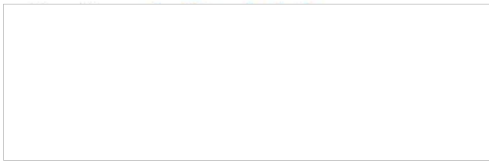


Narendra Jana



Background:

US Citizen – Raised in Massachusetts – In asylum in the UK due to criminal malice in medical settings with the intent of physical harm/intellectual disfigurement.

35 Years Old

Nature of the crime:

This is outside the role of complaints in NHS since it's a criminal case but it has already been informed to the Ombudsman and the GMC.

Dr. S. Catania and Dr. S. Anand Trip and the recent assault in Addenbrookes hospital (colored in blue) are the last three listings in this report at furthering the past criminal negligence and criminal fraud with the intent to causing physical harm, physical disfigurement, or physical disability through malice in medicine.

Each instance of criminal fraud is an additional instance of aiding and abetting a criminal to further negligence.

Their mindset is similar to common perpetuated crimes in scam artists, an attempt at avoidance of acknowledging the illegality of criminal fraud and criminal negligence (using falsified medical tests to harm a person in medical settings) by further perpetuating fraud in another setting and often to physical harm. They believe it's a convincing crime when its easy to demonstrate otherwise. (there is video, photographic, audio, and diagnostic evidence to demonstrate criminality or fraud taking place in most instances).

Each instance of fraud and criminal negligence is typified in this listing. This situation with clinical fraud followed by assault in medical institutions is the basis of asylum in the UK which Dr. Trip and Dr. Catania replicate in graphic detail, thus strengthening the cause of asylum.

A instance by instance list of criminal medical fraud and criminal medical negligence supported by fraud is given below (its non trivial criminal malice/fraud/assault case in medical settings):

1. *2008 April to 2010 October



- Criminal Negligence →
 - Negligence and mistreatment under psychiatry, future instances of medical mistreatment and negligence are predicated on Dr. [redacted] and the next doctor, Dr. [redacted]

2. *2008 December 4th and 2009 February 5th
[REDACTED]
 - Criminal Negligence →
 - 2008 December Gross Features of MS and metal toxicology present (in a MRI series) and ignored in a medical setting and left untreated; later found to be intentional.
 - Dr. [REDACTED] negligence followed by Dr. [REDACTED] negligence (in the same hospital) with inappropriate recommendations that cause gross neurological damage, brain lesions and persistent seizures. The medical data for neurological damage or disease progression is attempted to be hidden (criminal fraud) there after in order to try and hide effect of negligence.
3. *2009 July 28th
[REDACTED]
 - Negligence
 - Inappropriate recommendations that cause gross neurological damage, brain lesions and persistent seizures.
4. *2007 to 2011
[REDACTED]
 - Evasiveness
 - [REDACTED] was my primary care physician (GP) at [REDACTED]. He either never wrote appointment summaries or erased them. Evasiveness.
5. *2009 April 8th April 10th and April 10th
[REDACTED]
 - Clear Negligence and Probable fraud
 - The clinicians ignore a gross feature of inflammation in the MRI and try to downplay the pathology. The clinician, Dr. [REDACTED] hints that its multiple sclerosis in the report (recommending a CSF test) but doesn't do the required tests. The diagnosticians ignore the recommendations, not me (mis stated in the report).
6. *2009 August 20th, 2009 December
[REDACTED]
 - Negligence (assault) under outpatient and emergency room toxicology →
 - There are two instances of negligence in the hospital under toxicology, both instances have a clear pathology that is refused to be treated in the hospital. Its denial under emergency.
7. *2010 February, 22nd

- Criminal Fraud →
 - MRI images are erased to hide MS with a fraudulated MRI report.
8. *2010 March 15th
- Criminal Negligence →
 - [REDACTED] denies treatment under neurology with clear features in an MRI and a MRI with a fraudulated report. All future MRIs show the toxicity that was attempted to be hidden in the February, 22nd MRI. Many future MRI reports are falsified.
9. *2010 August 25th
- Criminal Malice (assault) in a Medical Setting →
 - Giving ECT (a doctor knowingly giving a patient electro convulsion therapy to cause neurological damage) to a patient with multiple sclerosis that caused neurological damage and then recurrent seizures. Malice in a medical setting.
10. *2011 March, 10th
- Negligence →
 - Should have recognized that the previous MRI had missing MRI images in an incomplete series. An EEG was done in the hospital that may not reflect clinical presentation.
11. *2012 July 20th
- Ignored clear optic neuropathy secondary to MS in high resolution images.
12. *2012 September 5th
- Negligence →
 - Failed to recognize the clear signs of MS or to do the appropriate tests. Later found to be intentional.
13. *2012 October 30th and December, 27th 2012
- Criminal Fraud →
 - Fraudulated EEG and MRIs Reports under Dr. [REDACTED] - Report it different from what the EEG and MRI shows.
14. *2013 October 10th
- Dr. [REDACTED]
 - Fraud →

- MRI Done in [REDACTED] – Falsified Radiology Report. The spectroscopy shows clear deviations from normal in brain metabolism in the basal ganglia, her statements are intentionally falsified.

15. *2013 November 8th

[REDACTED]

- Criminal Negligence →
 - Replicates the same medical negligence as Dr. [REDACTED], denying treatment for a toxicological underpinning to a neurodegenerative condition.

16. *2013 November 13th

[REDACTED]

- Criminal Negligence →
 - [REDACTED] is far more aggressive about limiting treatment under toxicology, all MRIs since 2008 show a T1 intensity in the basal ganglia of the brain indicating that the toxicity has been persistent since the first feature. It was an attempt under medicine to cause harm by limiting medical treatment for a clear pathology.

17. *2014 July 29th to July 30th - [REDACTED]

[REDACTED]

- Criminal Fraud and Negligence -
 - EEG report is falsified with clear evidence easy to demonstrate seizures in the EEG.

18. *2014 June 17th

[REDACTED]

- Criminal Fraud and Negligence →
 - Extensive blood test reports and EEG reports are falsified in the hospital setting.

19. *2014 March 31st and June 5th - [REDACTED]

- 2 appointments with [REDACTED] psychiatrist where no medications are prescribed and Dr. [REDACTED] isn't a treating physician

20. *2015 December to February 2016

[REDACTED]

Massachusetts

- Criminal Fraud and Negligence →
 - Fraudulates EEG and Blood Test. Fraudulence shown by EEGs done shortly thereafter in settings abroad.

[REDACTED]

- Possible Fraud

- Possible fraud in blood tests.

21. 2016 to 2019

- Insurance Restriction
 - Using Insurance to limit affordability of medications for a progressive neurodegenerative condition. Medications for MS are required to be approved by US neurologists thus as long as they aren't approved US physicians could further physical harm to disability by restricting medications through insurance. I always have medical insurance in the US.

22. 2016 March 27th

[REDACTED]

- Criminal Fraud →
 - Though Dr. [REDACTED] is a treating physician the Lumbar Puncture results are falsified in the hospital. The falsification is easy to prove given that the EEG in the same hospital is a gross falsification with EEG video evidence to demonstrate falsification.

23. 2016 March 20th and 21st

[REDACTED]

- Under Dr. [REDACTED]
 - Criminal Fraud – Falsified medical report that ignored medical data when the patient (me) has clear gross evidence of seizures during the EEG. The gross evidence of fraud substantiates that the lumbar puncture test is also fraudulented in the same hospital.

24. * July 25th 2016

[REDACTED]

- Negligence →
 - 2016 asking for help in a serious condition- Dr. [REDACTED] Denies treatment or diagnostics in [REDACTED] with clear evidence of the clinical condition.

25. * 2016 July 7th

[REDACTED]

- Negligence →
 - Denies Treatment and Diagnostics in [REDACTED] with clear evidence of the clinical condition.

26. 2017 January 10th

[REDACTED]

- Criminal Fraud that shows all other MRIs are also Criminal Fraud →
 - MRI report is falsified with clear evidence of criminality. A high resolution video of technician is recorded which shows her trying to hide features of inflammation and neurodegeneration in the MRI series being taken. It demonstrates how that, future, and past instances of fraud in MRI radiology took place.

27. *2017 April 7th and 2017 May 12th

[REDACTED]

- Criminal Negligence →
 - Dr. [REDACTED] denies medical treatment for MS in [REDACTED] with gross evidence and clear progression even after an ER emergency visit.

28. *2017 April 29th

[REDACTED]

- Negligence (Assault in a ER setting) →
 - The ER department ignores clear optic neuropathy due to MS, no medications are given.

29. *2017 August 16th

[REDACTED]

- Criminal Negligence (Assault in a medical setting) →
 - ER denies treatment with a clear presentation and MRIs in a severe medical state warranting that I get the IV medications abroad immediately thereafter ([REDACTED]).

30. 2017 August 25th ([REDACTED]), August 9th and 24th ([REDACTED])

[REDACTED]

- Criminal Fraud →
 - [REDACTED] - Radiology falsifies MRI Report- Gross features of neuroinflammation in the MRI make the report medically impossible. The radiology clinic in the future tries to erase evidence of the MRI altogether.

31. 2017 September 9th

[REDACTED]

- Criminal Fraud →
 - Hospital falsifies the Lumbar Puncture (LP) test as directed by the US.

32. 2017 September 25th onward till September 17th 2018

[REDACTED]

- Criminal Fraud →
 - Multiple instances of fraud in radiology reports (5 reports) that are a direct contrast to the progression of the clinical syndrome and course of medications. Reports ignore gross features. The treating neurologists in Mexico write reports that state the radiological abnormalities that the clinic tried to hide in fraudulent reports.

33. 2018 March 13th,

[REDACTED]

- Criminal Fraud →
 - The doctor and the hospital falsify the results of a LP test that is immediately proven to be falsified. The results appear to be prefabricated and available within two days of the test (it requires 2 weeks for the results) and several ERs occur during the same time period followed by outpatient treatment due to severity of condition.

34. 2018 March 11th and March 16th to 17th

[REDACTED]

- Criminal Negligence →
 - Dr. [REDACTED] and the other doctors deny medical treatment in a emergency setting for gross lesions and spinal atrophy clear in MRIs. Dr. [REDACTED] tries to state “disk degenerative disease” for progressive neural atrophy along the spine, which is absurd and medically impossible.

35. 2018 April 10th

[REDACTED]

- Criminal Fraud →
 - Lumbar puncture tests results are falsified in a clear way with two subsequent tests showing gross optic neuropathy (requiring that the LP test have a positive for oligoclonal banding).

36. *2018 June 14th

[REDACTED]

- Criminal Negligence →
 - Lies about all MRI data shown to him in his report to further medical negligence with clear gross presentation of MS.

37. *2018 July 16th

[REDACTED]

- Criminal Negligence →
 - Dr. [REDACTED] and [REDACTED] lie about MRI data shown to them and deny medical treatment.

38. 2018 August 15th and 28th

[REDACTED]

- Criminal Fraud
 - A radiology report of brain, spine, and thoracic is falsified in the hospital to perpetuate criminal fraud recorded before.

39. *2018 September 19th

[REDACTED]

- Criminal Negligence →

- Dr. [REDACTED] denies treatment for MS with clear gross features of MS in MRIs and other clear diagnostics.

40. *2018 September 21st

[REDACTED]

- Negligence →
 - Dr. [REDACTED] tries to lie about the quality of optic neuropathy in his report and denies medical treatment

41. 2018 October 23rd

[REDACTED]

- Criminal Fraud →
 - The hospital falsifies the LP Test results though the doctor is a treating physician (he gives plasmapheresis in the same hospital). He mentions in his report that I have clear lesions in the corpus collosum (Dawson's fingers) and progressive MS making the LP impossible.

42. 2018 November 8th

[REDACTED]

- Criminal Fraud →
 - SEP test is falsified with erased values (amplitudes) and inappropriate interpretations. The graphs in the test show gross neurodegeneration in the cervical spine resulting in reduced sensation and movement in the left hemisphere of my physiology contrary to the statements made by Dr. [REDACTED]

43. 2019 January 21st

[REDACTED]

- Criminal Fraud →
 - Falsified radiology report and to an impossible extent (ignores all gross features in the MRI). Makes its clear that there is an intent to falsify medical data to hide a medical pathology.

44. 2019 April 17th

[REDACTED]

- Criminal Fraud →
 - Radiologist falsifies a radiology report with gross features of neurodegeneration.

45. 2019 September 18th:

- Dr. S. Catania - The National Hospital for Neurology and Neurosurgery
 - London, UK
 - Fraud →
 - Falsified SEP (sensory evoked potential) tests in a medical setting with the intent of hiding the disease pathology around the neurodegenerative condition, multiple sclerosis, or to hide the

neurodegeneration that had taken place over more than a decade of malice in medical settings.

46. 2019 October 23rd:

- Dr. S. Anand Trip
 - The National Hospital for Neurology and Neurosurgery
 - London, UK
 - Support of fraud and medical falsification →
 - After Dr. Anand Trip made false statements with respect to MRI series that show gross features of Multiple Sclerosis in his office appointment he tries to support Dr. S. Catania in a falsified diagnostic test report.

47. 2020 April 13th and 14th

- Addenbrookes Hospital, Cambridge, UK
 - Assault in a medical setting by withholding medications in gross emergency need.
 - Assault in a medical setting with the intent of physical harm by withholding medication in gross clear need. While falsifying medical reports (in Addenbrookes Hospital) to try and uphold the clinical fraud of Dr. Trip.
 - The medical professionals in the ER (ED)/Ward setting were instructed to remove me by Dr. Trip in order for Dr. Trip to uphold his clinical fraud. Dr. Massey consulted with Dr. Trip to remove me from the clinical ward when it was clear that medications were needed to be given in an emergency situation. Thus personally endangering the patient to physical harm.