Docket #0198 Date Filed: 2/7/2024

United States Courts
Southern District of Texas
FILED
FEB 07 2024
Nathan Ochsner, Clerk of Court

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

| | |
|---|---|
| In Re: | |
| Tehum Care Services, Inc | Case No: 23-90086 (CML) |
| | CHAPTER 11 |
| Debtor. | |
| Anant Kumar Tripati | Adv. Pro. No. 23-03072 (CML) |
| Plaintiff, | |
| Vs. | |
| Sarah Tirschwell, et al., | |
| Defendants. | |

**MOTION TO FILE A SUPPLEMENTAL COMPLAINT**

**This motion seeks an order that may adversely affect you. If you oppose the motion, you should immediately contact the moving party to resolve the dispute. If you and the moving party cannot agree, you must file a response and send a copy to the moving party. You must file and serve your response within 21 days of the date this was served on you. Your response must state why the motion should not be granted. If you do not file a timely response, the relief may be granted without further notice to you. If you oppose the motion and have not reached an agreement, you must attend the hearing. Unless the parties agree otherwise, the court may consider evidence at the hearing and may decide the motion at the hearing. Represented parties should act through counsel.**



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Anant Kumar Tripati moves the court for leave to supplement and in support states:

**COMPLIANCE WITH BR 9011 AND DECLARATION THAT PETITION IS NOT FILED IN BAD FAITH**

1. Before filing this Petition I contacted the Defendants and was unable to resolve the matter, thereby resulting in this supplemental filing. This supplement is not filed in bad faith, nor for any improper purpose.

**DATE I DISCOVERED THESE FACTS**

2. I discovered certain facts from the motion to dismiss by Tort Creditors. After reading that motion I conducted further research and this motion.
3. Senator Elizabeth Warren, Dick Durbin, Marie Hirono, Dick Blumenthal, Ron Wyden, Bernie sanders, Peter welch and Carey Booker wrote a letter to Lefkowitz and genesis reminding them that in 2021 they received $300,000,000 in COVID funds.

**MY STANDING**

**ACCRUAL AND THE INJURY I SUSTAINED FROM THE CRIMINAL ENTERPRISE OPERATED BY CORIZON AS SET FORTH BELOW**

4. After Corizon notified the Third Circuit of this Bankruptcy, that court in Case 22-1861 on April 13, 2023 abstained as to all Defendants, because the claims in that case, were about spoliation by all Defendants, and the Third Circuit, District Court, Defendants, failed to address the spoliation. In the District of Arizona, after Defendants filed a notice of this bankruptcy, the District Court, as mandated by law, abstained from ruling on the spoliation as to all Defendants for the reasons above. CIV 18-0066RM. After Defendants notified the Ninth Circuit in 21-15902 of these Bankruptcy proceedings, the Ninth Circuit has not ruled on the matter, it appears, the court has abstained.

## THE SUPPLEMENTAL ALLEGATIONS

5. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; filed for bankruptcy of a manufactured affiliate to create leverage and pressure tort victims like me into accepting settlements in unacceptable amounts, with full releases in favor of the non bankrupt entity.

## THE SCHEME THEY CREATED

6. The scheme Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; created calls for a divisive merger conducted by a subsidiary of a wealthy corporation under a 1989 amendment to the Texas Business Corporations act. Under the merger one entity "GoodCo" has all the assets and non tort liabilities, and the other "TortCo" has all the tort liabilities. TortCo agreed to indemnify the entire non Debtor corporate family and provided the necessary funding agreement backstop from GoodCo and/or an affiliate to fund the bankruptcy case and provide funding to TortCo to pay tort claims within certain parameters.
7. Next TortCo files for bankruptcy seeking to enjoin all tort liability litigation against non Debtor affiliates and indemnified parties because without the assistance of the court in this fraudulent scheme, it fails. Once the injunction is issued TortCo usually led by a purported independent board, will engage in mediation or other activities to prolong the bankruptcy.
8. As the Debtor is a shell and not an operating company the Debtor has no reason to exit bankruptcy, except on terms favorable to GoodCo.

## APPLYING THE SCHEME TO THIS DEBTOR AND TORT CLAIMANTS

9. Flacks Group a Miami based investment firm acquired the equity of Corizon in 2020. It then formed M2 related companies to acquire Corizon's purportedly secured debt at steep discount, resulting in the M2 companies becoming both Corizon's parent and secured

lender. Flacks spun off Corizon's profitable entity PharmaCorr and then evaluated bankruptcy as an exit strategy. By chance Flacks met Isaac Lefkowitz and Perigrove and sold them the business.

10. Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; and its advisors set off to shield their companies from litigation in the tort system and impose a forced bankruptcy settlement on the victims and their families, thereby freeing all future profits for equity holders, and also transferring millions from tort victims to equity.

11. In December 2021 Perigrove acquired Corizon Health, its parent the M2Companies and their debt, all profitable government contracts and Corizon's cash. It then looted through intentional and constructive fraudulent transfers millions from Corizon.

12. In May 2022 Perigrove directed all Corizon and affiliated business entities with assets and ongoing operations to merge into a single entity.

13. Through Texas Divisive Merger the new entity Corizon Health Inc housed all disfavored liabilities, including torts. The other entity CHS TX Inc was transferred all productive assets and favored liabilities. This was similar to a 363 sale to an insider, where the insider takes all the productive assets and assignment of profitable contracts and related liabilities, rejects nonprofitable contracts, with undesirable liabilities left behnd.

14. According to former Corizon Health CEO James Hyman this was "essentially an old fashioned bankruptcy fraud scheme."

15. Sara Tirschwell the sole shareholder contributed 95% equity to YesCare, wholly owned by undisclosed insiders.

16. Flacks Group; Isaac Lefkowitz; Perigrove 1018 ;. Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; after looting Corizon Health, with the help of Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson, searched for a law firm that could influence Judge David Jones.Senior Management of Corizon Health, YesCare, CHS Tex;

17. They hired Liz Freeman, Jackson Walker which had a personal relationship with the Judge so as to defraud the prisoners.

18. They were caught and this court appointed another arbitrator.

**THE DEBTOR PERIGROVE 1018 AND THOSE ACTING IN CONCERT WITH IT PULLED THE BIGGEST SCAM IN THIS COURT TO DEFRAUD ME AND 300,000 OTHER PRISONERS. THE CLAIMS THAT I AND ALL VICTIMS HAVE**

19. Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; after looting Corizon Health, with the help of Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson, searched for a law firm that could influence Judge David Jones.Senior Management of Corizon Health, YesCare, CHS Tex; deprived me and other prisoners of monies due us by laundering monies and engaging in transactions set forth herein.

20. Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; after looting Corizon Health, with the help of Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson, searched for a law firm that could influence Judge David Jones. Senior Management of Corizon Health, YesCare, CHS Tex; its affiliates engaged in avoidance, unjust enrichment, spoliation, fraudulent concealment, fraud, avoidance, deceit, common law constructive fraud, constructive taking, breach of fiduciary duty, deceptive business practices, fraud upon the court, and conspiracy to engage in these torts.

**RELIEF REQUESTED**

21. Leave to supplement be granted and the Clerk be ordered to issue the necessary summons.

Respectfully submitted,

Anant Kumar Tripati

The Plaintiff hereby certifies that a true and correct copy of the foregoing document was served by the Court's CM/ECF system on all parties requesting notice/ all parties who have entered appearance.

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**SUPPLEMENTAL DEFENDANTS**

1. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; Liz Freeman, Jackson Walker

**TABLE SHOWING SUPPLEMENTAL DEFENDANTS**

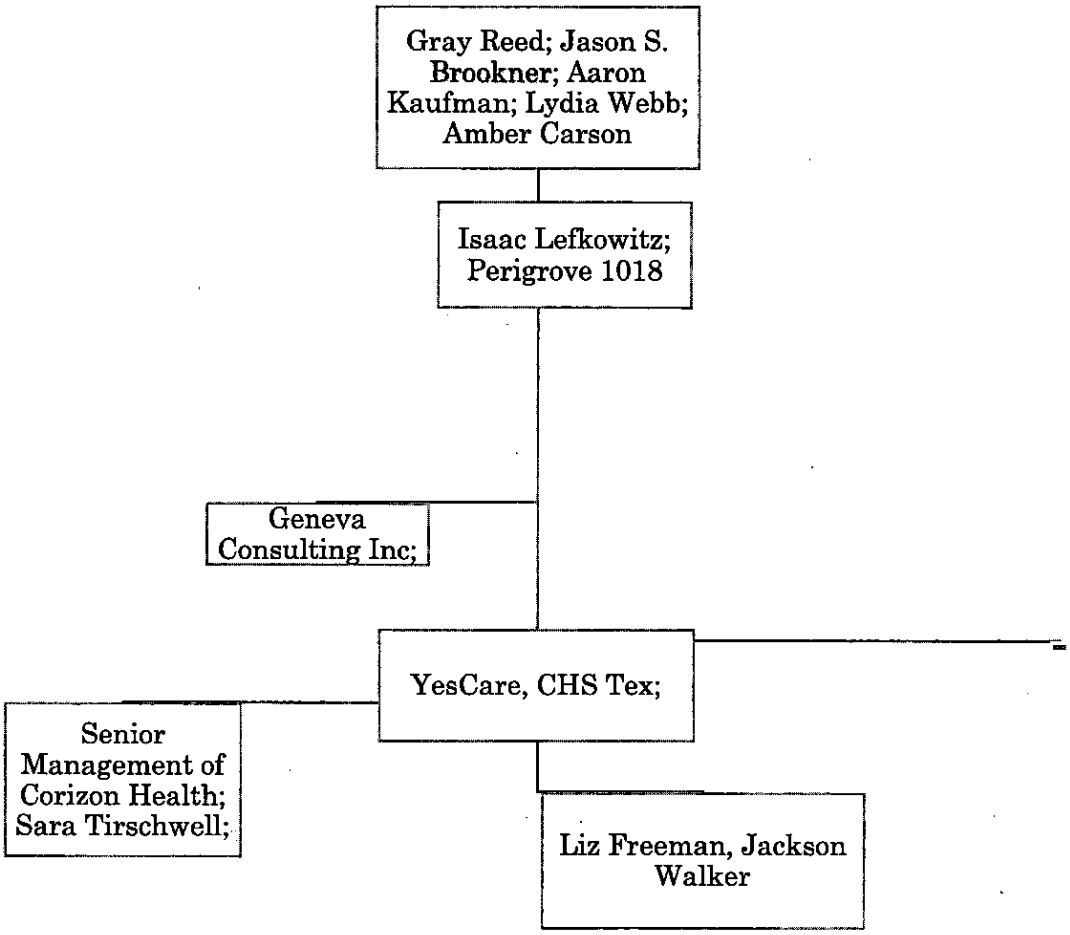
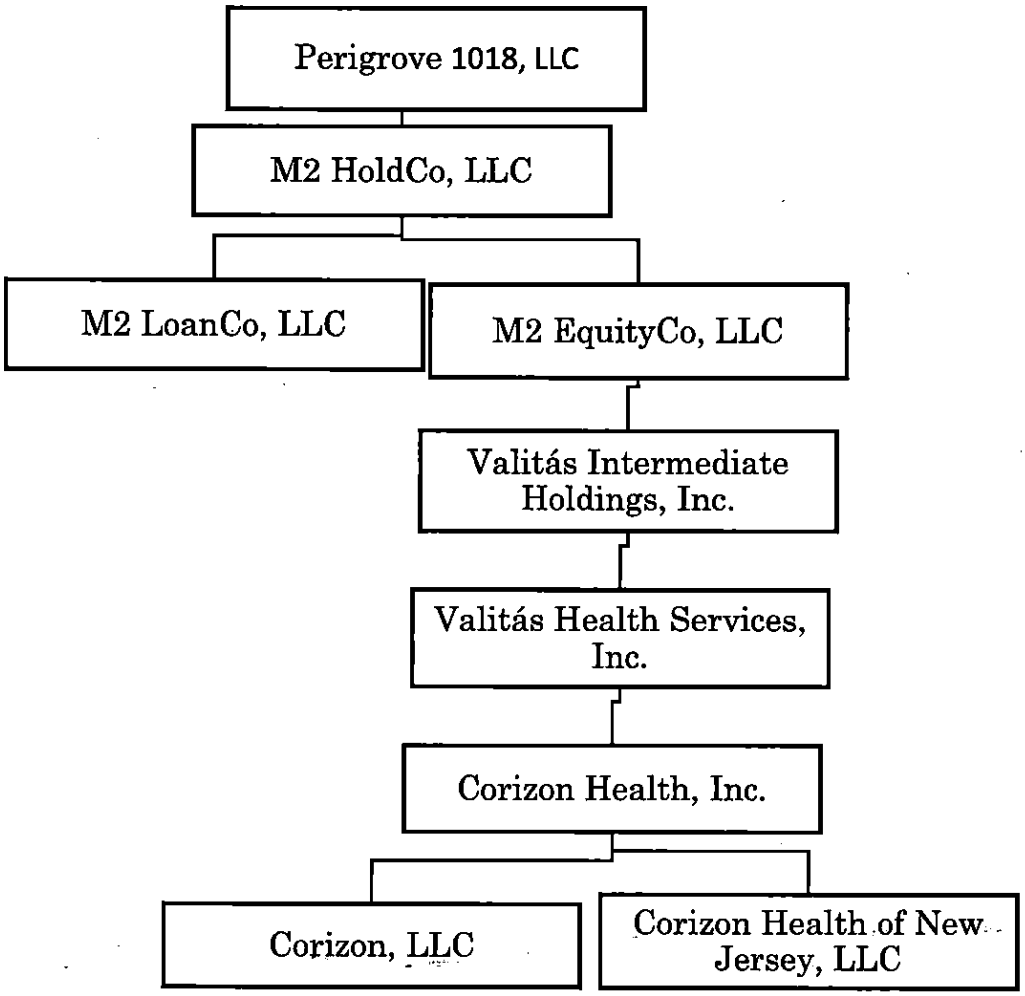
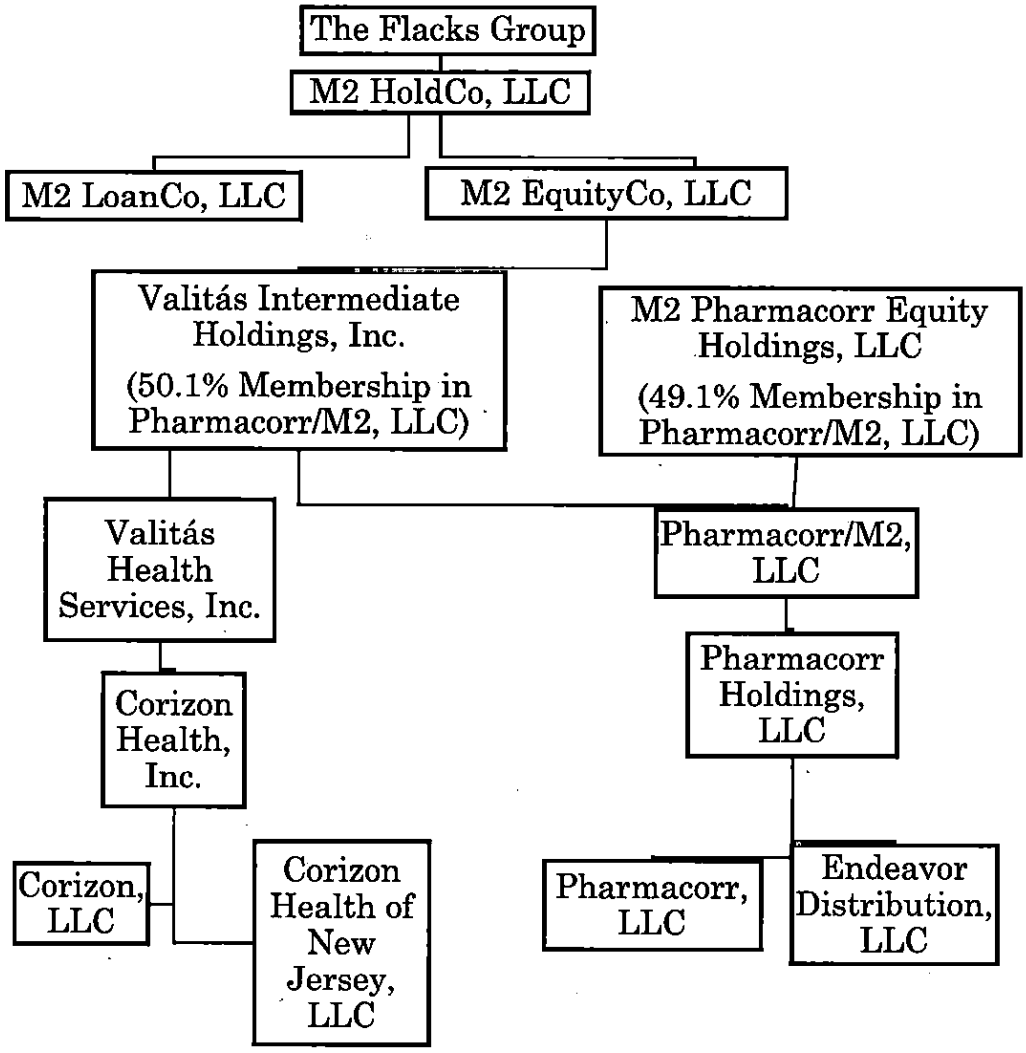


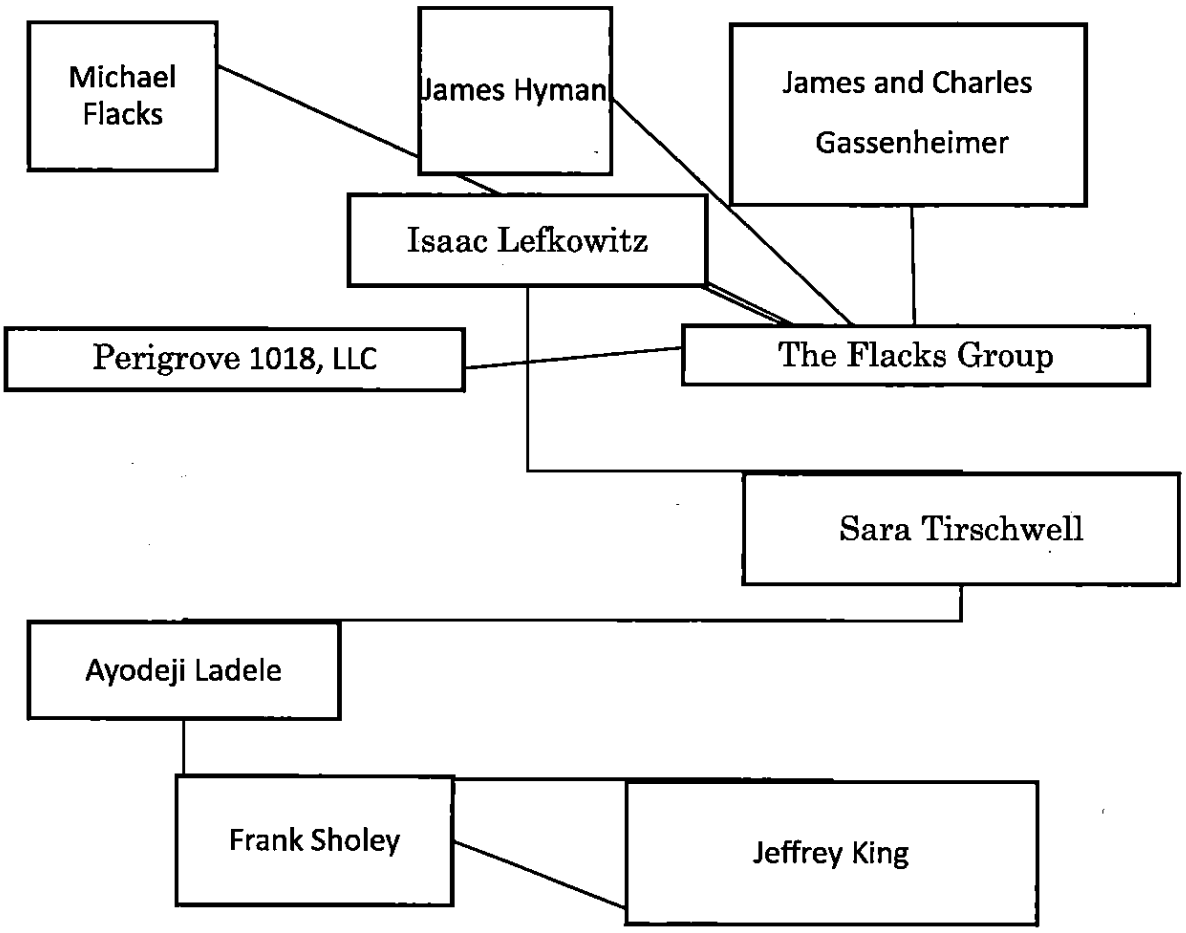
**TABLE SHOWING WHO PERIGROVE 1018 IS**



**THE FLACKS GROUP**



**THE PERSONS WHO CALL THE SHOTS AND AIDED IN THE FRAUDULENT ACTIVITIES**




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21. Their conduct also is a violation of my right of access to courts, as they, by filing this bankruptcy, prevented the United States Supreme Court, Third, Ninth and Arizona federal courts from reviewing my claims on spoliation. I and the 300,000 others would have prevailed had they not filed this bankruptcy, and allowed the courts, to review my claims. committed Mail Fraud 18 USC § 1341, wire fraud 18 USC 1343, Concealment of assets 18 USC § 152(1), false oaths 18 USC § 152(2), false declarations or false statements under penalty of perjury 18 USC § 152(3), embezzlement form the estate of the Corizon 18SC § 15, money laundering 18 USC § 1956, fraudulent schemes ARS §13-2310; forgery ARS § 13-2003 Concealment of assets 18 USC § 152(1), false oaths 18 USC § 152(2), false declarations or false statements under penalty of perjury 18 USC § 152(3), embezzlement form the estate of the Debtor Perigrove 1018 18SC § 15, money laundering 18 USC § 1956 are predicate acts cognizable as racketeering unlawful activity under RICO 18 USC § 1961(1)(A)(B)(D) and ARS § 2301.D.4(b)(iv)Iv)(xx)(xv) that make this scheme.

**THE CORPORATE VEIL SHOULD BE PIERCED**

22. The corporate structure is a mere instrumentality for bankruptcy fraud by Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; after looting Corizon Health, with the help of Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson, searched for a law firm that could influence Judge David Jones.Senior Management of Corizon Health, YesCare, CHS Tex;

**TO PREVENT INJUSTICE OR INEQUITY OR THE LIKE, THE CORPORATE VEIL SHOULD BE PIERCED AS THE DEBTOR ABUSED THE LIMITED LIABILITY PRIVILEGE**

**(A) QUESTIONABLE DEALINGS, THEREFORE, MUST BE EXAMINED TO DETERMINE IF THE LIMITED LIABILITY PRIVILEGE CONFERRED ON THE DEBTOR ENTITY HAS BEEN ABUSED BY THOSE IN CONTROL.**

23. Harvey Gelb, Personal Corporate Liability, A Guide for Planners, Litigators and Creditors' Counsel (1991), includes a lengthy first chapter on veil piercing containing considerable analysis on the subject, as well as several articles dealing with piercing.

24. The limited liability privilege is granted to owners of certain enterprises, such as corporations or limited liability companies, to encourage investment. "The common purpose of statutes providing limited shareholder liability is to offer a valuable incentive to business investment." Thus, in general, a person can transfer assets to and become an owner of a limited liability entity without losing assets uncommitted to the venture. Persons are encouraged thereby to take risks, but on a limited basis. This privilege should appeal to passive investors who are willing to place at least some of their assets into enterprises controlled by others. But it should also be attractive to investors who participate in the control of an enterprise.

25. While much good may come from the existence of the limited liability privilege, it may be abused, and when that happens courts have shown a readiness, however reluctant, to counter the abuse. To take an extreme example, suppose a person who organizes and operates a limited liability entity neither provides, nor allows it to retain, any assets available for the payment of creditors, and permits it to purchase no insurance. Suppose further that a customer is seriously injured because of the entity's negligent high-risk operations, and that the customer obtains an uncollectible judgment of $50,000 against the entity for her injury. Is justice served by passing this loss to the victim, and indirectly to others to whom she is indebted because of her injury, or even to the society at large that charitably helps her meet needs traceable to it? Or, suppose the

same entity purchased inventory for which it has not paid and the seller has not agreed to look only to the entity for payment. Is justice served by allowing its owner-operator to hide behind the veil of limited liability? In either case—is the public policy of stimulating investment, which underlies the limited liability privilege, being served?

26. Carried to absurd lengths, would the limited liability privilege allow pseudo-investors to accomplish through fraud or other wrongful conduct the transfer or retention of wealth for their own benefit at the expense of their creditors?

27. To counter abuse of the limited liability privilege, many courts have used veil piercing doctrines in recognition of the fact that, in some situations, blind acceptance of the privilege will permit the triumph of injustice, inequity, fraud, or the like of a serious enough nature to warrant piercing. Labadie Coal Co. v. Black, 672 F.2d 92, 96 (D.C. Cir. 1982).

**SYMBOLIC TERMS, APPROPRIATE TARGETS, AND GENERAL TESTS**

28. Veil piercing cases sometimes contain colorful or symbolic terms such as "sham," "instrumentality," "alter ego," or "dummy" to reflect characteristics of entities whose veils are to be disregarded. While the terms are themselves conclusory in nature and generally of little analytical use, they form part of the vocabulary used in particular jurisdictions and their use must be understood in various contexts, say, for example, by an appellate advocate who responds to a judge asking her to present her alter ego argument.

29. In cases where creditors—whose underlying claims stem from the tort or contract liability of the entity—seek to pierce its veil, the proper targets are generally those who by virtue of their control are responsible for the conduct triggering the piercing decision. Ronald J. Colombo, Law of Corporate Officers and Directors: Rights, Duties and Liabilities § 20:13 (2017).

30. Two of the guiding tests, neither of which is written in language entirely understandable on its face and either of which appears with some frequency, though by no means universally, in cases involving piercing claims, may be set forth substantially in the forms that follow.

31. Test 1 may be referred to as the "unity of interest and ownership test," and it states that to pierce the corporate veil, the plaintiff must show that: (1) [T]here is such a unity of interest and ownership that the separate personalities of the corporation and the parties who compose it no longer exist, and (2) circumstances are such that adherence to the fiction of a separate corporation would promote injustice or inequitable circumstances Steiner Elec. Co. v. Maniscalco, 51 N.E.3d 45, 46, 56 (Ill. App. Ct. 2016). For a similar example of this test, see Semmaterials, L.P. v. Alliance Asphalt, Inc., 2008 WL 161797, at *4 (D. Idaho Jan. 15, 2008).

32. Test 2 may be referred to as the "instrumentality test" and may be stated largely as follows: The instrumentality rule requires, in any case but an express agency, proof of three elements: (1) Control, not mere majority or complete stock control, but complete domination, not only of finances but of policy and business practice in respect to the transaction attacked so that the corporate entity as to this transaction had at the time no separate mind, will or existence of its own; (2) that such control must have been used by the defendant to commit fraud or wrong, to perpetrate the violation of a statutory or other positive legal duty, or a dishonest or unjust act in contravention of [the] plaintiff's legal rights; and (3) that the aforesaid control and breach of duty must proximately cause the injury or unjust loss complained of. Batoh v. McNeil-PPC, Inc., 167 F. Supp. 3d 296, 323 (D. Conn. 2016). For a similar statement of this test, see John Knox Village v. Fortis Const. Co., LLC, 449 S.W.3d 68, 76 (Mo. Ct. App. 2014).

**(B) GUIDING FACTORS**

33. In addition, courts often set forth lists of factors as guidance in piercing decisions. Continental Cas. Co. v. Symons, 817 F.3d 979, 993–94 (7th Cir. 2016), cert. denied, 137 S. Ct. 493 (2016). Harvey Gelb, Limited Liability Policy and Veil Piercing, 9 WYO. L. REV. 551, 556–58 (2009) [hereinafter Gelb, Limited Liability Policy]. The lists do not purport to be exclusive, may be of varying sizes and content, and are rather loosely applied as guidelines without any requirement that all or any particular factors be present to justify piercing.

34. It is important too, as reflected in the second prong of Test 1 or with more detail in the second prong of Test 2, that piercing in favor of creditors is used to prevent injustice or inequity or the like of

sufficient gravity to overcome the normally expected judicial reluctance to pierce.

35. Continental v. Symons provides a good vehicle for reviewing several aspects of mainstream veil piercing law for purposes of this Article. First, it contains a list of guiding factors (referred to as the "Aronson factors") under Indiana's veil piercing law, factors which to a considerable degree appear in veil piercing analyses under the law of other states. Second, it provides a good basis for the discussion of some of the important issues which may arise in veil piercing cases. Third, like Husky, Continental is a contract creditor pursuing a veil piercing claim.

36. In 1998, IGF Insurance Company (IGF) purchased a crop insurance business from Continental. In 2002, while still indebted to Continental for more than $25 million in connection with that purchase, IGF resold the crop insurance business for more than $40 million. But the Symons Group (Gordon, Alan, and Douglas) that controlled IGF structured the sale so that most of the proceeds were siphoned into other companies the group controlled as follows: $9 million to Symons International Group Inc. and Goran Capital Inc. (which were IGF parent companies) in exchange for non-compete agreements and $15 million to Granite Reinsurance Co. in exchange for a reinsurance treaty. Only $16.5 million of the purchase price went to IGF. Continental sued for breach of contract and fraudulent transfer.

37. District court findings that the non-compete and reinsurance agreements constituted fraudulent diversions of the purchase money for the crop insurance business were upheld by the circuit court, but the court expressly avoided deciding if Alan and Gordon's estate (which was substituted for Gordon after his death) were liable as transferees under the Uniform Fraudulent Transfer Act.

38. Although the appeal focused on several questions for review, the discussion here is mainly limited to the bases for the court finding Alan Symons and the Estate of Gordon Symons subject to "veil piercing" liability (at times characterized by the court as "alter ego" liability).

39. In dealing with veil piercing liability under the pertinent Indiana law, the Seventh Circuit noted that "Indiana courts hesitate to pierce the corporate veil [but they] will do so to prevent fraud or injustice to a third party." The court stated that the alter ego analysis

in Indiana proceeds along the so-called "Aronson factors" which include: (1) undercapitalization; (2) absence of corporate records; (3) fraudulent representation by corporation shareholders or directors; (4) use of the corporation to promote fraud, injustice or illegal activities; (5) payment by the corporation of individual obligations; (6) commingling of assets and affairs; (7) failure to observe required corporate formalities; or (8) other shareholder acts or conduct ignoring, controlling, or manipulating the corporate form.

40. A look at the above Aronson factors and similar ones, the like of which appear in many veil piercing cases, would indicate that evidence regarding these factors may well be probative of financial irresponsibility or misbehavior, information on who was in control of the limited liability entity, and whether the defendant had wronged the plaintiff in a way serious enough to justify veil piercing. And while piercing terminology and factors are not completely uniform across the United States, Continental, in its use of the Aronson factors, offers a good example of a mainstream judicial approach.

41. The Seventh Circuit pointed to some additional factors (the "Smith factors") used where a court is asked to decide if two or more affiliated corporations should be treated as a single entity, a question which also came up in Continental: "whether similar corporate names were used; whether there were common principal corporate officers, directors, and employees; whether the business purposes of the corporations were similar; and whether the corporations were located in the same offices and used the same telephone numbers and business cards."

**(C) FACTORS ANALYSIS**

42. Before considering the court of appeals' analysis and application of veil piercing factors in reviewing the district court decision to hold Alan and Gordon personally liable, it may be useful to bear in mind two points. First, there is the direct or indirect control of Symons family members over a host of entities, which the court even referred to as a corporate empire. Significantly, the court of appeals approved the district court's findings that "'Alan, Doug, and Gordon Symons ignored, controlled, and manipulated the corporate forms' of IGF, IGF Holdings, Symons International, Granite Re, Superior, Pafco, and Goran, and 'operated the corporations as a

single business enterprise such that these entities were mere instrumentalities of the Symons family.'"

43. Second, the existence of controlled entities not only opens the door for possible questionable dealings between or among controlling parties and the entities, but also between or among the entities, dealings that could render a limited liability entity debtor unable to meet obligations.

44. Questionable dealings, therefore, must be examined to determine if the limited liability privilege conferred on the debtor entity has been abused by those in control. Examples of examinations involving controlled entity dealings appear in connection with circuit court references to commingling. In sustaining the district court's alter ego findings as not clearly wrong, the Seventh Circuit Court of Appeals approved the trial judge's use of factors identified in Aronson and Smith in determining if Alan and Gordon used their control over their corporate empire to enrich themselves at the expense of Continental. In doing so, the court rejected defendants' claim that use of factors from both cases involved an improper blending, stating that the Aronson factors are not necessarily exhaustive, and thus the court demonstrated an unsurprising flexibility in the utilization of factors in a piercing case. The court referred to the lower court's evaluations regarding undercapitalization, fraudulent representation by corporation shareholders or directors, corporate formalities, commingling assets, and common address as the basis for the lower court conclusion "that the Symonses used their control over the Goran-related companies to fraudulently avoid satisfying the debt to Continental."

45. Regarding undercapitalization, the appellate court pointed to the lower court's evaluation as follows: The judge did not find the companies undercapitalized for the purposes of the Aronson test because "[t]he adequacy of capital is to be measured as of the time of a corporation's formation." Nevertheless, the judge noted that the fact that almost all of the Symons companies were undercapitalized as of 1999 "cannot be ignored."

46. One can understand a court attempting to wriggle free of an arbitrary freezing of an undercapitalization determination to the time of a company's formation. There are cases which examine undercapitalization as a continuing issue. Steiner Elec. Co. v. Maniscalco, 51 N.E.3d 45, 58 (Ill. App. Ct. 2016); see also Coughlin

Const. Co., Inc. v. Nu-Tec Indus., Inc., 755 N.W.2d 867, 876 (N.D. 2008). Indeed the capitalization of a corporation, along with the other assets it has available for conducting its business and paying creditors, may reflect on whether it is being operated in a financially responsible way and worthy of the limited liability privilege. In addition, liability insurance carried by an entity may be especially relevant to the financial responsibility issue where a tort victim is the creditor. Radaszewski v. Telecom Corp., 981 F.2d 305, 309 (8th Cir. 1992).

**ISAAC LEFKOWITZ'S DIRECTION**

47. At Isaac Lefkowitz's Direction, Corizon Sent $3 Million to Perigrove 1018 Related Party Geneva Consulting.

48. Flacks Group; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; YesCare, CHS Tex; placed Mr. Lefkowitz in charge of the entities it had acquired and planned to move forward with the company's business.

49. Mr. Lefkowitz's first actions at Corizon included directing Corizon's immediate parent (Valitás Health, Inc.) accountants to enter into a Consulting Agreement with related entity Geneva Consulting, LLC ("Geneva") and directing Corizon's accountants to transfer $3 million to Geneva. Geneva shares common directors with Perigrove 1018 and Geneva is owned, directly or indirectly, by Perigrove 1018 and its principals.

50. Mr. Lefkowitz described the role of Geneva in e-mails to at least one Corizon executive as relating to ongoing litigation claims.

**EXECUTIVE TERMINATED FOR QUESTIONING MISAPPLICATION OF FUNDS**

51. Mr. Lefkowitz subsequently terminated a Corizon executive's employment because he questioned misapplication of funds by Lefkowitz and Flacks Group; Perigrove 1018

**DIRECTORS AND RELATED PARTIES TRANSFER MILLIONS**

52. Isaac Lefkowitz Causes Transfers of Funds from Corizon Operating Accounts to M2 LoanCo, Perigrove, and Other Related Parties.

53. When Flacks Group; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; YesCare, CHS Tex; acquired the Corizon entities, Corizon's cash management system was maintained with Bank of America ("BOA").

54. Soon after the acquisition, When Flacks Group; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; YesCare, CHS Tex; opened two new accounts in the name of Corizon Inc. and its subsidiary Corizon, LLC at Signature Bank (the "Signature Accounts").

**PERIGROVE 1018, ITS DIRECTORS AND RELATED PARTIES OPEN BANK ACCOUNTS IN NAME OF CORIZON BUT CORIZON EMPLOYEES HAD NO ACCESS TO THESE ACCOUNTS**

55. While the Signature Accounts were titled in the name of Corizon, Flacks Group; Perigrove 1018 made certain that Corizon's accounting staff and executives could not access or view the activity occurring within the Signature Accounts.

56. Only certain representatives of Flacks Group; Perigrove 1018 could access the Signature Accounts.

57. Periodically, Mr. Lefkowitz would direct Corizon's accounting department to transfer large sums of money from Corizon's operating account at BOA to these Signature Accounts and other Flacks Group; Perigrove 1018 ventures.

58. Mr. Lefkowitz on behalf of Flacks Group; Perigrove 1018 was responsible for making the final decisions, and the company's accounting staff sought his express approval before making any distributions from the BOA accounts.

**DEFENDANTS USED CONDUITS TO TRANSFER MONIES**

59. Once Flacks Group; Perigrove 1018 ; Geneva Consulting Inc; Sara Tirschwell; YesCare, CHS Tex; ordered Corizon transfer funds from its BOA accounts to the Signature Accounts, those funds were immediately transferred out of the Signature Accounts to separate accounts by Perigrove belonging to M2 LoanCo. In addition

to these transfers out of the Signature Accounts, Perigrove 1018 representatives sometimes caused funds to be transferred funds into Signature Accounts, then transferred those same funds to Corizon's BOA account to fund company expenses. Additionally, on a handful of occasions, Perigrove 1018 representatives caused funds to be transferred out the Signature Accounts and subsequently caused the same amounts to be transferred back into the Signature Accounts.

60. Isaac Lefkowitz on behalf of Perigrove Causes Corizon to redirect $1.1 Million in Receivables and Pays an Additional $2.5 Million to Geneva. During the same time period, Perigrove kept, Corizon entities occasionally received or were entitled to payments outside the ordinary course of business, such as partial refunds of prepayments, negotiated agreements to sell off existing inventory, or settlement of disputes.

**CORIZON FUNDS ARE USED TO BENEFIT PHARMACORR.**

61. Perigrove 1018's December 2021 acquisition included PharmaCorr, LLC and its parent companies. By the time these entities were included in the Perigrove 1018 acquisition, PharmaCorr was no longer a Corizon subsidiary. However, in January and February 2022, Corizon funds were used to pay approximately $956,700 to Amerisource Bergen.

**TRANSFERS TO M2 LOANCO**

62. At all relevant times, M2 LoanCo had two directors—Isaac Lefkowitz and Alan Rubenstein. M2 LoanCo never had employees and did not maintain e-mail records on its own server.

12/29/2021 $10,000,000.00
12/30/2021 $5,000,000.00
1/4/2022 $2,300,000.00
1/5/2022 $600,000.00
1/31/2022 $5,000,000.00
2/18/2022 $600,000.00
3/8/2022 $10,000,000.00
3/9/2022 ($10,000,000.00)
5/17/2022 $1,000,000.00
11/14/2022 $25,572.19
11/14/2022 $12,583.00
Total to M2 LoanCo $24,538,155.19

**TRANSFERS TO GENEVA CONSULTING**

63. Within days of acquisition Flacks Group; Perigrove 1018 ; Geneva Consulting Inc; Sara Tirschwell; YesCare, CHS Tex; in early December 2021, appointed one of its directors, Isaac Lefkowitz, as the decision-maker for all of the companies. Mr. Lefkowitz, in turn, caused the Flacks Group; Perigrove 1018 ; Geneva Consulting Inc; YesCare, CHS Tex; to enter into a "Consulting Agreement" with Geneva. The "Consulting Agreement" is between Valitás Health Services, Inc. and Geneva Consulting, LLC. Mr. Lefkowitz signed the Consulting Agreement as the "Interim CEO" for Valitás.

64. A director listed on Perigrove's website signed the Consulting Agreement as "Director" of Geneva. Mr. Lefkowitz directed James Hyman, the then-CEO of Corizon Health, Inc., and Jeff Sholey, the then-CFO of Corizon Health, Inc., to transfer substantial sums to Geneva under the Consulting Agreement.

65. On December 8, 2021, the Corizon transferred $3 million to Geneva, purportedly as a retainer required under the Consulting Agreement.

66. Corizon then transferred $500,000 per month for the subsequent five (5) months, purportedly for "Corporate Restructuring" services under the Consulting Agreement.

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**TRANSFERS TO AMERISOURCE BERGEN TO BENEFIT PHARMACORR AND PERIGROVE 1018 RELATED PARTIES**

73. Amerisource Bergen to satisfy obligations of PharmaCorr, which ceased being a subsidiary of Corizon under the Perigrove's ownership and control:

1/31/2022 $500,000.00
2/15/2022 $456,707.08
Total to Amerisource Bergen $956,707.08

**OTHER PRISONER VICTIMS**

74.

75. DeBlasio v. Baldwin Case No1. 3:17-CV-773-NJR United States District Court For The Southern District Of Illinois. In September 2015, DeBlasio saw a physician's assistant, Travis James, who noted that DeBlasio had right testicle pain, flank pain, and a small amount of blood in his urine. James also noted tenderness on the right flank area .James suspected either epididymitis, which is inflammation of part of the testicle, or a kidney stone.

76. On September 17, 2015, James saw DeBlasio for a follow-up exam and noted DeBlasio reported significant right flank pain and sharp pain in the inguinal area. James ordered an x-ray of DeBlasio's abdomen and the pain medication Toradol .

[1] These are only some of the victims. There are too many victims and Corizon has the details.

77. On September 21, 2015, James reviewed the results of the x-ray with DeBlasio and charted "noticed issue w/vertebrae." James looked at the x-ray for kidney stones, but did not see any. When James looked higher on the x-ray, James told him to sit down and asked if he had been injured because there was a problem with his vertebrae. DeBlasio could not recall any injuries to his back. James ordered Motrin 800 mg, a back support, a low bunk and low gallery permit, and a follow-up in two weeks.

78. James is not an x-ray technician, however, and he did not diagnose DeBlasio with a fracture in his vertebrae. On October 5, 2015, Dr. John Coe, the Medical Director at Lawrence, examined DeBlasio for his complaints of testicular and abdominal pain. His blood pressure at this visit was 140/90

79. Dr. Coe examined DeBlasio's back and hips, noting that upon movement his right hip had some limitations and pain. He also examined DeBlasio's testicles and noted that his prostate was tender and swollen. Dr. Coe diagnosed DeBlasio with epididymitis, or inflammation of part of the testicle, which can cause pain in the lower abdomen/pelvic region, pain and tenderness in the testicles, and issues with urination. Because it can be caused by an infection, Dr. Coe ordered 15 days of the antibiotic Cipro in addition to Tylenol and Bisacodyl, a laxative. He also ordered an x-ray of DeBlasio's right hip and lumbar spine, as well as a follow-up appointment after the x-ray .

80. On October 14, 2015, Dr. Coe saw DeBlasio to follow up on the lumbar x-ray . The x-ray showed only mild degenerative disease. Dr. Coe noted that DeBlasio moved well and was able to get up and down from the table without difficulty. Dr. Coe also performed neurological testing, which revealed no deficits. Dr. Coe further noted that DeBlasio was not wearing his back support. Because mild degeneration is not uncommon and does not require medical intervention, and based on the normal findings from the examination, Dr. Coe found that additional treatment was not required for DeBlasio's low back and hip complaints.

81. Dr. Coe also examined DeBlasio's testicles and found that the epididymis was no longer swollen. He did note, however, a tender, three-millimeter knot on DeBlasio's testicles, as well as tenderness near an old appendectomy scar. Dr. Coe ordered that DeBlasio

remain on the same medication and be scheduled for a follow-up appointment.

82. On October 23, 2015, DeBlasio went to nurse sick call with complaints of abdominal, back, and testicular pain. His blood pressure was 168/98. Dr. Coe was contacted and ordered that DeBlasio receive Toradol, a pain and anti-inflammatory medication. Dr. Coe examined DeBlasio on October 26, 2015, noting that bowel sounds were present but not very active and that his abdomen was tender near his gallbladder. DeBlasio's blood pressure on this date was 133/100. Dr. Coe suspected possible gallstones and requested a gallbladder ultrasound through the Collegial Review process.

83. Collegial Review is a Wexford process by which a case is presented to other physicians to determine what an appropriate treatment plan is for the patient, including whether imagining, specialty evaluation, or testing should be performed. The gallbladder ultrasound was approved and performed on October 28, 2015. The results were normal.

84. Dr. Coe next saw DeBlasio on November 12, 2015. In addition to discussing the normal ultrasound results, Dr. Coe examined DeBlasio and noted a weakened area near his old appendectomy scar, as well as a weakened internal right inguinal ring that was tender and bulged when DeBlasio coughed. Dr. Coe attested that he thought DeBlasio may have early signs of a hernia. He also considered whether DeBlasio may have internal scar tissue from his previous appendectomy that could be causing abdominal discomfort. Because either condition can cause discomfort with constipation, Dr. Coe ordered Fiberlax, Colace (a stool softener), and Milk of Magnesia (a laxative and antacid). He also ordered a urinalysis test. DeBlasio's blood pressure was 146/90 at this visit.

85. The urinalysis came back positive for blood, so Dr. Coe ordered another urinalysis that could be sent away for additional testing. Dr. Coe saw DeBlasio on November 20, 2015, and again noted pain and tenderness near the inguinal area and appendectomy scar. His blood pressure was 155/101. Dr. Coe submitted his case to Collegial Review to determine an appropriate treatment plan, and on November 24, 2015, DeBlasio was approved to see an outside urologist.

86. Before he could see the urologist, on November 30, 2015, DeBlasio reported to the Healthcare Unit with dizziness,

lightheadedness, and a small amount of blood in his spit. DeBlasio was sent to Lawrence County Memorial Hospital for evaluation, but a chest and abdomen x-ray came back unremarkable. DeBlasio received an IV infusion of Vasotec, a medication that can be used to lower blood pressure. Dr. Andrew West at Lawrence Hospital diagnosed DeBlasio with Irritable Bowel Syndrome (IBS), history of blood in vomit, and right inguinal pain, but he ruled out a right inguinal hernia. Dr. West wrote a prescription for Alosetron, which can be used to treat IBS, and Librium, an anti-anxiety medication. Dr. Coe attested that IBS is not a serious medical condition and can be controlled with an appropriate diet, exercise, stress management, sleep, and medication.

87. DeBlasio was seen by the urologist, Dr. Gary Reagan, on December 24, 2015. Dr. Reagan recommended a cystoscopy, which is a scope of the bladder through the urethra. Dr. Coe submitted the cystoscopy recommendation to Collegial Review; it was approved on January 5, 2016, and performed on February 9, 2016. The cystoscopy did not reveal any structures, tumors, lesions, or stones that could account for the blood in DeBlasio's urine. Furthermore, although Dr. Reagan found DeBlasio had an enlarged external ring, there was no distinct hernia. Dr. Reagan suggested that DeBlasio only follow up as needed, as routine follow up was not necessary. Dr. Coe saw DeBlasio on February 11, 2016, as follow up after his procedure, and ordered additional Toradol and Motrin. DeBlasio's blood pressure on this date was 150/104.

88. On February 23, 2016, DeBlasio returned to Dr. Coe for reexamination at the request of the Warden. DeBlasio complained of pain in his right groin, right pelvis, and right scrotum, where he reported increased swelling. Dr. Coe noted mild tenderness in DeBlasio's right testicle and near his appendectomy scar. He also noted that DeBlasio's right internal ring was tender with roughing and a bulge. Dr. Coe further examined DeBlasio's prostate and rectum, noting no lesions, no external hemorrhoids, no masses, and no stool present. He diagnosed DeBlasio with adhesion pain from his appendectomy, pre-hernia pain, mild and recurrent epididymitis, and a history suggestive of symptom magnification. Dr. Coe ordered antibiotics and scheduled a follow up for 10 days.

89. On February 25, 2016, Dr. Coe noted that DeBlasio's blood pressure had been high since October 2015. Dr. Coe ordered that

his blood pressure be checked at the next appointment, after the round of antibiotics was over, and to start him on a prescription medication if appropriate. Dr. Coe attested that one's blood pressure can fluctuate, and medication is not immediately required due to high readings. He further attested that blood pressure should be monitored over time and non-medication approaches can be taken to lower high blood pressure.

90. On March 4, 2016, Dr. Coe examined DeBlasio as a follow up to his February 25 visit. He noted that DeBlasio continued to have pain but did not have a hernia, his testicles were normal and symmetric, and his blood pressure was normal at 118/85. On March 23, 2016, DeBlasio reported to the Healthcare Unit for nausea and vomiting. His abdominal examination was normal, he showed no signs of guarding, tenderness, or distention, and his blood pressure was normal at 128/82. On April 1, 2016, Dr. Coe saw DeBlasio and examined his abdomen and groin, noting no abnormalities. Dr. Coe ordered Pepcid, Tums, Colace, and Fiberlax to treat DeBlasio's abdominal discomfort (Id.).

91. Dr. Coe again saw DeBlasio on April 21, 2016, to address DeBlasio's concern that he had a left side groin hernia. Dr. Coe found no left-sided hernia, not even a bulge. Dr. Coe went over DeBlasio's prior x-ray and further educated DeBlasio on his right-side pre-hernia that only slightly bulged when he coughed

92. On May 24, 2016, DeBlasio saw Nurse James regarding an H Pylori (stomach bacteria that can cause abdominal discomfort) test that was negative. DeBlasio reported that he had abdominal pain that got worse when his stomach was full after eating. James noted that DeBlasio has had multiple tests done for his abdominal complaints with no real findings and determined DeBlasio may have anxiety or possible IBS.

93. Dr. Coe saw DeBlasio for the last time on July 7, 2016. He noted some tenderness in DeBlasio's abdomen but did not find any new or worsening symptoms from his previous diagnoses. He found that DeBlasio had chronic abdominal pain and ordered that DeBlasio remain on the same medications.

94. On August 26, 2016, DeBlasio was seen by another medical professional at Lawrence who prescribed him Toprol-XL, which can be used to treat hypertension. Dr. Coe attested that throughout his time at Lawrence, DeBlasio never experienced a cardiac or vascular

event associated with high blood pressure. Furthermore, DeBlasio never informed Dr. Coe of any adverse symptoms related to high blood pressure.

95. Consistent with Dr. Coe's findings, the numerous subsequent tests and imaging have failed to identify any medical cause of DeBlasio's subjective complaints. On August 26, 2016, an abdominal ultrasound suggested DeBlasio was constipated. An October 21, 2016 abdominal ultrasound was Normal. A May 9, 2017 kidney ultrasound was normal. A May 23, 2017 abdominal ultrasound indicated DeBlasio had chronic constipation (. A November 4, 2017 colonoscopy revealed no polyps or other diagnosable condition .Finally, a December 20, 2017 chest x-ray revealed no abnormality or active pulmonary disease and showed his bones were intact.

96. Harper v. Ryan No. CV 18-00298-PHX-DGC (CDB) United States District Court for the District of Arizona Harper is terminally ill with cancer, and he alleged that Ryan set up and implemented policies that limit or deny treatment for terminally ill prisoners. Harper alleged that Corizon failed to comply with orders from the treating specialist, including orders for follow-up treatment and prescribed medications. Harper also alleged that Corizon failed to provide medication and treatment for pain, fever, and complications related to his catheter. According to Harper, Health Care Providers failed to provide post-surgery follow-up treatment, treatment for an infection surrounding his suprapubic catheter, pain management treatment related to his cancer, and denied requests to send him to an oncologist.

97. In 2007, Harper was diagnosed with Hodgkin's lymphoma, and he had recurrences in 2011 and 2014. His last oncology appointment was in 2014 with Dr. John Kelly in Tahoe, Nevada. Harper also suffers from idiopathic neurogenic bladder, testicular epididymitis (inflammation), and thyroid disorder, among other conditions.

98. Harper entered the custody of the ADC in March 2017. On March 31, 2017, while at the Phoenix Alhambra Reception facility, Harper saw Dr. Sheldon Epstein for a physical. At this appointment, Harper was listed as 5 feet 11 inches tall and weighing 158 pounds. As to Harper's medical history, Dr. Epstein noted Hodgkin's lymphoma, remission 2014; bone marrow and left cervical node biopsies; radiation and chemotherapy 2007-2014; bedtime nausea;

and chronic arthralgias (joint pain). (Id.) Dr. Epstein assessed the following: malignant neoplasm (growth of tissue); thyrotoxicosis (excess thyroid hormone), chronic pain syndrome, calculus of kidney (kidney stone), tachycardia, and nausea.

99. Dr. Epstein ordered Meclizine (for nausea), Meloxicam (for chronic pain syndrome), and Propranolol (for Tachycardia). Dr. Epstein also issued Special Needs Orders (SNOs) for Harper to be given a lower bunk, catheter supplies, and daily showers. In the "Plan Notes" section of the medical record, Dr. Epstein wrote that Harper needs an endocrine appointment.

100. On April 4, 2017, Harper saw Nurse Practitioner (NP) Denehy. Denehy noted that Harper had a history of an idiopathic neurogenic bladder and had an indwelling (inside the body) catheter up until three weeks before. Harper had been removing the catheter himself but could no longer advance the catheter past what Harper described as a bladder sphincter. Denehy contacted Dr. Malachinski, who recommended inserting a Foley urinary catheter and doing a urine culture lab test. Physician Assistant (PA) Spizzirri attempted to insert the Foley catheter, but was unable to pass the catheter into the bladder in two attempts.

101. NP Denehy then got approval to send Harper to the hospital emergency room for insertion of an indwelling Foley. The next day, Harper saw Dr. Izabela Musial for a follow up to the hospital visit. The medical records document that "Hospital discharge instructions reviewed and acted upon with additional changes see plan," but the hospital discharge records were not submitted to the Court. Harper reported blood in his urine, a 30-pound weight loss in the last three months, and loss of appetite, anxiety, and sweating. In the "Assessment Notes," Dr. Musial wrote that Harper had "neurogenic bladder with difficult self-catheterizations; nephrolithiasis [kidney stone] needs eval[uation]; Hodgkin['s] lymphoma needs eval; Hyperthyroidism not well controlled, needs labs and endocrinology input." Dr. Musial started Harper on Ibuprofen and Oxybutynin as recommended by the emergency room and she documented that Harper needs referrals to urology and endocrinology. A nurses' order was issued to get Harper's past medical records, and Dr. Musial also wrote "Please make sure that whatever yard [Harper] is transferred to that they order ASAP Urology consult . . . Endocrinology for

controlling hypothyroidism possible Iodine radiation . . . Oncology to eval[uate] Hodgkin's lymphoma."

102. On April 11, 2017, Harper was transferred from Phoenix Alhambra Reception to the Florence South Unit, and on April 20, 2017, he saw NP Udoko for follow up. NP Udoko documented that Harper needed follow up for thyroid enlargement and abnormal levels, that Harper was developing new lymph nodes behind his left ear, that self-catheterization had become difficult because the sphincter was closed, and that Harper was concerned about testicular epididymitis. In the "Plan Notes," NP Udoko wrote "Nephrolithiasis -nephology consult request" and "Hodgkin's lymph[o]ma - oncology consult request."

103. On May 3, 2017, Harper saw NP Udoko again for a chronic care visit to address Hodgkin's lymphoma and thyroid disorder. Harper reported that his Hodgkin lymphoma was in remission but he had developed 2 nodes behind his ear. Harper reported weight loss (8 pounds in 10 days), night sweats, poor appetite, and nausea—for which he had medication that was helping. Harper also reported that he was taking medication for his thyroid, but he was tired all the time, he could not work, and he could not take Ditropan (bladder relaxant) for his bladder situation because it caused blindness, and he requested non-duty status. In the "Objective Notes," Udoko noted "left mastoid - nodular tissue with swelling" and "enlarged nodes - cervical left greater than right with tenderness on palpation." Udoko requested an oncology consult.

104. On June 26, 2017, Harper went to the Arizona Oncology Network for an oncology appointment with Dr. Sanueev Gopal. Harper reported to Dr. Gopal that his Hodgkin's lymphoma had been in remission since 2014, but he began having symptoms three months ago and had lost 45 pounds in the last 6 months. Dr. Gopal conducted a thorough exam and noted symptoms that included fatigue, nausea, vomiting, anorexia, headaches, new mastoid nodules and swollen lymph nodes in the left neck. Dr. Gopal assessed Harper's history of Hodgkin's lymphoma and ordered a PET/CT for evaluation and staging; labs, including a complete blood count; and copies of Harper's past treatment and chemo-radiation records from the Nevada medical center. Dr. Gopal wrote that if a reoccurrence is confirmed, Harper will need a radiation oncology consult.

105. Dr. Gopal recommended "maximizing nutrition, due to weight loss." Lastly, Dr. Gopal ordered follow-up in 2 weeks "or as soon as possible with labs and PET/CT results." On July 2, 2017, Harper submitted a Health Needs Request (HNR) asking to see a provider due to weight loss and swollen lymph nodes. On July 5, 2017, Harper saw NP Udoko for a follow up from the off-site oncology appointment. NP Udoko noted the recommendations for an urgent PET/CT, labs tests, and a referral to radiation/oncology. NP Udoko also documented Harper's reports of sharp, shooting pain from the left side of his neck radiating up the base of the skull. (Id.) Udoko ordered Codeine for the Hodgkin's lymphoma, lab tests, and a chest x-ray, and he submitted a consult request for radiology.

106. On July 11, 2017, Harper's catheter fell out, and the nurse on duty was unable to replace it. Harper was taken to the emergency room at Mercy Gilbert Medical Center. The next day, Harper returned from Mercy Gilbert after placement of a Foley catheter, and he denied any pain or discomfort. That same day, NP Udoko submitted a consult request for radiology PET/CT scan, priority "urgent," in light of the diagnosis of Hodgkin's lymphoma and the June 26, 2017 consult report from Dr. Gopal.

107. On July 18, 2017, Harper saw Nurse Owiti for complaints of pain in the shaft of his penis and testicles, although he denied burning or irritation, blood in urine, or discharge. The Plan Notes stated "will continue to monitor." Also on July 18, 2017, Corizon Utilization Management documented that the urgent request for a PET/CT scan, which NP Udoko submitted on July 12, was denied in lieu of "Alternative Treatment Recommended."

108. On July 25, 2017, Harper saw Dr. Rodney Stewart. Harper reported severe testicle and penile pain for 3-4 days and green-colored drainage from the tip of his penis, and he expressed concern about weight loss and painful neck lymph nodes. A urinalysis dip indicated a urinary tract infection (UTI). Dr. Stewart assessed urethritis/epididymitis and "Hodgkin's Lymphoma; patient needs to follow up with oncology and obtain previously requested studies." Dr. Stewart prescribed Codeine/APAP (Tylenol 3) and antibiotics.

109. On August 2, 2017, an Incident Command System was called for a medical emergency after Harper tripped and his Foley catheter was pulled out. The responding nurse noted that Harper's penis was red around the urethra, and there was brown/red urine in the leg

bag. Unsuccessful attempts were made at inserting two different catheters, and Harper suffered severe pain. Harper was sent to Banner Baywood Hospital for catheter insertion. Harper returned from the hospital that same day with a new Foley catheter secured with stat-lack, a special taping system. The nurse documented in the medical record that a call was made to Dr. Johnson and a message was left to inform him of Harper's return and that the hospital recommended antibiotics.

110. On August 6, 2017, Harper was seen by Nurse Jessica Dixon after he submitted an HNR stating he was in massive pain in his lymph nodes and testicles and that he was still not on pain medications and antibiotics. Dixon noted in the record that the hospital had ordered Macrobid 100 mg (an antibiotic). Harper reported that his pain medication—Tylenol 3—ran out and he was still in a lot of pain and that he went to the nurse line on August 3, 2017, but nothing was done for him and he was told return on August 6.

111. Nurse Grafton issued an order for Ibuprofen for 60 days. On August 8, 2017, Harper saw Dr. Johnson for follow up regarding the Alternative Treatment Plan in place of the PET scan that had been requested twice. Dr. Johnson wrote in the record that Harper asked for Gabapentin or Tramadol, but he told Harper that neither were indicated for lymphoma or chronic pain, so he offered non-steroidal anti-inflammatory drugs (NSAIDS) instead, and Harper walked out of the exam room. Harper asserts that he never asked for Gabapentin or Tramadol at this encounter, but instead requested a renewal of Tylenol 3. He asserts that Dr. Johnson became belligerent, at which point Harper walked out and filed an Inmate Grievance to the Medical Director about the incident.

112. On August 10, 2017, Harper saw Dr. Ngwube for a chronic care appointment to address Hodgkin's lymphoma. Dr. Ngwube documented Harper's reports of weight loss and neck pain and history of Hodgkin's lymphoma. At this time, Harper—at 5 feet 11 inches tall—weighed 127 pounds. Dr. Ngwube assessed emaciation and wrote "will determine if go straight to PET/CT with the [amount] of clinical findings we have thus far from both [patient] and past." Dr. Ngwube also wrote that, for Harper's hyperthyroidism, "will get USG [ultrasound] the neck for further eval[uation] of the thyroid," and that the ultrasound "may help us with possible other masses in

the neck." Dr. Ngwube ordered prescriptions for Ibuprofen and Tylenol.

113. On September 3, 2017, Harper filed two HNRs stating that he had a urinary tract infection and pain, and that his Foley catheter was overdue to be changed. That same day, Harper was seen in medical by Nurse Jacob Bromberg, who noted that Harper was presenting after 30 days with the same Foley catheter from the August 2, 2017 emergency room visit. Bromberg noted the onset of a urinary tract infection with cloudy and odorous urine and complaints of testicular pain. A urinalysis was positive for a UTI. Bromberg documented that Harper was "educated on why medical on site could not change Foley [due to] troubles with reinsertion[,]" and that the provider was contacted and orders were given for antibiotics.

114. Medical records reflect that on September 9, 2017, Harper reported to Nurse David Rodriguez that it was time to replace his Foley catheter. The medical note documents that "due to reported [history], and 10 Foley catheter intact, will refer to provider." Medical records reflect that on September 15, 2017, Harper saw Nurse Nicole Schaffer for a Foley catheter change. The medical note documents that the Foley catheter was changed and the procedure was tolerated well by the patient. On September 20, 2017, Harper had an offsite urology appointment with Dr. Galaxy P. Shah, who performed a cystoscopy (an endoscopy of the urethra and bladder) and an "open SPT placement," which involves inserting a suprapubic tube/catheter into the bladder through the lower abdomen.

115. On September 22, 2017, NP Gay submitted a routine urology consult request. On September 26, 2017, Harper had a radiology off site appointment for a PET/CT scan. On October 2, 2017, Harper saw NP Gay, who noted that the suggested labs and PET/CT scan were completed, and they were awaiting records. NP Gay documented that Harper had lower quadrant discomfort without vomiting and a 45-pound weight loss. The medical record for this date shows that the routine urology consult request submitted on September 22 was cancelled. There is no documentation of the reason for the cancellation. Gay documented in the "Plan Notes" her assessment of "Non Hodgkin's lymphoma, possible remission Idiopathic neurogenic bladder and that suggested cystoscopy with

supra pubic cath consultation sent. Pain management; will consider naproxen as needed for now."

116. Health Care Providers assert that on October 4, 2017, NP Gay put in an order for Morphine Sulfate pain medication. But the medical record they cite for support shows that the Morphine Sulfate order was discontinued by NP Gay that same day. Similarly, Health Care Providers assert that on October 9, 2017, a prescription for Ciprofloxacin HCL (an antibiotic) was added pursuant to a verbal order from NP Gay, but the medical record shows that the prescription was discontinued.

117. On October 18, 2017, medical staff changed the Foley catheter. NP Gay documented that Harper had a pending urology procedure and that she reviewed the CAT scan results with Harper. 10 Health Care Providers did not submit any CAT scan results. On October 23, 2017, Harper saw NP Gay for a chronic care visit, and she documented that his labs were within normal limits and his PET scan showed no lymphadenopathy (diseased or abnormal lymph nodes) of the chest, neck, abdomen or pelvis. NP Gay documented Harper's abnormal weight loss of 35 pounds over the last 6 months, and she documented a plan of care to add Naproxen for pain, drink three cans of Ensure a day, weekly weight checks, and labs every 90 days. The medication Oxybutynin (a bladder relaxant) was discontinued on this date.

118. On October 30, 2017, Harper saw Dr. Glen Babich to discuss the PET scan results. Dr.Babich informed Harper that the PET scan showed abnormal spinal imaging, that Harper's cancer was spreading into the bone, and that he needed an immediate consult with oncology. This same date, Dr. Babich documented in a "Consultation Request Action" form that Harper's scan showed "abnormal spinal imaging" and that Harper "needs to follow up with oncology. Site provider to schedule oncology consult."

119. On November 8, 2017, Harper was seen in medical due to his Foley catheter slipping and the need to hold it in place. The Foley catheter was changed. On November 12, 2017, Levofloxacin (an antibiotic) was ordered due to a positive urine culture.

120. On November 16, 2017, Harper saw NP Gay for a possible UTI, and he reported brown urine and discomfort. The plan of care was to stop Levofloxacin; add Nitrofurantoin (an antibiotic), a topical cream, and a sulfide shampoo; and set up a plan for further catheter

changes. On November 27, 2017, Harper was taken to Maricopa Integrated Health Services for a suprapubic catheter placement outpatient surgery, which was performed by Dr. Shah.

121. Dr. Shah prescribed NORCO (acetaminophen and hydrocodone) and Senna tablets (a laxative) following the surgery. Upon his return to the prison, however, Harper was given Tylenol 3 instead, and Docusate (a laxative) was ordered. Harper never received the medication. The post-operative directions instructed Harper to return in 4 weeks for follow up with Dr. Shah, removal of sutures, and the first suprapubic catheter change, and to return every 4 weeks thereafter for suprapubic catheter changes.

122. On December 4, 2017, Harper was seen for a catheter dressing change and he complained of pain. Nurse Litten noted odor when the bandage was removed and green/yellow pus-like fluid around the incision site. Dr. Johnson was notified, and Ciprofloxacin (an antibiotic) and Codeine/APAP were added. On December 14, 2017, Harper saw Nurse Emily Gant for a Foley catheter dressing change. Harper complained of severe abdominal pain, and he reported that the catheter was not draining. Upon removal of the dressing, there was a foul odor and brown-yellow drainage covering the previous dressing and catheter insertion site. The opening of the catheter was cleaned, and it was noted that the stoma was light pink and moist and there were obvious signs and symptoms of infection.

123. Harper was using a leg strap that medical had given him to hold the catheter in place, and, since the catheter was not draining, the strap was loosened and lowered, which facilitated proper drainage flow of urine through the tubing. Nurse Gant telephoned the on-call provider regarding Harper's pain and status, and the provider gave verbal orders for one tablet of Tylenol 3 and IV fluids, after which Harper reported relief and was sent back to his cell. On December 27, 2017, Harper submitted an HNR stating that he was supposed to return to Dr. Shah for removal of his stitches, and he requested to be sent to the urologist for removal of the stitches or he would remove them himself "since medical will not do anything for infection around the stitches."

124. On January 3, 2018, Harper was seen by NP Gay for a catheter change, even though Dr. Shah had ordered that Harper return to the urologist for a catheter change. Harper's urine tested positive for possible infection, and he was prescribed Ciprofloxacin (an

antibiotic) for three days. The following day, around 8:30 p.m., an ICS was activated after Harper complained of severe abdominal pain and pressure in his groin. Harper was brought to medical, and he reported that his pain had begun the day after his catheter was changed. The dressing was removed, and there was a foul odor present and brown/yellow drainage. The catheter opening was cleansed, and it was noted that the stoma was light pink and there were obvious signs and symptoms of infection. Harper also complained that the catheter bag was not draining. He had his catheter bag tied below the medical strap that medical had issued to him, and the bag was twisted. The bag was loosened and lowered to facilitate proper drainage flow. The provider was called, and verbal orders were given for a one-time dose of Toradol (brand name for Ketorolac, an NSAID for pain) and IV fluids, after which Harper reported relief.

125. On January 5, 2018, NP Gay gave a verbal order for another Ketorolac dose, and it was noted that Harper was to follow up with the provider the next day. There was no follow up. On January 7, 2018, Harper had an unscheduled sick call visit in the medical clinic with Nurse Litten, to whom he reported severe, constant and extreme pain and spasms in his bladder. The provider was called, and a verbal order for a one-time dose of Ketorolac was given. The Plan Notes indicated a referral to the provider for further evaluation. The following day, NP Gay ordered another dose of Ketorolac and a one-day prescription for Phenazopyridine (a pain reliever for the lower part of urinary tract).

126. On January 8, 2018, Harper submitted another HNR informing medical that he had severe, constant, and extreme pain/spasms in his bladder. On January 9, 2018, just after midnight, an ICS was initiated due to Harper experiencing bladder spasms and pain in the bladder. Nurse Tyleana Vinson documented that Harper reported pain at a 7/10 level, that traces of blood were in the urine, and that the catheter bag had brown colored urine. A new order for Tylenol was issued. (Id. at 383, 388.) Later that day, around 4:00 p.m., NP Natalya Weigel submitted a routine consult request for Harper to see the urologist. Harper had not seen the urologist since his November 27, 2017 surgery despite the specialist's order that Harper was to return for follow up 4 weeks after the procedure.

127. Also on January 9, 2018, Harper submitted an HNR to medical stating he had severe pain to the suprapubic tube and requested that it be removed. Harper received a response to the HNR two days later, and he was informed that the provider will discuss a plan of care. At about 6:00 p.m. on January 9, 2018, Harper went to medical complaining of bladder pain. Nurse Weigel noted that he was treated for reoccurring UTIs a couple times in the past month, and that he requested Tylenol 3 tablets. Weigle ordered Augmentin/amoxicillin twice a day for 2 weeks.

128. On January 17, 2018, Harper saw Dr. James Baird for a chronic care visit to address Hodgkin's lymphoma and possible hyperthyroidism. Dr. Baird assessed "Hodgkin's lymphoma, last PET scan neg[ative;] likely hyperthyroidism with tachycardia." This appears to refer to the same PET scan that Dr. Babich had reported showed abnormal spinal imaging. Dr. Baird ordered a prescription for Methimazole (an antithyroid agent), ordered labs, and discontinued Propranolol (a beta blocker). On January 19, 2018, Harper submitted an HNR stating that he had severe pain in his testicles and the suprapubic tube and asked for the tube to be removed.

129. On January 26, 2018, Harper had an offsite visit with Dr. Shah, the urologist. Dr. Shah recommended that Harper return every 4 weeks for a Foley catheter change. Dr. Shah also recommended an ultrasound of the testicles and scrotum, and he ordered the following medications: NORCO (pain medication), Colace (stool softener), Nitrofurantoin (an antibiotic), Codeine/APAP, and Oxybutynin. None of the recommended medications were initially ordered.

130. Upon his return to the prison, it was noted that Harper requested the pain medication recommended by the urologist. (Doc. 63 at 428.) The records show that a four-day prescription for Tylenol 3 was ordered. On January 31, 2018, Harper was seen by NP Weigel, who documented that Harper appeared to be in pain with mild shaking and teariness to eyes. She noted the catheter stoma appeared reddened with scant cream-colored drainage. Weigel ordered that Harper be given supplies weekly for dressing changes and 17 that Tylenol 3 for 30 days be added.

131. On February 1, 2018, Harper was seen in medical by NP Weigel for urology follow up and he reported that the pain medication was

not working. He was told to use antibacterial soap to clean the stoma every day, split gauze as dressing around the catheter daily, and to keep the skin around the catheter site cool and dry. On February 7, 2018, Harper submitted an HNR informing medical that his suprapubic incision discharge was heavier. There was no response to the HNR. On February 2, 2018, Harper presented to medical for follow up related to his suprapubic catheter, bladder spasms, and pain. He saw NP Weigel, who issued a prescription for Nitrofurantoin Mono (for UTI).

132. On February 8, 2018, Harper was seen by NP Weigel for a physical assessment and scrotum examination pursuant to a request by the Corizon Utilization Management team. Harper reported a concern about a painful abscess on his left calf. Weigel noted that there was no swelling in the testicles, but there was a palpable and movable mass in the epididymis (the duct/tube at the back of the testis) that was tender to touch. (Id.) Weigel assessed a carbuncle on the limb and a hydrocele. Weigel ordered Cephalexin (an antibiotic) for one week.

133. On February 27, 2018, Harper saw NP Weigel in medical for a suprapubic catheter change, despite Dr. Shah's order that Harper return to the urologist every 4 weeks for catheter changes. The last catheter change had been January 3, 2018, so the February 27 catheter change was approximately 23 days overdue.

134. On March 27, 2018, Harper went to medical and showed the nurse that his suprapubic site was bleeding heavily and he was bleeding through his boxers and t-shirt. He was told that if the bleeding continues to file an HNR to be seen on the Nurse Line. Later that evening, other prisoners escorted Harper to medical due to the continued bleeding from the suprapubic site. A couple of sergeants then escorted Harper into the medical lobby and telephoned a nurse at another facility because there was no on-site night nurse at Harper's facility. The sergeants were told that if the blood was not in the urinary bag, it was not serious, and to send Harper back to his cell with directions to submit an HNR to medical the next day.

135. On April 6, 2018, Harper's suprapubic catheter site was bleeding heavily and draining green discharge, so he walked to medical where NP Weigel saw him and asked why the site was not covered. Harper explained that he had been denied supplies. NP Weigel informed the nurses on duty that Harper was not to be denied

supplies and that his site is to be covered at all times. The suprapubic site was cleaned and dressing was placed on it.

136. On April 10, 2018, Harper saw NP Weigel and reported that infection symptoms and his pain had worsened. Harper was told to continue with the current medication regimen. During this encounter, Harper asked Weigel about the status of the ultrasound that Dr. Shah had recommended and for which Weigel had submitted a consult request months before. Weigel informed Harper that the consult request was denied on the basis that it was determined not to be a necessity.

137. On April 12, 2018, Harper submitted an HNR stating that he still had green, thick pus discharge, that his incision opening was puffy and swollen, and that he had severe pain. On April 17, 2018, Harper went to medical around 10:30 a.m. after another prisoner pulled out his catheter. NP Gay changed Harper's suprapubic catheter; the last catheter change had been February 27, 2018, so the catheter change was approximately 26 days overdue. NP Gay used a different type of catheter—a "straight cath" instead of a "French Codex"—and the insertion was severely painful and resulted in pain so severe that Harper could not walk. The medical record documented "acute pain," and Harper was prescribed a two-day prescription for Ciprofloxacin HCL (an antibiotic) and ice.

138. On April 19, 2018, Harper was transferred to Special Management Unit (SMU) I. Although Harper had SNOs for no stairs, a lower bunk, daily showers, and supplies, he was assigned to a top tier cell and a top bunk, he was denied a daily shower, and he did not receive any supplies to clean or cover the suprapubic site. Nor was Harper provided with his medical diet. On April 21, 2018, Harper received a shower. At this time, he was coughing up blood daily, suffering worsening night sweats, discharging green pus at the suprapubic site, and he still had not received medical supplies or his Ensure supplements. Harper requested HNR forms, but they were not available. In the following days, his symptoms worsened, and he still did not receive any supplies, his medical diet, or his Ensure, nor did he receive daily showers.

139. On April 24, 2018, Harper saw NP Siji Thomas. He reported that he was on antibiotics for chronic UTIs, but he was not currently getting the antibiotic medication. At this encounter, Harper's weight was documented at 120 pounds. NP Thomas assessed a UTI and

suspected infection at the suprapubic catheter site. NP Thomas issued a two-week prescription for Ciprofloxacin HCL, swabbed the catheter site, and ordered follow up in 4 weeks. Thomas also ordered showers, supplies, and Ensure three times a day. The lab culture tested positive for MRSA (resistant Staphylococcus aureus).Despite the order for showers, Harper still did not get a daily shower from April 24 to April 28, 2018, nor did he receive medical supplies or his medical diet and Ensure supplements. He finally received a shower on April 29, 2018, but no supplies.

140. On April 30, 2018, Nursing Director Tanna Gualco issued a verbal order for Sulfameth-Trimeth (or Bactrim, an antibiotic), presumably to treat the MRSA infection. But Harper is allergic to this medication—it is listed on his allergy list, and Harper explained that he is allergic to it. From May 1 to May 3, 2018, Harper did not receive medical supplies.

141. From May 21 to June 22, 2018, Harper did not receive any medical supplies, and he received only 10 showers, despite the ongoing infection at the suprapubic site, continued green pus drainage, and worsening pain.

142. On June 22, 2018, Harper submitted an HNR stating that he had granulated tissue around the suprapubic site and daily movements were painful. He was seen the following day in medical, and the incision was cleaned and he received a dressing change. On June 27, 2018, Harper submitted an HNR to the nursing supervisor asking to speak with her about the denial of daily showers despite his SNO, and about the denial of daily dressing changes.

143. From June 28 to July 11, 2018, Harper received only 8 showers and 4 dressing changes, and by July 11, 2018, he was 8 days overdue for a catheter change. On July 12, 2018, Harper saw NP Gay, who discontinued his Tylenol 3 pain medication even though the prescription, written by NP Weigel, was valid until October 22, 2018.

144. Harris v. Ryan No. CV 19-02723-PHX-JAT (ESW) United States District Court for the District of Arizona alleged that he received inadequate medical care for deformities in his feet. On October 12, 2015, Harris submitted an Inmate Letter to Ryan stating that he had been trying to get treatment for his foot and ankle for 2 years and that "both doctors said I need surgery." Harris further wrote that Dr. Sharp, who worked for Corizon, had requested surgery for Harris in

July and September and told Harris that only a specialist could give him shots in his feet and ankles. Vanessa Headstream, Program Evaluation Administrator in ADC's Health Services Contract Monitoring Bureau, responded that Harris was evaluated in December 2014 by a podiatrist, and that Harris had since received the recommended custom fit left ankle brace, medical shoes and inserts, and that a consult for podiatry had been approved and was being scheduled.

145. On February 10, 2016, Harris saw Dr. John Cory, MD, at OrthoArizona, The Foot and Ankle Center. Dr. Cory examined Harris and reviewed -x-rays of the left foot, noting "pes planus deformity bilaterally more significantly left than right," "Early pes planovalgus deformity right foot," and "Severe endstage stage IV planovalgus deformity/posterial tibia tendon dysfunction." Dr. Cory recommended surgery of the left lower extremity and an "offloading Arizona brace" for the right foot, which Harris should have prior to surgery on the left lower extremity "due to increased strain on the contralateral leg in the postoperative period."

146. On May 2, 2016, Harris was evaluated for custom left and right foot ankle-foot orthosis (AFOs) and custom leather laced braces, which were delivered on May 24, 2016. On July 29, 2016, Harris had left ankle surgery at Thompson Peak Hospital.

147. Harris was in a wheelchair with a bandage on his left leg, his pain level was 8 out of 10, and he was prescribed acetaminophen 300 mg with codeine (Tylenol #3) twice daily as needed. Harris was issued a Special Needs Order (SNO) for a wheelchair, a foam wedge, a lower bunk, and meals in his living quarters, and no duty.

148. On August 2, 2016, Harris had an offsite appointment with Dr. Cory at OrthoArizona. Corizon's form that the outside provider completed shows a diagnosis of hind foot collapse and that Dr. Cory prescribed Vicodin and ordered Harris to return in 2 weeks for a cast change. Upon Harris's return from this appointment, Harris reported that a popped blister was cleaned and dressed, and a cast was placed on his left leg. It was noted that Harris was ambulatory and using crutches to get around and that he would follow up in 2 weeks for a cast change.

149. On August 29, 2016, Harris had a follow-up visit with Dr. Cory, who noted on Corizon's form that Harris's stiches were taken out that day and that Harris was to return in 2 weeks for x-rays and to

transition into a controlled ankle motion (CAM) boot. When he returned from the offsite-appointment, Harris saw RN Maurice Owiti, who noted that Harris was unable to put pressure on his left foot, and he was still using a wheelchair and crutches. On September 14, 2016, Harris had an appointment at OrthoArizona. Harris saw Nurse Owiti upon his return from the appointment, and Owiti noted that Harris now had a CAM boot and orders to follow up in 4 weeks.

150. On October 20, 2016, Harris had an offsite appointment at OrthoArizona where he was instructed to have a wet-to-dry dressing on a wound, to remain in the CAM boot until the wound was healed, and to return in 4 weeks for a wound check. On October 21, 2016, Harris saw RN Owiti, who noted that Harris was at risk for infection from an open wound and that Harris was to have a wet-to-dry dressing change to the lateral aspect of his foot daily.

151. On October 26, 2016, Harris requested that his SNO for ice be renewed "for stiffness and swelling of the ankle, foot & knee." On October 28, 2016, Harris saw RN Johnson and rated his pain at 8/10 and said the pain was chronic, achy and burning. Johnson noted that Harris's ankle "has a swollen sight [sic] on the inside" and was slightly warm to the touch, and Johnson instructed Harris to use ice daily, continue with dressing changes, and to follow up as needed.

152. On November 13, 2016, Harris submitted an HNR stating that there was a problem with his right foot and ankle just like he had with the left one and it was causing severe pain that made it hard to walk. On November 15, 2016, Harris saw RN Johnson, who noted that Harris wanted to know "what is going to be done with his right foot now that the left one has been corrected," and that Harris said his foot and ankle were causing a lot of pain, which he rated at 7/10. Johnson noted that Harris's gait was steady, he had a boot on the left foot and a brace on the right, and his right ankle was "leaning into the inner right side and the foot is flat." Johnson's plan was to talk to a provider about putting in a referral for 8 the right foot.

153. On November 26 and December 2, 2016, Harris submitted HNRs stating that his right brace still needed to be adjusted by Hanger Orthotics, that he needed proper shoes to wear with the braces, and that his right foot was very painful without proper footwear.

154. On December 6, 2016, Harris saw NP Denehy for a reevaluation of the slow-healing wound on his left foot. Denehy noted that Harris

"saw ortho in October, and they wanted him to return in 30 days to reevaluate the wound that has been slow to heal. Wound healing well, almost completely closed." Denehy's plan of care was for Harris "to [follow up] with ortho prn [as needed]." On December 7, 2016, Harris submitted an HNR about his shoes, stating that his boots were not made to fit his braces and he urgently needed new medical shoes because he was in a lot of pain due to shoes that did not fit properly. On December 8, 2016, Harris saw RN Owiti regarding his shoes and brace, which Harris thought he would be fitted for after the surgery. On January 19, 2017, NP Denehy submitted a Consultation Request for medical shoes.

155. On April 7, 2017, Hanger Orthotics saw Harris for the casting and measurement for Gauntlet and extra depth shoes. Harris's new shoes were delivered on April 28, 2017.

156. On August 31, 2017, Harris saw RN Allison Poe about the pain in his right foot and ankle; Harris said he needed to see the doctor about having surgery on his right foot and ankle. Poe noted that Harris's gait was unsteady, that he wore braces on both legs, and had a right leg deformity. On September 18, 2017, Harris saw NP Dorothy Igwe and requested surgery on his right foot, which he said was collapsing due to bone deterioration and that his ankle bone was "rolling off the foundation." Harris reported his pain as 8/10 and that the pain affected his lower back and disrupted his balance. Harris reported that he walked 2 miles every 3 days and did cardio 3-4 times a week, but he was unable to run. (Id.) Igwe noted that Harris's left foot had well-healed scars, his right foot was in a brace, his gait was unsteady, and his feet were flat.

157. On December 13, 2017, Harris saw NP Deborah McGarry. McGarry wrote in her assessment: "[s]evere end-stage stage IV planovalgus deformity/posterior tibia tendon dysfunction [.] Pt [patient] had surgical repair of the same deformity on the left foot 17 months ago. He now needs to see Dr.Cory for surgical consult to repair the right foot deformity. Pt is unable to walk without AFO brace. He has early diabetes and is at increased risk for loss of limb." McGarry requested an off-site orthopedics consult, but the request was denied, and an alternative treatment plan (ATP) issued. The ATP by Alyssa Roulston states: Previous ortho note indicates that the right foo[t] deformity was evaluated at the same time as the left. .. . Right foot was noted to have early pes planovalgus deformity (unlike

the severe deformity on the left), with physical exam showing full range of motion and overall neutral alignment. The surgeon recommended bracing for the right foot. There is currently not evidence of significant change or worsening. The patient is able to walk with orthotic device. Consider continuing conservative management.

158. On January 18, 2018, Harris saw NP Igwe to review the ATP. Harris reported increasing right ankle and foot pain and inability to walk without the left foot orthotics and ankle brace. Harris rated the pain as 8/10, sharp and constant. Igwe noted Harris had a flat right foot without cyanosis or edema, a right foot deformity, unsteady gait without the right foot brace, and "asymmetrical alignment of RLE [right lower extremity] with the left." (Id.) Igwe's plan was to request an off-site orthopedics consult a Harris presented with worsening pain. Igwe submitted a Consultation Request that day stating that she was "[a]ppealing current ATP as [patient] presents with worsening severe R. foot deformity per today's assessment. P[atient] t will benefit from orthopedic assessment for possible surgical repair." The appeal was referred to the UM team for review and an ATP was issued by LPN David Ellison with essentially the same wording as the previous ATP.

159. Harris saw NP Igwe again on March 20, 2018 to review the ATP recommendation, which appears to be the same ATP issued in December 2017. Harris requested medical shoes "to provide needed support for his deformed feet" and he reported instability on the right with ambulation. Igwe planned to issue a SNO for medical shoes and insoles.

160. On May 2, 2018, Harris saw NP Igwe and reported stress, anxiety and chest pain related to his back and leg pain and that "the whole process of not getting proper care related to getting his medical shoes with hanger orthotics coupled with being in prison and associated delays in getting the thing he needs cause him a lot of stress and anxiety." Igwe's plan was to prescribe Robaxin or Flexeril and to refer Harris to 11 mental health.

161. On May 18, 2018, Harris submitted an HNR stating he had received no care or medical shoes or insoles since February 21, 2017 and that walking was very painful with every step. Harris said one leg was longer than the other because one was repaired, and the other foot and ankle were collapsing and causing back pain.

162. Harris saw NP Igwe on May 29, 2018, and again requested medical shoes and surgery to repair his right foot "the way they fixed [his] l [eft] foot." Harris reported that his left foot surgery was successful without complications or rehab and that he now had excruciating pain in his right foot, walking was difficult and affected his back, and his pain was 9/10, sharp and throbbing. Harris was taking naproxen and Tylenol. Igwe noted that they discussed "ATP medical shoes" and that Harris said he needed medical shoes to accommodate the custom ankle brace. Igwe planned to resubmit the offsite consult for foot surgery and appeal the ATP for medical shoes.

163. The next day, Igwe submitted the consult request for off-site orthopedics for an evaluation "for possible surgical repair of severe end-stage stage IV planovalgus deformity/posterior tibia tendon dysfunction." The orthopedic consult request was referred to the UM team for review, which rejected the request, and LPN David Ellison issued an ATP stating, "Previous ortho note indicates a recommendation [] of bracing for the right foot. There is currently not objective evidence of significant changes or worsening leading to an inability to carry out ADLs or severe pain that cannot be controlled with noninvasive measures. The patient is able to walk with orthotic device. Consider continuing conservative management." Harris discussed the ATP with Igwe at his visit on June 7, 2018. Harris requested a different pain medication for his back pain and custom-fitted medical shoes. Igwe discontinued Harris's naproxen, prescribed alpha lipolic acid, and told Harris they were unable to issue a new pair of custom shoes because the current pair were still in good condition.

164. On June 22, 2018, Vanessa Headstream responded to Harris's May 25 Inmate Letter, stating Corizon UM had issued an ATP for the orthopedic consult request "to include your orthotic device and conservative management." On July 6, 2018, Harris submitted an HNR stating that alpha lipoic acid was not helping his extreme pain, that his leg was "collapsing off the foundation of [his] foot," and that he tried daily to physically and mentally cope with the situation without any help. Harris saw NP Igwe on July 9, 2018 about his right foot/ankle pain and Igwe discontinued alpha lipoic acid and restarted naproxen.

165. On August 22, 2018, Harris saw NP Igwe for a functional assessment Harris's gait was unsteady without the foot brace, but

he ambulated independently with the support of the right ankle/foot brace. Igwe noted "low and [p]rotruding medial malleolus, pointing towards gravity, very low longitudinal arch." Igwe assessed Harris with "Pes planus worse on R foot" and that he had "mild functional limitation—ambulates with foot support." Igwe's plan was for Harris to continue using the foot/ankle brace, and she planned to transmit the functional assessment to the regional medical director. Igwe submitted an urgent Consultation Request for off-site orthopedics.

166. On September 14, 2018, Harris submitted two HNRs about the need for pain medication, heat and ice treatment for his painful foot and ankle, medical insoles for his shoes, and a foot tub. On October 2, 2018, Harris saw NP Igwe to discuss the ATP of the orthopedics consult request, which said: "Consider continuing conservative management. The patient continues to walk and work, and there is not objective evidence of significant changes or worsening since the previous request. Surgical correction would not be medically necessary."

167. Harris saw Igwe again on October 4, 2018 regarding his foot pain and request for medical supplies. Harris complained of right ankle pain and swelling and stated that his right ankle had the same problem as his left ankle, which had been surgically repaired in 2016, and that his right ankle was getting worse. Igwe noted that Harris walked into the medical unit with a steady gait and erect posture that he had an ankle brace on his right ankle, and there was evidence of right foot deformity with limited range of motion observed. Igwe assessed Harris as at risk for falling due to right ankle deformity and she referred Harris to a provider "for medical supplies evaluation and approval."

168. On October 25, 2018, Harris submitted an HNR stating that his foot hurt "really bad" when walking for long periods, that it felt like his ankle was going to collapse, and he requested a cane or crutch to take some of the weight off his right side.

169. On October 26, 2018, Harris saw RN Owiti and reported that his right ankle hurt with ambulation and requested a cane to take weight off his right foot. Owiti observed that Harris walked into the medical unit with a steady gait and erect posture with a right ankle brace and that Harris had "right ankle deformity." Owiti referred Harris to a provider for further evaluation.

170. On November 6, 2018, Harris saw NP Betty Hahn for complaints of right leg pain, difficulty walking distances, and his request for a cane. Harris reported that he had to change jobs due to his inability to walk long distances. Hahn noted that Harris was wearing an ankle brace and that he walked slowly with an unsteady gait and had "deformed bilateral feet." Hahn assessed Harris with "congenital bilateral feet deformity (severe)."

171. On December 2, 2018, Harris submitted an HNR requesting refills of his naproxen and Tylenol and asking if there was any word on the surgery for his right foot and ankle which were a "daily torment."

172. On December 10, 2018, Harris saw NP Hahn and reported he had left foot surgery with fusion in 2016 and was told that he needed the "other surgery." Harris said the Roman caliber brace he had worn for 2 years was not keeping his foot from collapsing, and he now had significant, excruciating pain to his lower back, which affected his ADLs, and he had to drop out of welding certification due to the pain. Hahn assessed Harris with "severe pedis plantus/causing anxiety." Hahn's plan was for Harris to see Dr. Cory for evaluation and need for surgery. Hahn submitted an urgent consultation request that day stating: Severe pedis plantus now R foot has needed surgery [.] Could we get an evaluation to see if surgery is needed o[n] his R foot [.] He is now walking with a cane and is feeling need to get this surgery done. Please at least let ['] s get this evaluated by Dr. John Cory who was instrumental in his last surgery. I am also placing a SNO for a new Roman caliber brace for R foot since the other is worn out. He has even taken to trying to repair his own shoes so he can at least experience some comf[o]rt.

173. On February 20, 2019, Harris saw NP Hahn and reported that he had difficulty walking and with his ADLs, he had to quit working, and he was wearing shoes provided by his family. Hahn noted Harris was wearing a right ankle brace and had an "unsteady ataxic gait." (Id.) Hahn planned a "consult for podiatry to evaluate/insoles were ordered as per ATP await consult results." Hahn submitted a consultation request that day for offsite podiatry because the ATP suggested "T insoles instead of surgery," and Hahn wrote, "consider seeing orthopedics again due to inability to adequately walk or work due to ankle foot pain in bilateral feet. 2nd request please consider sending him as well I am going to request the insoles as per the ATP

recomm[e]ndations." The off-site podiatry request was authorized on March 6, 2019.

174. On March 11, 2019, Lesli Allen recommended an ATP for the orthopedics request stating, "surgical intervention would not be medically necessary. The patient continues to be able to ambulate with an assistive device. Consider conservative measures including activity modification and shoe inserts."

175. On April 5, 2019, Harris was seen by Dr. Jess Price at East Valley Foot and Ankle, where the podiatrist observed that Harris had "severe, rigid collapse of medial arch [right] foot, calcaneal valgus and equinus deformity on [right]." The podiatrist noted that the custom brace had helped but did not fully support, that previous injections were only helpful for a few days, and that the previous procedure by Dr. Cory on the left foot worked well. The podiatrist diagnosed Harris with pes planus, "PT dysfunction, equinus [right] LE" and recommended that Harris return to Dr. Cory for surgical treatment on his right foot and ankle and noted that Harris would "likely need triple arthrodesis and achilles lengthened." (Id.) Dr. Price gave Harris an injection in his right foot.

176. On April 9, 2019, Harris saw NP Hahn, who submitted a consultation request that day for Harris to see Dr. Cory. The UM team requested more information, specifically, whether Harris could "ambulate with his brace" and if he could shower and dress himself with the brace. Hahn responded that Harris could not ambulate, shower, dress himself, or complete any of his ADLs without the brace. The request was denied, and an ATP issued by Artemisa Cordova stating, "Per MBartels ATP: Surgical intervention would not be medically necessary. The patient continues to be able to ambulate with an assistive device such as a brace or cane. Consider conservative measures including activity modification and continued use of assistive device/inserts."

177. On May 15, 2019, Ayodeji Ladele, DO, submitted a consultation request for an offsite orthopedics visit based on the podiatrist's recommendation. The request was approved on May 28, 2019. On June 4, 2019, Harris saw Dr. Cory. X-rays taken that day showed "severe pes plano valgus deformity . . . mid foot collapse with arthritic changes of the dorsal medial and central column . . . ." Dr. Cory recommended surgery consisting of "joint fusion with lateral column lengthening using a fiber metal wedge," "bone grafting from

proximal tibia," and "repair of spring ligament." On June 6, 2019, NP Hahn submitted an urgent consultation request for the surgery recommended by Dr. Cory. The surgery was approved and scheduled.

178. Harris had the surgery on June 28, 2019. Harris saw RN Owiti upon his return to the prison that same day. Owiti noted that Harris was in a wheelchair, had a dressing on the right ankle from the surgical procedure, and Harris was able to wiggle his feet. Harris was prescribed Tylenol #3 twice daily as needed for pain and a SNO was issued for meals in his quarters and medical ice. As of July 1, 2019, Corizon was no longer the provider of certain healthcare at certain health facilities within the ADC.

179. On July 9, 2019, Harris saw RN Thomas upon his return from an appointment with Dr. Cory. Harris had a hard cast on his right leg, could wiggle his toes, and denied pain. On July 10, 2019, NP Hahn submitted an urgent consultation request for Harris to return to Dr. Cory in two weeks for the cast change requested by Dr. Cory.

180. On August 1, 2019, Harris was sent to the wrong office and his appointment with Dr. Cory was rescheduled for August 8, 2019. When (Id. at 21.) Saw Dr. Cory on August 8, 2019, x-rays showed no evidence of delay in healing and Harris's incisions were well healed. Dr. Cory applied a walking cast to Harris's right leg and said Harris was to return in three weeks for x-rays and a cast change. On September 12, 2019, Harris saw Dr. Cory, who noted Harris was doing well post-surgery. A CAM boot was provided and he was to return in 6 weeks for follow up and possible x-rays.

181. United States District Court For The Western District Of Pennsylvania Edwin Wylie-Biggs, Plaintiff, Vs. Orlando L. Harper; Civil Action No. 14-1150 . I read emails and documents from Corizon to Kathryn M. Kenyon, Meyer, Unkovic & Scott LLP, Pittsburgh, PA. To conceal emails and documents that reflect Corizon intentionally delayed or deprived necessary medical care to inmates with seizure and, concealment of documents showing widespread abuse that would have put Corizon supervisors on notice of a need to correct constitutional deprivations.

182. United States Court Of Appeals For The Third Circuit Salvatore Chimenti, V. Roger Kimber, Medical Director; Et No. 03-2056 Emails and documents from Weber Gallagher Wexford to James D. Young, Lavery, Faherty, Young & Patterson, Harrisburg,

PA; Patricia L. Dodge, Metz Lewis, Pittsburgh, PA. ask counsel conceal documents that Wexford has asked its employees, due to the cost involved, to manufacture reasons to treat Hep C and delay treatment as long as possible.

183. United States District Court For the District Of New Jersey Brian Grimaldi, Plaintiff, V. Corizon, Inc., F/K/A Correctional Medical Services, Inc., and Annie Grey, Defendants. Civil Action No. 10-1686 (JEI/JS) I read emails from Corizon to Christian M. Scheuerman, Esq., Frances Wang-Deveney, Esq., Marks, O'Neill, O'Brien, Doherty & Kelly, P.C., Pennsauken, NJ. These emails specifically asked that counsel conceal documents as to asthma, emergency room treatment for asthma "[o]n many occasions prior to the incident in question, and lack physicians were on duty at CRAF.

184. United States Court Of Appeals For The Third Circuit Jessica Hankey, Individually, And As Administratrix Of The Estate Of Ryan Rohrbaugh V. Wexford Health Sources, Inc.Et Al No. 09-3675 According to emails and documents Plaintiff read, and from Weber Gallagher Wexford, Corizon, to Patricia L. Dodge, Esq., Joshua R. Lorenz, Esq., Meyer, Unkovic & Scott, Pittsburgh, PA. William D. Kennedy, Esq., Rosemary R. Schnall, Esq., White & Williams, Berwyn, PA. Evidence from Wexford and Corizon's records that Wexford Corizon have directed treatment for melanoma be denied or delayed, was concealed.

185. United States Court Of Appeals for the Third Circuit Stanley N. Ozoroski, V. Dr. Frederick R. Maue Et Al No. 11-2042. I read documents showing Samuel H. Foreman, Esq., Leah M. Lewis, Esq., Weber, Gallagher, Simpson, Stapleton, Fires & Newby, and Pittsburgh, PA. For Wexford and Alan S. Gold, Esq., Gold & Ferrante, Jenkintown, PA. Concealed evidence, that show Wexford and Corizon, have directed their employees to make it appear they are treating inmate conditions, when, they in fact, are just going through motions. They then for financial gain argue that these do not fall within the Continuing Violations exception. They concealed evidence their actions was not connected to any "continuing practice" but instead amounted to isolated incidents.

186. United States District Court For the Eastern District Of Pennsylvania Edward E. Stewart, III, Plaintiff, V. Michael Wenerowicz Et Al Defendants. Civil Action No. 12-4046 Emails and documents I read from Corizon to Rasheen Nicole Davis, Marshall

Dennehey Warner Coleman & Goggin, Philadelphia, Pa ask to conceal emails and documents that reflect Corizon intentionally delayed or deprived necessary emergency medical care to inmates , concealment of documents showing widespread denial of emergency care that would have put Corizon supervisors on notice of a need to correct constitutional deprivations.

187. United States District Court For the Southern District Of New York Rudolph Richardson, Plaintiff, -Against- The City Of New York, Et Al Defendants. 15 Civ. 543 (LAK) (AJP) Emails and documents I read to Howard Eison, from Corizon provide that documents showing delay or interruption in treatment by Corizon be concealed. They also state that these not be disclosed to experts.

188. United States District Court For the Southern District Of New York Charles Tonge, Plaintiff, V. Corizon Health Services, Inc. And The City Of New York, Defendants. No. 14-Cv-3954 (RA) I read emails from Corizon to John Charles O'Brien , Jr., Heidell, Pittoni, Murphy & Bach, LLP (WP), White Plains, NY to conceal emails that reflect Corizon intentionally delayed or deprived necessary medical care to inmates with leg conditions

189. United States District Court For the Northern District Of Alabama, Northeastern Division Terry Davis, Plaintiff, V. Corizon, Et Al., Defendants. Case No. 5:13-Cv-0949-Cls-Tmp I read emails and documents from Corizon to Philip G Piggott, Starnes Davis Florie LLP, Birmingham, AL.to conceal emails and documents that reflect Corizon intentionally delayed or deprived necessary medical care to inmates with back pain. These also requested concealment of documents showing widespread abuse that would have put Corizon supervisors on notice of a need to correct constitutional deprivations.

190. United States District Court for the District Of Idaho Ramo Ruznic, Plaintiff, V. Corizon Medical Services; Rebekah Haggard; Rona Siegert; and Unnamed and Unknown Defendants, Defendants. Case No. 1:19-Cv-00383-DCN Emails to counsel direct they conceal internal documents that staff just go through the process of treating, not effectively treating, , inmates for conditions such as diabetes, blood pressure instability, epilepsy, hearing loss, kidney issues, mental health difficulties, and locked knee.

191. United States District Court For The District Of Idaho Ariel Molina-Ruiz, Plaintiff, V. Corizon Health Services; Idaho Department Of Correction; Case No. 1:17-Cv-00172-BLW Emails to counsel

that direct they conceal internal documents that staff go through the process of treating, not effectively treating, inmates for conditions such as diabetes, blood pressure instability, epilepsy, hearing loss, kidney issues, mental health difficulties, and locked knee.

192. United States District Court for the District Of Idaho William, Plaintiff, V. Corizon, LLC; Michael Blurton; Bobette Whiting; and Dr. Andrew Thuernagle, Defendants. Case No. 1:14-Cv-00532-CWD Emails and documents that Plaintiff read to Dylan Alexander Eaton, Parson Behle & Latimer, Boise, Id; J Kevin West, Lead Attorney, Parsons Behle & Latimer, Boise, Id , from Corizon ask that documents and directives that inmates be denied o delayed dental care, be concealed, and not disclosed. These were concealed.

193. Michael Sheridan, Plaintiff - V. Brent Reinke; CMS, Dba Corizon, Inc.; Philip Valdez; ICC-CCA; Norma Rodriguez, Defendants - District Of Idaho. D.C. No. 1:10-Cv-00359-EJL. I read emails which were sent to attorneys Phillip J. Collaer, Esquire, Yvonne A. Dunbar, Attorney, Anderson, Julian & Hull, and Boise, ID. John J. Burke, Attorney, Elam & Burke, PA, Boise, ID. Kirtlan G. Naylor, General Attorney, Tyler D. Williams, Attorney, Naylor & Hales, P.C., Boise, ID. That they withhold o relevant evidence, including an Independent Monitor Final Action Plan (the "Plan"), a disposition holding CCA in civil contempt (the "Contempt Order"), and a Special Master's Report (the "Balla Report")

194. Johnny R. Gaffney, Plaintiff, V. Corizon Health, Inc., Et Al., Defendants. Case No. 4:15cv349-MW/GRJ United States District Court Northern District Of Florida Tallahassee Division I read emails to counsel, asking Dr. Bucarelli say that that Mr. Gaffney "was, at all times, given timely and medically appropriate medical care." The emails also stated her declaration state that she relied solely on her medical judgment in determining the "appropriate medical care" for Mr. Gaffney and "how to provide it." Plaintiff also read emails directing that though Neurontin is the proper medication for his condition "Corizon not allow medical staff to prescribe Neurontin due to the cost." The emails stated that the directives that "restricted . . . from prescribing ...anything other than Ibuprofen for [his] pain" not be disclosed. Plaintiff also read emails that surgery be denied "due to costs." These disclosures would have changed the results.

195. United States District Court Maine Paul Michael Barry, Plaintiff V. Corizon LLC, Et Al., 2:14-Cv-00527-JDL Defendants

I read emails to Robert C. Hatch Thompson & Bowie, LLP, in Maine to no disclose any evidence as to the directives to delay treatment for rectal bleeding. The emails also asked that evidence be not disclosed as to the treatment of complications thereby, which includes, the spread of cancer and a tumorous growth.

196. United States Court Of Appeals For The Eleventh Circuit Brett Fields, Plaintiff- Versus Corizon Health, Inc. F.K.A. Prison Health Services, Inc., Defendant No. 11-14594 Nancy Wood Gregoire, Kirschbaum Birnbaum Lippman & Gregoire, Fort Lauderdale, FL; Gregg A. Toomey, Bunnell & Woulfe, Pa, Fort Myers, Fl. received documents and emails from Corizon which Plaintiff read. These directed no documents or directives be disclosed, directing staff not take MRI or specialized tests. This is to be even if providers recognize that partial paralysis would result from tumors, trauma to the spinal cord, or spinal compression. This is to be though weakness in the legs requires, at the least, an MRI,

197. United States District Court For the District Of Arizona Leobardo L. Ramirez, Plaintiff, V. Corizon Health, Et Al., Defendants. No. Cv 19-05799-Phx-Dgc (Jzb) I read emails not to disclose evidence as to delay in care.

198. United States District Court For The District Of Arizona Robert F. Lindley, Jr., Plaintiff, V. Corizon Health, Et Al., Defendants. No. Cv 18-01860-PHX-DGC (Jfm) I read emails to counsel that they are not to disclose the internal records that Corizon employees should not follow orders by specialists for financial reasons.

199. United States District Court For The District Of Arizona Richard Johnson, Plaintiff, V. Corizon Health Services Llc, Et Al., Defendants. No. Cv 18-02253-Phx-MTL (MHB) Emails and directives from Corizon instruct Renaud Druryand Conlon to conceal of documents showing staff are not to prescribe Gabapentin for pain. , Gottfried, Struck Rand, Bojanowsky, Love, Acedo, Struck Love. Implemented these directives

200. United States District Court For The District Of Arizona J uan F. Delacruz, Plaintiff, Vs. Charles Ryan, Et Al., Defendants. No. Cv 11-1745-PHX-GMS-MEA Kelley Joan Morrissey according to emails I read concealed emails and documents from ADOC Management that showed Outside Consult Requests were being denied as a matter of routine and/or delayed, physical therapy, special needs order requests were all being denied as a matter of

routine. All this for financial reasons. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

201. United States District Court For The District Of Arizona Jeffrey James Faulkner, Plaintiff, Vs. Charles Ryan, Defendant. No. Cv 10-2441-PHX-SMM (JFM) Emails and documents I read show Michael Evan Gottfried concealed emails and documents showing punitive confinement is pretextual pretex. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky,

202. United States District Court For The District Of Arizona Thomas Bartholomew Layden, Iv, Plaintiff, V. Charles L. Ryan, Corizon Incorporated, Michael Hegmann, Subodh Shroff, Alison Scott, Matthew Musson, Richard Pratt, Kamal Rastogi, Defendants. No. Cv 14-02470 Phx Djh (Dmf) Emails and documents from Corizon that Plaintiff read to Joseph Scott Conlon, Renaud Cook Drury Mesaros PA, Phoenix, AZ. asked they conceal documents on pain medications being discontinued and that all directives as to this be discontinued. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

203. United States District Court For The District Of Arizona Robert F. Lindley, Jr., Plaintiff, Vs. Charles L. Ryan, Et Al., Defendants. No. Cv 12-1422-PHX-DGC (MEA) Michael Evan Gottfried concealed emails and documents Plaintiff reviewed showing ADOC has directed treatment be delayed or denied and consultation with neurosurgeons be delayed. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

204. United States District Court For The District Of Arizona Robert P. Torres, Plaintiff, Vs. Charles Ryan, Et Al., Defendants.No. CV 12-0006-PHX-JAT (DKD) Emails and documents from Weber

Gallagher Wexford, Michael Gottfried, Brandi Christine Blair, Edward G Hochuli, Kenneth Louis Moskow Jones Skelton & Hochuli PLC, Phoenix, AZ asked they conceal documents on denial and delay of treatment for Hep C treatment and complications that arise thereby By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

205. United States District Court For The District Of Arizon Jonathan Ploof, V. Charles Ryan, Et Al., Defendants. No. Cv 13-0946-PHX-DGC (MHB) Kelley Joan Morrissey, Lucy Marie Rand, concealed emails and internal documents that Plaintiff read and which showed that ADOC officials have directed staff to do everything possible to deny inmates diets. However these facts were never disclosed in declarations. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

206. John Kristoffer Larsgard, Plaintiff, Vs. Corizon Health, Inc., Defendant. No. Cv 13-01747-PHX-SPL (JFM) United States District Court For The District Of Arizona I read emails to Heather Alexander Neal, Joseph Scott Conlon, William W Drury, Jr., LEAD ATTORNEYS, Renaud Cook Drury Mesaros PA, Phoenix, AZ. asking them not to disclose internal policies and directives and emails that Larsgard be denied treatment as long as possible, due to the cost. These emails also asked that the consultants not be disclosed these documents. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

207. United States District Court For The District Of Arizona Robert Joseph Benge, Plaintiff, V. Charles L. Ryan, Et Al., Defendants. No. Cv 14-0402-PHX-DGC (BSB) Emails and documents from Weber Gallagher Wexford, Kelley Joan Morrissey, Michael Gottfried, Brandi Christine Blair, Edward G Hochuli, Kenneth Louis Moskow Jones Skelton & Hochuli PLC, Phoenix, AZ asked they conceal documents

on denial and delay of treatment for fracture and prescribed pain medication. These were concealed by counsel. By emails Jones Skelton Hochuli, Blair, Conlon, C Basha, Renaud Drury, Grimm, Metcalf, Hover, Morrissey, Quintairios Prieto, Rowey, Fernandez, Hochuli, Rappazzo, Gottfried, Struck Rand, Bojanowsky, Love, ,, Morrissey, Acedo, ,, Struck Love. Implemented these directives.

208. United States District Court For The District Of Arizona Escalera V. Corizon Health Inc. No. Cv 19-04934-PHX-MTL (JFM) I read emails from Corizon and Centurion that direct Corizon Inc Quintairos Prieto Wood & Boyer Pa, Anthony J. Fernandez Centurion Of Arizona Sarah L Barnes Broening Oberg Woods & Wilson PC Centurion LLC Charles L Ryan David Shinn conceal emails and documents that direct employees not to provide inmates CPA and related items, because of the cost.

209. United States District Court For The District Of Arizona Dudley V. Corizon Health Servs. No. Cv-19-04507-Phx-DGC (JZB) I read emails and documents that have been sent by Corizon and Centurion that direct Corizon Inc Quintairos Prieto Wood & Boyer Pa, Anthony J. Fernandez Centurion Of Arizona Sarah L Barnes Broening Oberg Woods & Wilson PC Centurion LLC Charles L Ryan David Shinn that direct treatment for pain be denied as long as possible. They also direct in litigation these directives not be disclosed. Emails and directives from Gottfried direct they be concealed.

210. United States District Court Eastern District Of Michigan Southern Division Kohchise Jackson, Plaintiff, V. Corizon Health Inc., Et Al Defendants. 2:19-Cv-13382-Tgb According to emails and directives from Corizon staff are required to delay/deny medical supplies and surgery in order to save financial resources.

211. United States District Court Eastern District Of Michigan Southern Division Myron Glenn, Plaintiff, V. Corizon Medical, Inc. Et Al Defendants. Case No. 2:17-Cv-10972 Emails and directives from Corizon instruct staff not to of provide prisoners with orthopedic or medically issued shoes or boots or items, to discontinue special needs items and to delay/deny specialty referrals [sic], consults, treatment in order to save financial resources.

212. United States District Court Eastern District Of Michigan Southern Division David Worthy, Plaintiff, V. Corizon Medical Group, Et Al., Defendants. Case No. 18-12451 Emails and documents from

Corizon directed counsel not to disclose evidence that utilization management have been instructed to do everything possible to deny treatment by specialists in this and other cases.

213. United States District Court Eastern District Of Michigan Southern Division Cory Woollard, Plaintiff V. Corizon Health, Inc., Rickey Coleman, And Rosilyn Jindal,Defendants. Case No. 2:18-Cv-11529 Three of the Requests to Produce sought copies of "all e-mail exchanges between . . . Jindal" and various others "pertaining to Plaintiff between the dates October 1, 2017 until October 1, 2019[.]" Corizon formally responded on November 27, 2019 or as supplemented on January 22, 2020: "There are no documents responsive to this request." This however was false as there were emails relevant to the medical issues.

214. United States District Court Western District Of Michigan Southern Division Mark Earl White, Plaintiff, V. Corizon, Inc. Et Al., Defendants. Case No. 1:19-Cv-948 Emails and documents from Corizon directed counsel not to disclose evidence that utilization management have been instructed to do everything possible to deny treatment by specialists in this and other cases, deny medical supplies such as braces , medication that is effective for nerve , MRI and surgery. These directives state in the event of litigation or permanent injury, staff should not be concerned, as Corizon shall indemnify them.

215. United States District Court Western District Of Michigan Southern Division Joshua Snider, Plaintiff, V. Corizon Medical Et Al., Defendants. Case No. 1:20-Cv-648 Emails and documents from Corizon directed counsel not to disclose evidence that staff have been instructed to do everything possible to deny treatment for GID.

216. United States District Court For The Southern District Of Georgia Savannah Division Jemme J. Jenkins, Individually, And Julianne Glisson, Administrator Of The Estate Of Jimmie L. Alexander, Sr., Plaintiffs, V. Corizon Health Inc., A Delaware Corporation; Guy Augustin, M.D. Emails and internal documents from Corizon direct counsel conceal evidence showing that Corizon had a policy that "creat[ed] recurrent situations when patients would likely be denied timely and adequate medical care." They also direct concealment of evidence that Corizon's failure to train on how to develop a plan of care constitutes deliberate indifference.

217. United States District Court For The District Of Maryland Mark Welcher, Plaintiff, V. Corizon Health, Inc., Et Al., Defendants. Case No.: Dlb-20-1360 Plaintiff read emails and documents from Corizon, Wexford and Weber Gallagher to conceal emails and documents that reflect Corizon, Wexford intentionally delayed or deprived necessary medical care to inmates breached its duty to provide adequate and appropriate medical care, By failing to provide therapy or the surgery.

218. United States District Court For The District Of Maryland Terry Thompson, Plaintiff, V. Cpl. C. Opoku, Cpl. A. Haynes, Cpl. D. Garnett, Cpl. T. Rene, Et Al Civil Action No.: Elh-18-1022 According to emails and internal documents from Corizon treatment and tests for fracture, pain and injury, that require MRI, CT Scans, surgery be delayed.

219. United States District Court For The District Of Maryland Maurice B. Stewart, Jr., Plaintiff, V. Corizon Health Company And Holly Pierce, Defendants. Civil Action No. Glr-19-679 According to emails and directives all referral to specialists are to be delayed and not disclosed.

220. United States District Court For The District Of Maryland Luis Allen Sims, Plaintiff, V. Maryland Department Of Public Safety And Correctional Services, Et Al., Defendants. Civil Action No. Glr-19-704 According to emails and internal documents from Corizon treatment and tests for pain and injury, hyperthyroidism secondary to Graves' Disease, hypertension ("HTN"), type-2 diabetes, and Hepatitis C virus ("HCV"). that require MRI, CT Scans, surgery be delayed.

221. United States District Court For The District Of Maryland Yimoe Siddha, Plaintiff, V. Richard Dovey, Warden, Corizon Health, Sgt. Simmons, And Chaplain Hall, Defendants. Civil Action No. Glr-20-185 According to internal emails and documents that counsel were asked to conceal by Corizon, as treating diabetes and related medical complications is expensive, staff must do all that is necessary to conceal this evidence. Counsel did just that.

222. United States District Court Southern District Of Indiana Terre Haute Division Joe L. Williams, Plaintiff, V. Samuel Byrd, Maryann Chavez, Bobby Riggs, Corizon Health Inc., Defendants. No. 2:17-Cv-00114-Jph-Dlp Emails And Documents From Corizon Directed Counsel Not To Disclose Evidence That Utilization Management Have Been Instructed To Do Everything Possible To Deny/Delay

Treatment By Specialists And Specialize Tests Such As MRI In This And Other Cases.

223. United States District Court Southern District Of Indiana Terre Haute Division Andre C.T. Wells, Plaintiff, V. Corizon Health Inc. No. 2:18-Cv-00124-Jph-Dlp Counsel followed the emails and directives by counsel to conceal evidence that show a systemic practice of delaying and denying proper treatment for injury; that Corizon has a policy, practice, custom, or habit of failing to train its medical employees how to provide emergency assessments and render emergency care.

224. United States District Court Southern District Of Indiana Indianapolis Division Donald E. Weaver, Jr., Plaintiff, V. Dick Brown Individually And In His Official Capacity, As Warden No. 1:19-Cv-00799-Twp-Dlp Counsel was asked by Corizon, Weber Gallagher and Wexford to conceal evidence Corizon and Wexford have a custom or practice of failing to properly diagnose and treat serious medical needs of prisoners, of failing to abide by policy to provide access to care, and of failing to train the physician defendants to diagnose and treat pain and serious medical needs.

225. United States District Court Eastern District Of Missouri Southeastern Division Rubin Weeks, Plaintiff, V. Kimberly Birch, Et Al., Defendants. Case No. 1:17-Cv-22-Agf By emails Corizon directed counsel conceal evidence Corizon's practices evidence a pattern of actionable injury. In particular Corizon asked evidence be concealed showing Corizon provides ongoing care from Corizon's clinical professionals and significant attention from its administrative personnel, so as to provide an appearance, that care is being provided.

**THE CONSPIRACY TO ENGAGE IN SPOLIATION AND THEN PREVENT THE CLAIMS FROM BEING HEARD**

226. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; knowingly intentionally made intentional deliberated decisions to disobey disregard the law. They were unaware of all the participants, but were aware of the essential nature and general scope of the conspiracy, which was to engage in the conduct above, to defraud me and 300,000 other victims, to

frustrate litigation, and deny prisoners access to evidence favorable to them and inculpatory to themselves.

227. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; pursued the object of the conspiracy by performing what their part of the conspiracy was and other employees, agents, subordinates performed another part, willfully agreeing to participate with the common design to deprive me of the rights I complain of in this litigation.

228. By and through the use of the unlawful means in this complaint, through the overt acts in this complaint, which overt acts were committed in furtherance of the conspiracy discussed above, each of them ensured the conspiracy continues and succeeds, which conspiracy is open ended and continues to this date.

229. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; are professionals who under no set of circumstances did not know that the wrongs I complain of were not unlawful. THEY REFUSED TO SPEAK UP OR DISASSOCIATE THEMSELVES FROM THESE ACTS. It is difficult to understand that with all this professional talent, why one of them would not blow the whistle.

230. Each individual willfully agreed to become members of the conspiracy agreeing to participate directly/indirectly in the conspiracy. They knew of the conspiracies to deny me and the 300,000 victims equal protection, equal privileges. They had the power to prevent or aid in the prevention of the commission of the conspiracies, could have with reasonable diligence, but neglected or refused to prevent the conspiracies.

231. These acts or activities were authorized, requested, commanded, ratified or recklessly tolerated by the unlawful conduct of the other. The Directors, higher management, agents performed, authorized, requested, commanded, ratified, or recklessly tolerated the unlawful conduct of the agents.

232. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara

Tirschwell; YesCare, CHS Tex; obtained signatures by deception with the intent to defraud by knowingly misrepresenting or omitting fact material to the transaction in the declaration, they committed forgery.

233. When Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; pursuant to their scheme or artifice to defraud, knowingly obtained any benefit, by means of false or fraudulent pretenses, representations, or material omissions, they engaged in conduct that is fraudulent.

234. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; engaged in and the activities of which affect interstate commerce.

235. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; knowing that the transaction was designed in whole or part to conceal or disguise the nature or control of proceeds of the specified unlawful activity, or to avoid the transaction reporting requirements under state or federal law, partook in the conduct.

**(Declaratory Judgment And Other Relief )**

236. Tripati here repeats the allegations in paragraphs 1 through 235.

237. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; deprived Tripati and 300,000 victims of monies due them, and they in advance of litigation, as a matter of their practice and policy, engineered the scheme to deploy prefabricated defenses in prisoner litigation. They used permissible procedural devises in bad faith, rigging the game from inception. They ensured truthful untainted evidence is not disclosed if

inculpatory and favorable to inmates. They created alternative evidence/facts, not mischaracterizing them. They assembled template stock pleadings, making false sworn/unsworn statements, providing false incorrect expert/consultant reports, creating false exonerating evidence.

238. Pursuant to foregoing they intentionally destroyed, withheld the foregoing material evidence duty bound to disclose, that prisoners like me cannot obtain from alternative sources. These are reports, emails, investigations, faxes, employee misconduct reports, policies, directives, failure to follow policies, and the evidence discussed above.

239. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; made material misrepresentations as to past and current facts/policies/directives, with knowledge or belief of their falsity, with an intention that courts and inmates shall rely on. Both the courts and I relied, and on which there was reasonable reliance by courts and inmates. They lied and concealed the evidence violating fraudulent concealment, fraud, avoidance, deceit. Their conduct constitutes common law fraud, deceit, fraudulent concealment, constructive fraud, constructive taking, unjust enrichment, breach of fiduciary duty, avoidance, deceptive business practices, fraud upon the court, and conspiracy to engage in these torts. Their conduct also is a violation of my right of access to courts, as they, by filing this bankruptcy, [prevented the United States Supreme Court, Third, Ninth and Arizona federal courts from reviewing my claims on spoliation. I would have prevailed had they not filed this bankruptcy, and allowed the courts, to review my claims.

240. Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; had a legal obligation to disclose the evidence in connection with existing or pending litigation. They did not disclose material evidence, intentionally withholding, altering, destroying the evidence to disrupt frustrate prisoner litigation. As consequence the evidential record did not contain the relevant evidence.

241. Tripati further seek additional declaratory judgment that the Defendants breached their fiduciary duties as to Tripati, by engaging in spoliation.

242. Tripati seeks declaratory judgment that Gray Reed; Jason S. Brookner; Aaron Kaufman; Lydia Webb; Amber Carson; Flacks Group; Isaac Lefkowitz; Perigrove 1018 ; Geneva Consulting Inc; Senior Management of Corizon Health; Sara Tirschwell; YesCare, CHS Tex; hired Liz Freeman, Jackson Walker law firm to improperly influence this court and defraud tort claimants..

Respectfully submitted,

February 1, 2024

ANANT KUMAR TRIPATI