# OPEN LETTER TO ANY PHYSICIAN WILLING TO PROVIDE LIFE-SAVING CARE

# Critically Urgent Pulmonary Fibrosis & Aspergillosis Treatment Request

*Urgent plea from Celestia Quixs, 65, with terminal pulmonary fibrosis, suspected CFTR-RD, and chronic aspergillosis, seeking immediate evidence-based evaluation and treatment. Delay carries mortal risk.*

**URGENT LIFE-SAVING CARE REQUEST – CPT 99205**

***If you are a physician able to provide immediate, evidence-based evaluation and treatment, please contact me directly. Delay or denial carries mortal risk.***

**From:** Celestia Quixs
**Date:** 3/8/2026

To Whom It May Concern,

I am a 65-year-old patient with a terminal illness and a **complex, documented pulmonary and genetic history**, urgently requiring evaluation and treatment. I have **exhausted every avenue** to obtain care—hospital systems, specialty providers, managed care, regulatory boards, patient advocacy, legal appeals,and investigative journalists—with repeated obstruction or outright denial.

## PRIMARY DIAGNOSES:

- Pulmonary Fibrosis (PF) / Bronchiectasis
- SPINK1 HCP (Hereditary Chronic Pancreatitis)
- Suspected CFTR-Related Disorder (Family History: Sister/Nephew are confirmed CF carriers, Medical history of chronic sinusitis with thick, sticy mucus; recurrent bronchitis and pneumonia)

**CLINICAL NOTE:** KU Physicians blacklisting in 11/2021 canceled my Sweat Chloride test, leaving my CFTR status unconfirmed despite objective decline.

## CLINICAL TIMELINE (6/2021 – PRESENT):

- **6/2021:** Diagnosed P. aeruginosa; only suppressed by Levaquin. Sputum now cycles every few days: opaque white → fluorescent yellow/green (suggestive of P. aeruginosa pyocyanin) → tan with “cooked-blood-colored” branching plug material (suggestive of Aspergillus colonization).
- **10/27/2021:** Formal dismissal from KU Physicians Network after grievance regarding refusal to treat following sputum result “Light-growth Fusarium, no special requests.”
- **11/2021:** Home mold inspection: Zero Fusarium, High Aspergillus.
- **12/2021 (ER Triage):** Imaging: 5mm nodule and tree-in-bud opacities. Discharged without BAL/aspiration; follow-up advised in one year.
- **3/2022 (Home Visit):** Compensatory shunting for pulmonary hypertension misdiagnosed as PAD.

- **5/2023 (ER Triage):** Imaging confirmed RV cardiomegaly.
- **6/27/2023 (ER Triage):** Imaging: bilateral pneumonia, ground-glass opacities, calcifications, and atelectasis. Labs: HEMOPTYSIS, "HEAVY GROWTH normal oropharyngeal flora, UNSPECIFIED." Lab failed to differentiate pathogens. Amoxicillin/Doxy worsened condition.
- **6/2023 Lab Failure:** 4mL of 10mL sputum sent to ARUP UT; suboptimal, inconclusive for AFB.
- **Medicare Part C Obstruction:** Denied 3-day follow-up with Rajit Amesure, DO. Pulmonology Group, LLC scheduled and then canceled new patient intake, citing my cough.
- **2/2025:** 15-min new patient intake; PCP added ACOS diagnosis without spirometry, ignoring actual lung disease.

## OBSTRUCTION RECORD – LEGAL IMPLICATIONS:

- Multiple institutions have **blocked care** through blacklisting, cancellations, and refusal to evaluate despite terminal prognosis.
- Registered mail and claims filed with USPS and health systems **have failed**, leaving me without access to essential treatment.
- These patterns constitute **neglect and deliberate obstruction of medically necessary care**.

****MORTALITY RISK:** Untreated chronic aspergillosis ~80% 5-year mortality. Prognosis window: 9/2026.**

## IMMEDIATE REQUIREMENTS (CPT 99205 REQUEST – 3/2026):

1. New Sweat Chloride Test & Full CFTR Sequencing (to finalize diagnosis blocked by KU).
2. High-Resolution CT Imaging: Baseline current lung destruction / RV status.
3. Maxillofacial CT/Imaging: Evaluate suspected sinus cavitation and fungal/bacterial reservoir.
4. Sputum Culture (Specificity & Susceptibility): Aspergillus and P. aeruginosa.
5. 6-Month Antifungal Protocol: To address 2026 mortality threshold.

## ADDITIONAL CONSIDERATIONS

**Close monitoring for efficacy/toxicity of medications due to:**

- Diagnosed NAFLD
- Bilateral kidney stones
- History of cholecystectomy (1994)

**Coverage**: Effective March 1, 2026, I have Original Medicare with Medigap Plan G and Carewell Part D coverage.

**Residency and Travel Considerations**: I live in Nevada. My ex-husband is willing to drive me to appointments requiring in-person evaluation. Given my pulmonary and cardiac conditions, I can safely travel **up to 120 miles one-way** for critical, life-saving care.

## NOTABILITY AND PUBLIC PRESENCE

I am also a **notable, publicly documented individual**:

- Google Knowledge Panel exists and reflects my presence.
- Top 19 results on Google search document my work and public record.

- I appear at the top of incognito, logged-out YouTube search results.

This footprint proves **verified notability, credibility, and persistent public presence**. I am **not invisible**, yet institutional actors have treated me as if I am.

# CALL TO ACTION

> **THIS IS AN IMMEDIATE, LIFE-SAVING REQUEST.**
>
> Delay or denial of care may constitute **reckless endangerment and professional liability**.
>
> I am prepared to provide **full medical records in-person or via secure, HIPAA-compliant channels** to eliminate any pretext for delay or denial.

If you are a physician willing and able to bypass obstructive EHR networks and provide evidence-based care, **I am ready to proceed immediately**. My condition is urgent, and every day of delay carries mortal risk.

Respectfully,

Celestia Quixs
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- The post urgently appeals for pulmonologists to evaluate a 65-year-old patient with terminal pulmonary fibrosis, bronchiectasis, suspected CFTR-related disorder, and chronic aspergillosis, citing blacklisting and care denials since 2021 as key barriers detailed on the linked site.
- Aspergillosis in CFTR-related conditions frequently leads to allergic bronchopulmonary aspergillosis (ABPA), causing lung inflammation and fibrosis; peer-reviewed studies indicate up to 60% colonization in cystic fibrosis patients, with untreated chronic cases carrying ~80% five-year mortality.
- By tagging organizations like the Pulmonary Fibrosis Foundation and Cystic Fibrosis Trust, the post aims to mobilize advocacy networks for critical interventions, such as CFTR sequencing, sputum cultures, and a six-month antifungal protocol to address a projected 2026 mortality threshold.