalizing discourse that gangstalking is a form of mental disorder. They supported one another by sharing similar experiences and providing encouragement and advice. Finally, they commiserated over the challenges of proving the existence of gangstalking.

<https://pubmed.ncbi.nlm.nih.gov/34673523/>

JMIR Ment Health

. 2021 Oct 21;8(10):e30311.

doi: 10.2196/30311.

Social Semiotics of Gangstalking Evidence Videos on YouTube: Multimodal Discourse Analysis of a Novel Persecutory Belief System

Andrew Lustig # 1 , Gavin Brookes # 2 , Daniel Hunt # 3

Affiliations

- PMID: **34673523**
- PMCID: PMC8569537
- DOI: 10.2196/30311

pubmed.ncbi.nlm.nih.gov/34673523/

Background: **Gangstalking** refers to a novel persecutory belief system wherein sufferers believe that they are being followed, watched, and harassed by ...

Clinical Implications

This observation may have important clinical ramifications. Traditionally, psychiatrists define delusions as fixed beliefs that are not amenable to change, considering conflicting evidence [47]. An alternative definition is that delusions are beliefs that are demonstrably untrue or not shared by others [48]. However, these and other definitions of delusions fall short, and arriving at a definitive definition may be impossible [49]. The prospect of a clinician definitively establishing the truth or falsity of a delusional belief system is often impractical or impossible. Often when a clinician states that a belief system is untrue or impossible, they are relying on their own beliefs, biases, and cultural referents. By shifting, instead, to a linguistic or semiotic understanding of delusions as belief systems that are unresolvable or that defer understanding ad infinitum, clinicians may sidestep the difficulties inherent in existing definitions. Ultimately, all users of semiotic systems—patients and clinicians alike—

are subject to the same fundamental limits on communication and understanding inherent in language and all symbolic systems. Such a humbling realization may help to promote empathy and understanding and reduce stigma affecting people afflicted by persecutory belief systems.

Conclusions: These data provide insight into a novel persecutory belief system. Interpersonal concerns are important for people affected, and they construe others as either sympathetic or hostile. They create positive ambient affiliation with viewers. We found that vloggers use multimodal deixis to illustrate the salience of the belief system. The videos highlighted the Derridean concept of *différance*, wherein the meaning of polysemous signifiers is deferred without definitive resolution. This may be important in communicating with people and patients with persecutory belief systems. Clinicians may consider stepping away from the traditional true/false dichotomy endorsed by psychiatric classification systems and focus on the ambiguity in semiotic systems generally and in persecutory belief systems specifically.

Now I have to pause.

Did you get all of that right?

Repeating,

Please sirs -- Please --

Can I have your attention to these other research findings on gangstalking published at the National Institutes of Health,

Subsequentionally, will you please respond to this communication from a citizen of the United States?

You as a public official and a public employee in the deliverance of careful interface between the government and its citizens when you do honor the need of a response, would you please provide your full human name, sir.


#GovernmentSponsoredHate



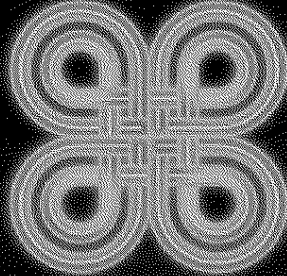
#ConspiracyExposedTerminatesASAP

Why Does The Ryan White Care Act
Social Service Agencies Hate On Me?
#ConspiracyExposedTerminatesASAP


#HIVUntreatable



VULNERABILITY
The capacity for openness



#StopGangStalking





Mpatapo

**The Knot That Binds Parties Together
In A Dispute To A Peaceful Resolution
Reconciliation**

Editors Contribution

Rate this definition: ★★★★★ (5.00 / 1 vote)

Mpatapo

Mpatapo is a symbol image from the Adinkra (a system of symbols from Ghana in West Africa). It is meant to represent the "knot of pacification/reconciliation," and as such it is the symbol for reconciliation, peacemaking and pacification. "Mpatapo represents the bond or knot that binds the separate parties in a dispute to a peaceful, harmonious reconciliation. It is a symbol of peacemaking after strife." The Historical Age of Adinkra Dates Back more than two full centuries and it's origin is African Wisdom Symbolism Communications [non-literacy meanings] which are basic root communication structures that even breaks or overrides both written and spoken language barriers between peoples. Mpatapo is very important and is one of very few symbols in the Adinkra set of over 100 considered a Solomon's Knot symbol of importance.

To be treated as a serious to actually progress a resolution of a conflicted issue, one involved party can declare and issue and community present and attach the symbol Mpatapo against [or to attach] all other involved parties in a conflict or dispute. The Mpatapo attachment is informing society or community that there is issues here to be placed for reconciliation in peaceful ways. The attachment of Mpatapo declares binding knot until the conflict is resolved and the Mpatapo binding is therefore peacefully released [unbound / unattached] to any and all parties.

Submitted by **rinat** on June 5, 2017

<https://www.definitions.net/definition/Mpatapo>

On Thu, Dec 2, 2021 at 7:11 AM CDCInfo <cdcinfo@cdcinqury.onmicrosoft.com> wrote:

Thank you for your inquiry to CDC-INFO.

So CDC can verify the most current information and best respond to your inquiry, would you please elaborate further on your question. This information will help us respond to your inquiry.

CDC-INFO is a service of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). This service is provided by the Verizon and MAXIMUS contract with CDC and ATSDR.

RK

----- Original Message-----

Sent: 11/28/2021

From: General Public

Subject: I am STILL DETACHED from HIV SERVICES -- and no one from the community will rEPLY

Email Address: jmdriskill@gruwup.net

Question: I just can not understand how everyone in civil society has chosen to avoid responding to me. My last HIV CARE doctor was in March of 2019 --- Dr. Shigeno terminated my care when I attempted to bring forward topics that are now being discussed under the term of gangstalking. HE TERMINATED NY CAREabd and actually not one other doctor I have attempted to gain and put into my reference care has DEMONSTRATED a TRUST LEVEL that I can be comfortable with having care. I have tried to reset my PRIMARY CARE and JID Referral with HUMANA ---to going through all of the LOCAL AREA Doctors available to this CAUSE; I just cannot initiate PATIENT-CENTERED conversation with these people. IT IS AN OUTRAGE!

My Humana Rep Will does not return my calls. No one -- -absolutely no one will take the role to respond a response of responsibility onto my care. I am going to die in this detachment that you all can't be real. I do not know how you all sleep at night?

==_==

My name is James Martin Driskill and I have been posting on social media for a very long time and absolutely no one will return any kind of response which just tells me you all don't care that I am on a pathway of death.

I cannot understand the detention of you all secrets that allow my life to just go poof, and I

die. I really cannot understand you all sitting in the background as you know I have reached out time and time again, and still, nothing trustworthy of healthcare and insurance management will progress upward into a conversation with me. I get blocked everywhere I go attempting to resolve these matters. I am sick sick sick and tired of trying.. It is all just a waste of time.

New Research on NIH.GOV should be shone into view -- give me my life back, please!

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8569537/>

Social Semiotics of Gangstalking Evidence Videos on YouTube: Multimodal Discourse Analysis of a Novel Persecutory Belief System

Optional Information

Name: James Driskill

Title: patient

Organization: care that I am going to die

Phone: 516-406-4560

Other Email:

Address:

3260 Grande Vista San Bernardino CA 92405

PII Extraction: