No. _____

In The
Supreme Court of the United States

PATRICIA GRANT, Ph.D.
Petitioner,

v.

CLAUDIO GABRIEL ALPEROVICH, et al.,
Respondents.

On Petition For Writ Of Certiorari
To The United States Court Of Appeals
For The Ninth Circuit

PETITION FOR WRIT OF CERTIORARI

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June 8, 2018

QUESTIONS PRESENTED

Petitioner presents two separate but related petitions *Grant vs. Jay White*, et. al. 16-35473 (2016) – Washington State Judicial Mental Health Discrimination, and *Grant vs. Claudio Alperovich*, et. al. 14-35288 (2014) -Healthcare Mental Health Disabilities; *Grant vs. Claudio Alperovich* (2014) presented below:

1. Whether district and appeals courts erred in holding that title 42 U.S.C. §12101 Americans with Disabilities Act of 1990 ("ADA"), ADA Amendments Act of 2008 ("ADAAA"), does not Mental-Behavioral and Health "Clear and Effective Communication" accommodations in Healthcare; denying rights of medical treatment transparency and healthcare autonomy.

2. Whether district and appeals courts erred in holding that petitioner; a multi-characteristic, non-institutionalized, veteran, complaining of stigma of mental and behavioral health medical profiling denied her right of court entry under the United States Constitution Fourteenth Amendment; ADA; ADAAA; C.F.R §84.52 Health Welfare; Section 504 of the Rehabilitation Act (1973),Civil Rights Act (1964); The Health Insurance Portability and Accountability Act (1996): Genetic Information Nondiscrimination Act (2008) - Nondiscrimination On The Basis Of Age In Programs Or Services Receiving HHS Financial Assistance; 38 U.S.C. § 4212, taken jointly as multiple anti-discrimination legislatures.

3. Whether district court erred and abused discretion in denying appointment of counsel to pro se litigant, with a serious Mental and Behavioral Health disability and diagnosis, a violation of the United Sates Constitution Fourteenth Amendment Due Process and Equal Protection Clauses, and or their Oath of Judicial Duty for rushed summary judgement case dismissals.

4. Whether the district and appellate courts misapprehends the facts, misapply procedural and evidentiary laws constitute complicit manifest abuse of discretion, and derelictions of Judicial Oath of Duty; supporting rushed summary judgement case dismissals; requiring judgment reversals.

PARTIES TO THE PROCEEDING

Petitioner Patricia A. Grant, Ph.D., original complainant. and appellant in the courts below.

MEDICAL PARTIES: Respondents, Appellees and Defendants, in courts below: 1) Claudio Gabriel Alperovich, MD:, 2) St. Francis – Hospital Franciscan Health System ("St. Francis"); 3) Valley Medical Center; 4) Triet M. Nguyen DO ("VMC"); 5) Pacific Medical Center, Inc.,; 6) U.S. Family Health Plan at Pacific Medical Center, Inc.; 7) Lisa Oswald, MD; 8) Shoba Krishnamurthy, MD; 9) WM. Richard Ludwig, MD ("PacMed"); 10) Michele Pulling, MD; 11) University of Washington School of Medicine ("UW Medicine"); 12) Virginia Mason Medical Center; 13) Richard C. Thirlby, MD ("VMMC"); and 14) Michael K. Hori, MD.

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PETITION FOR WRIT OF CERTIORARI

Petitioner presents two major issues for Certiorari; 1) Whether district and appeals courts erred in holding that title 42 U.S.C. §12101 Americans with Disabilities Act of 1990 ("ADA"), ADA Amendments Act of 2008 ("ADAAA") does not cover Mental and Behavioral Health "Clear and Effective Communication" accommodations in healthcare; denying rights of medical treatment transparency and healthcare autonomy and 2) Whether district and appeals courts erred in holding that petitioner; a multi-characteristic, non-institutionalized, veteran, complaining of stigma of mental and behavioral health medical profiling did not have a right of court entry under the United States Constitution Fourteenth Amendment; ADA; ADAAA; C.F.R §84.52 Health Welfare; Section 504 of the Rehabilitation Act (1973),: Civil Rights Act (1964); The Health Insurance Portability and Accountability Act (1996); Genetic Information Nondiscrimination Act (2008) - Nondiscrimination On The Basis Of Age In Programs Or Services Receiving HHS Financial Assistance; 38 U.S.C. § 4212, multiple anti-discrimination legislatures. The discrimination of mental and behavioral health stigma impacts all aspects of society, accordingly district court's denied mental health ADA accommodations civil rights complaint relying on a pro se litigant paper trial, without the benefits of a discovery period for a rush to summary judgment, defying cited legal rules and pro se litigant due process and equal protection laws; denies further mental health civil rights equality enforcement and health care autonomy for millions of Americans, setting a precedence of continued disparity.

OPINIONS BELOW

Unreported opinions of the District and Appeals Courts listed in app. A -1: 1a -104a.

JURISDICTION

The Ninth Circuit Court of Appeals issued its opinion on Nov. 15, 2017. Petitioner filed for En Banc rehearing, denied Mar. 19, 2018. This Court has jurisdiction under 28 U.S.C. § 1254(1).

CONSTITUTIONAL/STATUTORY PROVISIONS INVOLVED

Location of relative jurisdictional provisions: U.S. Const. XIV. cited app. B -3; ADA of 1990, Public Law 101 - 336,104 Stat. 327 reproduced at app. C-3; ADAAA of 2008, Public Law 110-325 reproduced at app., D-4; Sec. 504 of the Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 394 reproduced at app. E-5; Civil Rights Act of 1964, Pub. L. 88–352, 78 Stat. 241 reproduced at app. F-6; The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 reproduced at app. G-7; Genetic Information Nondiscrimination Act of 2008 ("GINA"), Pub. L. 110–233, 122 Stat. 88 reproduced at app. H-11; Age Discrimination Act of 1975, amended Title III of Pub. L. 94-135, and Title VI of the Civil Rights Act of 1964 reproduced at app. I -12; 42 CFR § 417.472 Basic Contract requirements reproduced at app J -13; and 45 CFR § 156.602 Other coverage that qualifies Medicare as minimum essential coverage reproduced at app. K-14.

STATEMENT OF THE CASE

A. Factual Background

Washington States' Roux-En-Y ("RYGB") bariatric surgical informed consent ("SIC") form identifies hernias, severe dumping and pain, persistent nausea and vomiting, intolerance to solid foods, and intestinal blockages as sides effects requiring surgical correction. Petitioner independently completes state mandatory bariatric presurgical – medical, psychological, and SIC - educational assessment, under goes surgery June 2009, her postoperative night spent in intensive care, due to some emergency medical coding; resulting in a seven verses one-to-two days hospital stay. Four days after release, bariatric SIC sides effects worsen, surgeon's nurse phone diagnoses "thrush", and surgeon concurs. July 2009, surgeon examinations reveals "hernia" and "three-minute" swallowing delays, SIC post-surgical side effects; requiring surgical

correction. Surgeon informs petitioner and reports to her primary care no medical findings, while continuing his "thrush" diagnosis medical treatment. Petitioner's restored health due-diligence is met with denied requests for second opinions, hospitals and surgeon medical records evaluations, while placation office visits and emergency dehydration treatment continued, with no plans of suffering relief.

August 2009, petitioner rush to emergency, surgeon's mental illness diagnoses supporting his emergency hospitalization admission denials were overridden, with petitioner admitted under his care. Instead of required "hernia" repair surgery, surgeon argues with petitioner denies his "thrush" diagnoses and treatments, devise his "some form of mental illness - fixation on thrush placation medical treatment plan"; as written petitioner's medical records. Surgeon with the support of two other respondent's places petitioner on intravenous feeding and unknown to her releases her with a false mental ill diagnosis due to some unclear mental illness condition. September – November 2009, Unknown to petitioner, her primary care and health insurance respondents continued with surgeon's mental illness placation intravenous treatment; denying petitioner recommended specialized RYGB examinations, her persistence review of surgeon's July 2009, initial x-rays and examinations, placation and false representation of psychosis medication, while respondent's, through medical recordings that petitioner did not provide anatomical reasons for her medical condition. Respondent's mental illness recordings served as their medical negligence defenses comprised of lying by omission, misrepresentation of medication, and denials of petitioner's persistent heath restore pleadings medical requests.

December 2009, through Congressional intervention, petitioner medically established internal angulation, hematoma, twisting and small bowel blockage. December 2009, second surgeon respondent, through his medical recording, denies recommended and State's surgical inform consistent laws mandating

surgical corrections. Second surgeon, ignoring petitioner and her critical medical conditions, conducts unapproved conversations of her medical information with third party' transportation providers, whom were basically his and her strangers. He proceeds to support his medical negligence and mental health biasness with medial recordings alleging a never-occurred conversation with petitioner, regarding her 25-year previous U.S. Air Force mental health medical retirement. His recordings cite petitioner's mandatory psychiatric elevations; whereas, the psychiatrist records her mental health as good, stating she has a complicated medical history, one of her health diagnosis was non-existent, and factually verified previous questions denying petitioner's Ph. D. candidacy. February 2010, New York, NY; petitioner's June 2009, signed bariatric SIC form and surgeon's July 2009, identified hernia, severe dumping and pain, persistent nausea and vomiting, intolerance to solid foods, and intestinal blockage were surgically corrected. May 2010, she was removed from feeding tubes, resuming normal food intake about June 2011. Currently, she suffers respondent's January 2010, diagnosed "Burning Mouth Syndrome" – medically painful permanent oral neuropathy, defamation of unknown mental illness episodes that denied continued education loans and work clearances, thus educational financial debt, permanent VA uninhabitable disability status, and other damages requiring judgement reversal for jury determination.

B. Statutory Background

Petitioner, a never-institutionalized, non-criminal, and multi-protected characteristic person - Black, female, over age 50 yrs., medically retired U. S. Air Force Officer, 100% disable veteran w/mental and behavioral health diagnosis and disability; her profile information saturated nearly every page of her medical records and respondent's business documents. Respondents and others, through medical record evaluations, void conversation with petitioner records directly and indirectly accepts errant and defamatory psychiatric

labeling; providing unsubstantiated mental health medical diagnoses in support of denying required State post-gastric bypass hernia, twisted and angulated, small bowel blockage surgery, ADA of 1990, Public Law 101 - 336,104 Stat. 327 reproduced at app. C-3. Mental and behavioral health stigma impacts all aspects of society; petitioner's multi-protected characteristics taken jointly with facts written by respondents and evidence repleting her court records; establishes legislative supporting corollary of multiple protective-class discrimination covered under ADAAA at app. D-4; Sec. 504 of the Rehabilitation at app. E-5; Civil Rights Act of 1964 at app. F-6; HIPAA app G-7; GINA at app. H-11; and Age Discrimination Act of 1975 at app I -12; entitling petitioner a right of court and jury determination.

C. Proceeding Below

Petitioner presents for review two separate but related cases, both filed June 15, 2012 in State and District Courts: *Grant vs. Jay White*, et. al. 16-35473, Washington State Medical Malpractice, with *Grant vs. Claudio Alperovich*, et. al. 14-35288, ADA Civil Rights Violation as case supporting this Certiorari request. Declared district court records are replete with evidence supporting the above factual background and the following: Petitioners civil right complaint excludes her medical malpractice claims. Petitioner's replies cite federal rules covering, two causes of action occurring from one incident, granting court entry. June 15, 2012, Petitioner files her district civil rights complaint following the court website's pro se litigant forms and instructions, after identifying and verifying her multi-characteristics protected status, disability as her income, submits the court's cited plain statement form. Court' s form cites a law and directs not to state laws, just write her complaint a in plain statement. Petitioner submits form and request legal representation. Courts denies representation in a Show Cause dismissal order for "failure to state a claim for which relief can be granted". Petitioner's response to court order was counted against her as a Second Amended complaint;

raising question – Whether district court are applying misleading local court practices denying non-incarcerated pro se litigants with valid claims court entry; and Whether district court is supporting Washington State's courts practice that pro se litigants are held to the same standards as an Attorney; whereas, petitioner appear before district court with "Pleadings in this case are being filed by a Plaintiff in Propria Persona, wherein pleadings are to be considered without regard to technicalities. Propria, pleadings are not to be held to the same high standards of perfection as practicing lawyers". *Haines v. Kerner* 92 Sct 594, Power 914 F2d 1459 (11thCir1990), *Hulsey v. Owns* 63 F3d 354 (5th Cir 1995), and *Hall v. Bellmon* 935 F.2d 1106 (10th Cir. 1991). State local practices forcing non-incarcerated pro se litigants to either for go justice due the inability to afford or obtain legal representation; or force them to unscrupulous attorney financial draining legal practices, client-attorney state bar complaints, bankruptcy, etc.

Petitioner's reply to district court Show Cause order, prompted the release of court summons. Respondent's original response were defense Fed. *R. Civ. P.* (56) summary judgment motions. Respondent's instant *Rule* (56) motions replies taken either singly or jointly with district court's pro se litigant directions questions; Whether Washington State district and state courts abuse their discretion with rulings that have or give the appearance of local practices, denying non-incarcerated pro se litigants their constitutional rights of court appearance protected under the U.S. Const. 14th Amendment; by granting "with prejudice" case dismissals, void of petitioner's 225 rule, law, evidence support docket entry paper trail.; to respondent's the non-moving party "with prejudice" case dismissals.

D. Argument

Whether the district and appellate courts misapprehends the facts, misapply procedural and evidentiary laws constitute a complicit, manifest abuse of discretion, and derelictions of judicial oath

supporting rushed summary judgement case dismissals; requiring high court intervention with court sanctions and judgment reversals. Respondents appeared in district courts with summary judgement motions. Courts were to "view the evidence . . . in the light most favorable to" petitioner, the nonmovant party, "with respect to the central facts of her case," *Tolan v. Cotton*, 572 U. S. (2014). In review of district court's 225-docket entries; Whether district and appeals court's efforts fall short of honoring this well-settled summary judgement principles, misapprehends the facts, and misapplies the laws, per Justice Sotomayor. *Kisela v. Hughes*, 17-467 (2018) for rushed summary motions dismissal "in the light most favorable" to the respondents; the moving parties; raising supplemental questions of rules, procedural, due process, and equal protection of the laws; warranting case remand for processing:

District judge' gave legal counsel instructions on how to repair their defenses and deficiencies, with opportunity for case amendments, while refusing pro se litigant's replies and reconsideration motions, in addition to refusal to take supplement judgement of her defamation claims backed with sworn witness affidavits; although she identified the claims were dismissed in state court. District court's rulings and instructions for respondent questions: 1) Whether district court ruled in accordance to the U.S. Constitutions, fundamental "Rules of Law"; 2) Whether district court erred by dismissing pro se litigant without instruction of how her pleadings were deficient and how to repair them, pursuant to *Wilhelm v. Rotman*, 680 F.3d 1113, 1121 (9th Cir. 2012). To survive § 1915A review, a complaint must "contain sufficient factual matter, accepted as true, to state a claim to relief that is plausible on its face." *Id.* (quoting *Ashcroft v. Iqbal*, 556 U.S. 662, 678, 129 S.Ct. 1937, 173 L.Ed.2d 868 (2009) Pro se complaints are construed "liberally" and may only be dismissed "if it appears beyond doubt that the plaintiff can prove no set of facts in support of his claim which would entitle him to relief." *Id.*(quoting *Silva*, 658 F.3d at 1101); *see Schucker v. Rockwood*, 846 F.2d 1202,

1203-04 (9th Cir.1988) ('Dismissal of a pro se complaint without leave to amend is proper only if it is absolutely clear that the deficiencies of the complaint could not be cured by amendment." Summary Judgment is appropriate "if the pleadings, the discovery and disclosure materials on file, and any affidavits show that there is no genuine issue as to any material fact and that the movant is entitled to judgment as a matter of law." *Fed. R. Civ. P.* 56(c). The court's role at the summary-judgment stage is not to weigh the evidence or to determine the truth of the matter, but rather Summary to determine only whether a genuine issue exists for trial. *Anderson v. Liberty Lobby, Inc.,* 477 U.S. 242, 249 (1986). In doing so, the court must view the evidence in the light most favorable to the non-moving party and draw all reasonable inferences in favor of that party. *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 587 (1986). addition to meeting the plausibility standards of *Ashcroft v. Iqbal*, 129 S. Ct. 1937 - Supreme Court 2009. *B. Platsky v. CIA*, 953 F.2d 25, 26 28 (2nd Cir. 1991);

3) Whether district and appeals courts denied petitioner's replies due to reply lengths, deficiencies, or technicalities; whereas, it was held that even if "…[Her] …civil rights pleading was 150 pages and described. as 'inept', [n]evertheless, it was held "where a plaintiff pleads pro se in a suit for protection of civil rights, the Court should endeavor to construe plaintiff's pleadings without regard to technicalities." *Puckett v. Cox*, 456 F. 2d 233 (1972) (6th Cir. USCA); nor can ignore the over nor; 4) Whether petitioner's allegations and assertions, "… however in artfully pleaded, are sufficient"... [where] held to less stringent standards than formal pleadings drafted by lawyers, per Justice Black in Conley v Gibson." *Roadway Express v. Pipe*, 447 U.S. 752 at 757 (1982); *Jenkins v. McKeithen*, 395 U.S. 411, 421 (1959); *Picking v. Pennsylvania R. Co.*, 151 Fed 2nd 240; *Pucket v. Cox*, 456 2nd 233;

5) Whether court's Show Cause order, denial of legal representation, review of petitioner's replies misapprehends the facts, and misapplies the laws and the rulings were not "… intended to serve as a means of arriving at fair and just settlements of controversies between litigants…. [but to] raise barriers which prevent the achievement of that end. Proper pleading is important, but its importance consists in its effectiveness as a means to accomplish the end of a just judgment." *NAACP v. Button*, 371 U.S. 415); *United Mineworkers of America v. Gibbs*, 383 U.S. 715; and *Johnson v. Avery*, 89 S. Ct. 747 (1969); and 5) Whether district court following the simple guide of *Fed. R. Civ. P.* 8 (f), which holds that all pleadings shall be construed to do substantial justice, rejecting games of skill in which one misstep may be decisive to the outcome and accepts principles that the purpose of pleading is to facilitate a proper decision on the merits. *Davis v. Wechler*, 263 U.S. 22, 24; *Stromberg v. California*, 283 U.S. 359; *NAACP v. Alabama*, 375 U.S. 449.

A preponderance of petitioner's documents, arguments, rules, laws, and case precedents entered into court records clearly establishes a mental health civil rights discrimination complaint; resulting from medical malpractice; whereas, respondent's denied petitioner's required State standards of medical care in writing due to respondent's errant mental health diagnoses, and petitioner's in ability to give anatomical reasons for the post-gastric complications she was suffering. By their own admissions, respondents confess to denying petitioner State required standards of medical care. Their actions are equivalent to denial of healthcare "goods and services" covered under ADA and ADAAA questioning; 6) Whether petitioner met the prima facia and plausibility complaint standards to beat pre-discovery rushed summary judgement motions; 7) Whether district court had taken jointly all of petitioners' replies and evidence, and viewed in light of her as the nonmoving party; 8) Whether a jury could find that respondent's defamed petitioner's mental health condition and relied upon this defamation to deny her clearly established 14th Amendment rights; and 8)

Whether district court's refusals, and "with prejudice" case dismissals are an abuse or gives the appearance of abuse of judicial discretion and dereliction of their oath of duty, pursuant to [L1]Title 28 U.S.C.§ 455[1] *Matsushita Elec. Industrial Co. v. Zenith Radio Corp.*, 475 US 574[2], *Celotex Corp. v. Catrett*, 477 US 317 - Supreme Court 1986. Rule 56(c)[3] Anderson v. *Liberty Lobby, Inc.*, 477 US 242 - Supreme Court 1986[4], *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 127 S.Ct. 1955, 167 L.Ed.2d 929 (2007).[5] and *Melene James v. City of Boise, Idaho*, et.al, No. 15-493, January 25, 2016, U.S. Supreme Court on Petition for Writ of Certiorari[6]".

REASONS FOR GRANTING CERTIORARI

Petitioner request Certiorari for legal human rights approaches to mental health inequality, by affirming full personhood through ADA and ADAAA accommodations of "Clear and Effective Communication" for all subsectors of society. Legal interpretation, application, and enforcement of ADA laws are vague, they fail to address structural and institutionalized stigma of health discrimination, and the State of mental and behavioral health remains at crisis intervention levels, due in fact that [M1] "[m]ental disability and mental health care have been neglected in the discourse around health, human rights, and equality. This is perplexing as mental disabilities are pervasive, affecting approximately 8% of the world's population."[1] In the United States rate of mental illness is "… [a]pproximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year.[2] [;] Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.[3] [;] Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%[4] [;]1.1% of adults in the

[L1]Footnotes 1-6 Appendix L pp. 15-16.
[M1] Footnotes 1-4 Appendix M p.16-17.

[M2]U.S. live with schizophrenia.[5][;] 2.6% of adults in the U.S. live with bipolar disorder.[6][;] 6.9% of adults in the U.S.—16 million—had at least one major depressive episode in the past year.[7][;] 18.1% of adults in the U.S. experienced an anxiety disorder such as of posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias[8] [;] Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness.[9] [;] Social Stats - An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders[10] [;]Approximately 20% of state prisoners and 21% of local jail prisoners have "a recent history" of a mental health condition.[11] [;] 70% of youth in juvenile justice systems have at least one mental health systems have at least one mental health condition and at least 20% live with a serious mental illness.[12] [;] Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness, 62.9% received mental health services in the past year.[13][;] Just over half (50.6%) of children aged 8-15 received mental health services in the previous year.[14][;] African Americans and Hispanic Americans each use mental health services at about one-half the rate of Caucasian Americans and Asian Americans at about one-third the rate [15][;] Half of all chronic mental illness begins by age 14; three-quarters by age 24. Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.[16] [;] Consequences Of Lack Of Treatment -Serious mental illness costs America 193.2 billion in lost earnings per year [17][;] Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18–44.[18] [;] Individuals living with serious mental illness face an increased risk of having chronic medical conditions.[19] [;] Adults in the U.S.

[M2] Footnotes 5-18 Appendix M pp. 17-18.

[M3]living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.[20] [;] Over one-third (37%) of students with a mental health condition age 14–21 and older who are served by special education drop out—the highest dropout rate of any disability group.[21] [;] Suicide is the 10th leading cause of death in the U.S.,[22]the 3rd leading cause of death for people aged 10–14 [23]and the 2nd leading cause of death for people aged 15–24.[24] [;] More than 90% of children who die by suicide have a mental health condition .[25][;] andEach day an estimated 18-22 veterans die by suicide".[26]

Court rulings can close mental health and other discrimination legislative loopholes victimizing millions of multi-characteristic protected class Americans; further victimizing and denying the rights of millions of Americans with mental and behavioral medical conditions, currently at crisis levels. "… [T]he experiences of persons with mental disability is one characterized by multiple interlinked levels of inequality and discrimination within society. Efforts directed toward achieving formal equality should not stand alone without similar efforts to achieve substantive equality for persons with mental disabilities. Structural factors such as poverty, inequality, homelessness, and discrimination contribute to risk for mental disability and impact negatively on the course and outcome of such disabilities. A human right approach to mental disability means affirming the full personhood of those with mental disabilities by respecting their inherent dignity, their individual autonomy and independence, and their freedom to make their own choices. … A human rights approach to inequality, discrimination, and mental disability"[27]

The decisions below are incorrect. This case is primed to establish mental health enforcement precedents that determines new legal principles and concepts substantially affecting interpretation

[M1]Footnotes 20-27 M p18.

of existing diversity, equity, and inclusion laws.; protecting non-institutionalized citizen from errant and defaming mental health diagnoses, ensuring right of healthcare autonomy and treatment transparency, while criminalizing misrepresentation of prescriptive medication as a part of forced mental health treatment.

CONCLUSION

Due to the actions of the respondents, petitioner has suffered inhumane physical and financial harm. Based on the mere fact that I am a senior citizen and 100% disabled veteran with mental and behavioral diagnoses and disabilities; appearing before the Court after six-years of pro se due diligence without any legal assistance, and able to follow court procedures, it depicts that I should be accorded equal rights of ADA accommodations of "Clear and Effective Communication" allowing my full personhood as one with mental and behavioral diagnosis and disabilities; granting my inherent dignity, individual autonomy and independence, and the freedom to make my own choices. Respondent's have harmed me, and the courts below have denied me this right.

For this and the reasons set forth above, petitioner prays that the Court grants the petition for Certiorari.

Respectfully submitted,

June 8, 2018

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