	& tevr D STATES DISTRICT COUR T ICT OF NEW JE RSEY Fasten Di	istri'd of PA
R	IMPA DANGR JEE	
(In th	ne space above enter the full name(s) of the plaintiff(s).)	÷
P	hadelphia CHO	
		(check one)
		TENS TO RECEIVE
(ladka)	pace above enter the full name(s) of the defendant(s). If yo	A SEX
cannot fi please w addition listed in	the names of all of the defendants in the space provided, rite "see attached" in the space above and attach an al sheet of paper with the full list of names. The names the above caption must be identical to those contained in addresses should not be included here.)	
I.	Parties in this complaint:	
A.	List your name, address and telephone number. Do additional sheets of paper as necessary.	the same for any additional plaintiffs named. Attach
Plaintif	f Name Rum/	
	Street Address 245	washington street
	County, City <u>kurll</u>	ngton Caulty Bordentes
	State & Zip Code	1-575-2622-
	Telephone Number 2119	

agency, an organization,	should state the full name of the defendants, even if that defendant is a government a corporation, or an individual. Include the address where each defendant can be the defendant(s) listed below are identical to those contained in the above caption. In paper as necessary.
Defendant No. 1	Name Phadelphia Chop
	Street Address 3901 CIVIC Conten BLVO
	County, City Phadellonia
	State & Zip Code PA-1 9 10 4
Defendant No. 2	Name
	Street Address
	County. City
	State & Zip Code
Defendant No. 3	Name
	Street Address
	County, City
	State & Zip Code
Defendant No. 4	Name
	Street Address
	County. City
	State & Zip Code
II. Basis for Jurisdiction:	
Federal Question - Under 28 U.S. is a federal question case; 2) Div state sues a citizen of another sta	ed jurisdiction. There are four types of cases that can be heard in federal court: 1) C. § 1331, a case—involving the United States Constitution or federal laws or treaties ersity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one te and the amount in damages is more than \$75,000 is a diversity of citizenship case; d 4) U.S. Government Defendant.
A. What is the basis for fed Federal Questions	leral court jurisdiction? (check all that apply) Diversity of Citizenship
U.S. Government P	laintiff U.S. Government Defendant
_	on is Federal Question, what federal Constitutional, statutory or treaty right is at

	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?
		Plaintiff(s) state(s) of citizenship
		Defendant(s) state(s) of citizenship
	III.	Statement of Claim:
	compl includ cite an	is briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this aint is involved in this action, along with the dates and locations of all relevant events. You may wish to e further details such as the names of other persons involved in the events giving rise to your claims. Do not by cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a te paragraph. Attach additional sheets of paper as necessary.
	A.	Where did the events giving rise to your claim(s) occur?
	В.	What date and approximate time did the events giving rise to your claim(s) occur?
What happened to you?	C.	Facts: My Unid life Respont System
		is about to pulled off. Topes,
		le is a New Jersey Resident
Who did what?		und. Il He is Kept as hostage
	(and trying to pull lef the life
	(support system
Was anyone eise involved?	I	Hospital accepting
	0	
Who else saw what happened?		

IV.	Injuries:
-	sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, equired and received.
V.	Relief:
State	
	what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and asis for such compensation.
	Take him out my child out

I declar	e under penalty of per	jury that the for	egoing is true a	nd correct.				
Signed t	nis 19 day of	June		, 20	<u> 18</u> .			
		Sigi Ma	nature of Plainti iling Address	7 Ru 295	mpa Dashi	Bar	eyer notre	el-
		Tel	ephone Number					
		Fax	x Number (if you					
			mail Address					
<u>N</u> ote:	All plaintiffs named i	n the caption of th	e complaint mu	st date and s	ign the complai	nt.		
			Signature of P	aintiff:	Run	pa	Bane	yle

UNITED STATES DISTRICT COURT DISTRICT OF NEW JERSEY

(Title of Action)			
	:		
Plaintiff,	:	Civil Action No.	
v.	:	NOTICE OF MOTION	
Defendant.	:		
	:		
PLEASE TAKE NOTICE _			
		(Name of Moving Party)	
will move before the Honorable			_, U.S.D.J. on
(Motion days are the 1 st and 3 rd Mo for an Order(desc		of relief being sought)	
In support of my motion. I	will rely or	n the attached brief (if necessary).	
		Name	
		Address	
Date:			

CERTIFICATION OF SERVICE

	I.		, cer	tify that a copy of	my motion was served
		(Name of Moving Party)			·
by			on _		upon:
		(Mail, Personal Service, e	etc.)	(Date)	
			(Name of Oppo	sing Party)	
			(runic or oppo	sing raity)	
			Address of Opp	oosing Party)	
			Na	me (Signature)	

APPENDIX K. SCHEDULE OF FEES

UNITED STATES DISTRICT COURT DISTRICT OF NEW JERSEY

Office of the Clerk

Schedule of Fees

The Clerk of the District Court is required to collect the following fees:

Commencing any civil action or proceeding other than an application for writ of habeas corpus	
Filing fee - \$350 plus \$50 Administrative Fee (inapplicable to IFP)	\$ 400.00
Application for a writ of habeas corpus	5.00
Filing a Notice of Appeal in any case	
Fee includes \$5 district court fee (28 U.S.C. § 1917)	505.00
Filing a Notice of Appeal to District Judge from a Judgment of Conviction	
by a Magistrate Judge in a Misdemeanor Case	37.00
Certificate of Search, per name or item	30.00
Certification of any document	11.00
Exemplification of any document	21.00
Filing miscellaneous paper (any document not related to a pending case or proceeding)	46.00
Registration of foreign judgment	46.00
Admission of Attorney to Practice (including certificate)	200.00
Duplicate Attorney Certificate of Admission	20.00
Certificate of Good Standing to Practice	18.00
Admission to Appear Pro Hac Vice (each case)	150.00
Paper copies made by Clerk (not including certification), per page	.50
Reproduction of audio recording of a court proceeding	30.00
Retrieval of first box of records from Federal Records Center or National Archives	64.00
Retrieval of additional boxes from Federal Records Center or National Archives, per box	39.00
Any payment into the Court which is returned or denied for insufficient funds	53.00
Processing fee for a petty offense charged on a federal violation	25.00
Commencing a civil action under Title III of Cuban Liberty and Democratic Solidarity	
(LIBERTAD) Act of 1996 (This fee is in addition to the fee for commencing	
a civil action.)	6,355.00

CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO: CLERK, UNITED STATES DISTRICT COURT

May 1, 1987

Amended effective December 18, 1996; April 1, 1997; January 1, 1998; February 1, 2001; July 1, 2001; October 1, 2002; November 1, 2003; June 1, 2004; February 7, 2005; March 22, 2005; April 9, 2006; November 1, 2011; June 1, 2012; May 1, 2013; December 1, 2013, December 1, 2014.

LAMBDA ONE HUNDRED AND TEN,LAMBDA

Scan on 5/9/2018 9:16 AM by TOLENTINO, VINCENT

related entities and medical practices, see Children's Hospital of 1. Patient Name (First, Middle, Last): Avenue C Address of Patient: 2 U 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	-	RABHRTI	14. Duly	1003
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proyide the name, address and telephone number of the process. Children's Hospital of Philadelphia or Philadelphia o	nakabant trut		>	
Finergency Department Home Care Content Information (please specify)	erson/facility releas	sing the information.		
If your records contain any information about substance (or released? If yes, please initial next to each type of informat Drug and/or alcohol treatment or testing	outpatient	(please srecify nan		office)
6. Expiration. Your permission will exp-re 90 days after you syour permission for longer than 90 cays, please tell us whow: 7. Understanding this Authorization • This allows the release or obtaining of information that information created after the form is signed until it exp. • I may withdraw my permission at any time by providint For information being released by Children's Hospitate how to withdraw (revoke) an authorization. If I withdraw retrieved. • Information released by Children's Hospital of Philaderit and is no longer protected under federal privacy law required by federal privacy laws. • I understand my permission is voluntary and I/my chiladerit and is no longer protected under federal privacy laws. • I understand my permission is voluntary and I/my chiladerit and is no longer protected under federal privacy laws.	tion to be re eased: HIVI eive your informat acility releasing the	Mental Healthion? Check the appre	opriate oox below	an:I provide
your permission for longer than 90 cays, please tell us who now: 7. Understanding this Authorization • This allows the release or obtaining of information that information created after the form is signed until it exp • I may withdraw my permission at any time by providing For information being released by Children's Hospital how to withdraw (revoke) an authorization. If I withdraw retrieved. • Information released by Children's Hospital of Philade it and is no longer protected under federal privacy law required by federal privacy laws. • I understand my permission is voluntary and I/my chilade it and is no longer protected under federal privacy laws.	this informations			
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8. Signature. By signing, I understand that I am authorizing	oires. Ing written notice to I of Philadelphia, se I w my permission a elphia may be relea vs. Children's Hosp	the above-named prose its Notice of Privacy any information that we used again by the persital of Philadelphia with	ovider releasing the y Practices: for instruction of the was already release son or organization ill protect informati	e incormation ructions on ed cannot be n that receive
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Rumpa Bahayu Ri Signature Parient Separent Legal) MVA 15 Printe	ed Name	067 9 Date	Z17/8

The Children's Hospital of Philadelphia®

The Childrens Hospital of Philadelphia

Lambda One Hundred And Ten, Lambda

34th St and Civic Center Blvd Adm: 4/15/2018, D/C: -

MRN: 56249211, DOB: 1/1/1901, Sex: M

Philadelphia PA 19104

Hospital Abstract

Attending Provider Woods-Hill, Charlotte Z, MD

Isolation: None Infection: None Code Status: DNR Ht: 1.59 m (5' 2.6") Wt: 54.5 kg (120 lb 2.4 oz)

Admission Cmt: None Principal Problem: Exposure to smoke, fire

Allergies: No Active

Allergies

and flames [X08.8XXA]

Admission Information - Hospital Account/Patient Record

Arrival Date/Time:		Admit Date/Time:	04/15/2018 0221	IP Adm.	04/15/2018 0221
Admission Type: Means of Arrival:	Emergent	Point of Origin: Primary Service:	Transport-chop Critical Care	Date/Time: Admit Category: Secondary Service:	
Transfer Source:		Service Area:	CHOP SERVICE AREA	Unit:	7 WEST PICU
Admit Provider:	Lockman, Justin L, MD	Attending Provider:	Woods-Hill, Charlotte Z, MD	Referring Provider:	Provider, Information Not Available

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	7 WEST PICU

Final Diagnoses (ICD-10-CM)

mar Diagnosso (Affects
Code	Description	POA	CC	HAC	DRG
G93.82 [Principal]	Brain death	Yes		Fig. 10 to the state of the sta	And in the control of
G93.40	Encephalopathy, unspecified	Yes			The control of the state of the
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Yes			
F84.0	Autistic disorder	Yes			
E23.2	Diabetes insipidus	No			
J70.5	Respiratory conditions due to smoke inhalation	Yes			
G93.5	Compression of brain	Yes			
T68.XXXA	Hypothermia, initial encounter	Yes			
Z86.74	Personal history of sudden cardiac arrest	Exempt			
		from			
		POA			
		reportin			
700 6	Discontinuo of family by apparation and diverse	g 			
Z63.5	Disruption of family by separation and divorce	Exempt from			
		POA			
		reportin			
		g			
Z66	Do not resuscitate	No			

Allergies as of 6/11/2018

Assessed/Confirmed On: 6/10/2018 By: Sollenberger, Amanda L, RN

No Active Allergies

Immunizations as of 6/11/2018

Never Reviewed

No immunizations on file.

ED Records



The Childrens Hospital of Philadelphia

Lambda One Hundred And Ten, Lambda MRN: 56249211, DOB: 1/1/1901, Sex: M

34th St and Civic Center Blvd Adm: 4/15/2018, D/C: -

Philadelphia PA 19104 Hospital Abstract

ED Records (continued)

Attending at Discharge

Discharge Provider

(none)

Date/Time (none)

Disposition (none)

Destination (none)

Comments (none)

MyChart Messages

No messages in this encounter

ED Arrival Info

LAMBDA ONE HUNDRED AND TEN, LAMBDA

MRN: 56249211 Means of

Patient:

Expected

Arrival

Acuity

Arrival

Escorted By

Service

------Patient: LAMBDA

Critical Care

Admission Type

Emergent

4/14/2018 22:53

Arrival Complaint

ED Current Impression

LAMBDA ONE HUNDRED AND TEN, LAMBDA

MRN: 56249211

Patient:

None

Diagnosis----

ONE HUNDRED AND TEN, LAMBDA

MRN: 56249211

None

ED Disposition----

ONE HUNDRED AND TEN,LAMBDA MRN: 56249211

None

ED Notes

Taylor, Laura M, RT (Respiratory Therapist) 5/31/2018 19:41 Emergency

Mother asked this RT about humidification through the ventilator. I told her we use humidification on all ventilated patients and it was set at the appropriate setting for an intubated patient.

Electronically signed by Taylor, Laura M RT at 5/31/2018 7:41 PM

Taylor, Laura M, RT (Respiratory Therapist) 5/30/2018 21:16 Emergency

RT called to bedside by RN to discuss what a positional leak is with aunt. She had questions after her and the RN had turned the pt. Aunt also asked if this could happen with a trach, RT responded that it could happen. No harm to patient, pt was getting appropriate tidal volumes, cuff checked without any issues.

Electronically signed by Taylor, Laura M, RT at 5/30/2018 9:16 PM

Mann, Charles E (Communication Specialist) 5/24/2018 18:12 Emergency

Received a call from AMR.

They got a call from "A family Friend" on behalf of the mother.

They wanted to see if AMR would take this child home in an ambulance.



The Childrens Hospital of Philadelphia

Lambda One Hundred And Ten, Lambda MRN: 56249211, DOB: 1/1/1901, Sex: M

34th St and Civic Center Blvd Adm: 4/15/2018, D/C: —

Philadelphia PA 19104 Hospital Abstract

ED Records (continued)

ED Notes (continued)

I spoke with Ryan Morgan, who confirmed that this was not the plan.

AMR Aware

In the future, all Communications about this patient should go throught the Purple Team PICU Attending

Electronically signed by Mann, Charles E at 5/24/2018 6:12 PM

Gagliardi Trans, Kara, RN (Registered Nurse) 5/23/2018 12:26 Emergency

Spoke with Andrew, dispatcher at Romed Ambulance (555-676-4911). At this time the outbound transport has been cancelled.

Electronically signed by Gagliardi Trans. Kara, RN at 5/23/2018 12:26 PM

Moore Trans, Katherine, RN (Registered Nurse) 5/21/2018 17:15 Emergency

Dr. Ryan Morgan from CHOP PICU connected with Dr. Frank Maffe

from Geisinger (570-271-6562) on meet me 5 40264 in order to determine if Geisinger will accept patient for transfer for second opinion

Dr. Morgan provided admission history and clinical review of patient to Dr. Maffe

CHOP PICU waiting from courts to see what the next step is due to patient being declared brain dead 4/26

After discussion, Dr. Maffe does not feel that it would be beneficial to transport patient to Geisinger at this time (Dr. Maffe direct #570-394-6986)

Patient is not accepted to Geisinger at this time

Electronically signed by Moore Trans, Katherine, RN at 5/21/2018 5:15 PM

Liebman, Monica, RN (Registered Nurse) 5/4/2018 14:51 Transport

Call from Dr. Diane Singue, Director for PICU

Dr. Singue is calling from University Hospital in (973-972-3784)

Review of clinical assessment

Mom has visited this physician to see if they would accept her son to their unit

Mom stated that her religion states that she does not believe in "Brain death"

Dr. Sinque is trying to figure out some of the legal ramifications about a case like this for them

Mom states that she feels her son is moving more

Patient's exam is the same as per Dr. Nishisaki

Mom has filed a motion with the courts after he was declared brain dead

Still on Vasopressin infusion; no pressors

Still intubated

Referring is concerned about if this transfer would be medically appropriate?

Referring is hoping to get back to us within the hour

Electronically signed by Liebman, Monica, RN at 5/4/2018 2:51 PM



The Childrens Hospital of Philadelphia 34th St and Civic Center Blvd Adm: 4/15/2018, D/C: -

Lambda One Hundred And Ten, Lambda MRN: 56249211, DOB: 1/1/1901, Sex: M

Philadelphia PA 19104 Hospital Abstract

ED Records (continued)

ED Notes (continued)

Baron, Marc B, RN (Registered Nurse) 5/2/2018 12:46 Transport

Rec'd call from PICU attending Dr. Woods-Hill. Looking to reach Dr. Walker at Virtua at 619-370-6236.

Virtua is declining the case.

Electronically signed by Baron, Marc B, RN at 5/2/2018 12:46 PM

Gentner, David (Communication Specialist) 5/1/2018 18:09 Transport

Meet Me 4 45517 Virtua Attending connected with PICU attending CHOP Charlotte Woods Hill MD to discuss patient.

Electronically signed by Gentner, David at 5/1/2018 6:09 PM

Gentner, David (Communication Specialist) 5/1/2018 17:58 Transport

L/M for Virtua Voorhees attending to call us and when they call in to contact Charlotte Woods Hill MD at 727-385-5870.

Electronically signed by Gentner, David at 5/1/2018 5:58 PM

Gardella, Diane, RN (Registered Nurse) 5/1/2018 14:01 Emergency

Mother has not accepted the diagnosis of confirmed brain death and requested transfer to NJ facility

Per the outside physician, they can not accept a patient who has no rehab goals Physician is recommending the family call him, or the admission coordinator, who will explain the patient is not an acceptable candidate for any of their programs

Picu Md will discuss with team and determine if call should be recorded Picu will **not** provide intake # directly to family

Electronically signed by Gardella, Diane. RN at 5/1/2018 2:01 PM

Hall, Amy E (Communication Specialist) 5/1/2018 13:52 Transport

Dr. Woods-Hill connected to MD at Children's Specialized on 45516



The Childrens Hospital of Philadelphia 34th St and Civic Center Blvd Adm: 4/15/2018, D/C: —

Lambda One Hundred And Ten, Lambda MRN: 56249211, DOB: 1/1/1901, Sex: M

Philadelphia PA 19104 Hospital Abstract

ED Records (continued)

ED Notes (continued)

Electronically signed by Hall, Amy E at 5/1/2018 1:52 PM

Chandler, Shonda (OTHER) 5/1/2018 13:36 Transport

Connected CHOP PICU Dr. Charlotte Woods-Hill with on 45515 Pediatric Specialized Care-New Brunswick 732-258-7000

Electronically signed by Chandler, Shonda at 5/1/2018 1:36 PM

Gardella, Diane, RN (Registered Nurse) 5/1/2018 13:35 Emergency

Picu Attending Charlie Woods-Hill on meet me 2

Receiving MD unable to come to phone They will call back

732-258-7060

Electronically signed by Gardella, Diane, RN at 5/1/2018 1:35 PM

Molloy, Robert Michael (Communication Specialist) 4/30/2018 18:29 Transport

At the requst of the PICU Purple Attending (70025) I was asked to call Pediatric Specialized Care - New Brunswick (732-258-7000) to set up possible outbound transfer. I contacted the facility and they said that all transfer calls have to happed between 9am - 5pm. CHOP Attending was notified and will try again on 5/1/2018

Electronically signed by Molloy, Robert Michael at 4/30/2018 6:29 PM

Liebman, Monica, RN (Registered Nurse) 4/28/2018 16:54 Transport

Call from Dr. Meena requesting to talk with Dr. Nishisaki After speaking with her PICU Director

Beth israel will not be accepting this patient

Electronically signed by Liebman, Monica, RN at 4/28/2018 4:54 PM

Liebman, Monica, RN (Registered Nurse) 4/28/2018 16:32 Transport

Connected Dr. Nishisaki with Dr. Meena Kalyanaraman, PICU ATT

Conversation on 45515

Review of clinical assessment

Mom lives in NJ and would like to transfer the patient to NJ and patient can be kept "legally alive"

Dr. Meena states that after the second exam, patients are declared

Dr. Meena needs to talk to her Director; waiting for call back



The Childrens Hospital of Philadelphia

Lambda One Hundred And Ten, Lambda MRN: 56249211, DOB: 1/1/1901, Sex: M

34th St and Civic Center Blvd Adm: 4/15/2018, D/C: —

Philadelphia PA 19104 Hospital Abstract

ED Records (continued)

ED Notes (continued)

PICU at Beth Israel is "full"

Electronically signed by Liebman, Monica, RN at 4/28/2018 4:32 PM

Liebman, Monica, RN (Registered Nurse) 4/28/2018 16:02 Emergency

Connected Dr. Nishisaki with PICU MD at Saint Peter's Hospital

Connected Dr. Nishisaki with Dr. Tiong The

Review of clinical information

Patient has been declared brain dead on 4/26/18

No beds are available at Saint Peter's

Administration at Saint Peter's no longer accepts these types of patients at their facility

If the bed situation changes, they still will not accept the patient

Original note by Liebman, Monica, RN at 4/28/2018 16:01 Electronically signed by Liebman, Monica, RN at 4/28/2018 4:02 PM

Liebman, Monica, RN (Registered Nurse) 4/28/2018 16:01 Emergency

Connected Dr. Nishisaki with PICU MD at Saint Peter's Hospital

Connected Dr. Nishisaki with Dr. Tiong The

Review of clinical information

Patient has been declared brain dead on 4/26/18

Saint Peter's will not be accepting this patient

No beds are available at Saint Peter's

Administration at Saint Peter's no longer accepts these types of patients at their facility

Addendum to note by Liebman, Monica. RN at 4/28/2018 16:02 Electronically signed by Liebman, Monica. RN at 4/28/2018 4:01 PM

Liebman, Monica, RN (Registered Nurse) 4/28/2018 15:38 Transport

Call from Akira Nishisaki in regards to this patient

Robert Wood Johnson called to initiate the transport process

Dr. Nishisaki spoke to Dr. Christina Lopez from their PICU

Dr. Lopez stated that she is aware of this patient from the news

RWJ does not have anything more to offer this patient

RWJ will not accept this atient to their facility

Electronically signed by Liebman, Monica, RN at 4/28/2018 3:38 PM

Hall, Amy E (Communication Specialist) 4/28/2018 15:26 Transport

Connected CHOP PICU Attending Dr. Nishisaki to transfer center at Robert Wood Johnson on 40266

Electronically signed by Hall, Amy E at 4/28/2018 3:26 PM

Liebman, Monica, RN (Registered Nurse) 4/27/2018 16:58 Transport

Received 6/15/2018 9:13:11 AM Superior Court Eastern District

Filed 6/15/2018 9:13:11 AM Superior Court Eastern District JENSEN BAGNATO, P.C.

Attorneys at Law 1500 Walnut Street - Suite 1920 Philadelphia, Pennsylvania 19102

ERIK B. JENSEN, ESQUIRE CHRISTOPHER F. BAGNATO, ESQUIRE † ^

†Admitted PA & NJ

[^] LL.M. In Trial Advocacy

Of Counsel

Akeem J. Parsons, Esquire Kimberly Keenen. Esquire †

OFFICE:

(215) 546-4700

FAX:

(215) 546-7440

Web Page <u>www.jensenbagnatolaw.com</u>

June 14, 2018

JUDGES OF PENNSYLVANIA SUPERIOR COURT 530 Walnut Street Philadelphia, PA 19106

Re:

A.C., a Minor 1463 EDA 2018

Dear Judges of Superior Court:

Please find enclosed a Declaration by Dr. Paul A. Byrne as to the immediate recommendation to the Court in regard to Areen. Dr. Byrne is an expert in brain dead matters. Dr. Byrne has included certain procedures for the care of Areen which are listed in the enclosed declaration. The Doctor and the family are immediately requesting these procedures be performed by CHOP.

I appreciate your attention and consideration in this matter.

Respectfull,

CHRISTOPHER F. BAGNATO

CFB/tk Encl.

cc:

Lawrence G. McMichael, Esquire

Paul A. Byrne, M.D. 577 Bridgewater Dr. Oregon, Ohio 43616 419 779-6727 6/14/2018

Re: Areen Chakrabarti

Declarant, Paul A. Byrne, M.D., states as follows:

- 1. I have personal knowledge of all the facts contained herein and if called to testify as a witness I would and could competently testify thereto. I would need a complete and full set of records.
- 2. I am a physician licensed in Missouri, Nebraska and Ohio. I am Board Certified in Pediatrics and Neonatal-Perinatal Medicine. I have published articles on "brain death" and related topics in the medical literature, law literature and the lay press for more than thirty years. I have been qualified as an expert in matters related to central nervous system dysfunction in Michigan, Ohio, New Jersey, New York, Montana, Nebraska, Missouri, South Carolina, and the United States District Court for the Eastern District of Virginia.
- 3. I have reviewed the medical records provided of Areen Chakrabarti, a 14-year-old boy, who is a patient at CHOP. He is on a ventilator and was declared "brain dead" on April 26, 2018 at 4:10 PM. At the invitation of Pumpa Banarjee, I visited Areen in CHOP.
- 4. Pumpa Banerjee, mother of Areen Chakrabarti, does not accept death of her son. She wants her son to continue to live, even if severely disabled and to be given a chance at any recovery which requires longer term care.
- 5. PA Statute states: "irreversible cessation of all functions of the entire brain, including the brain stem, is legally dead."
- A prerequisite for consideration of declaration of "brain death" includes no significant endocrine disturbance.
- 7. The record on 4/18/2018 has T4 result of 0.8 (Ref 1-1.18). This is below normal and represents a significant endocrine disturbance. This needs to be repeated plus TRH, TSH, and T3.
- 8. Areen is hypothyroid. He needs treatment and should have been treated on April 18, 2018.
- With proper medical treatment as proposed by his mother, Areen Chakrabarti is likely to continue to live and may find limited to full recovery of brain function, and may possibly regain consciousness.
- 10. Areen has a beating heart without support by a pacemaker or medications. Areen has circulation and respiration and many interdependent functioning organs including liver, kidneys and pancreas. Despite low thyroid Areen manifests healing. Areen is a living person who passes urine, digests food and has bowel movements. These are functions that do not occur in a cadaver after true death.
- 11. The criteria for "brain death" are multiple and there is no consensus as to which set of criteria to use (Neurology 2008). The criteria supposedly demonstrate alleged brain damage from which the patient cannot recover. However, there are many patients who have recovered after a declaration of "brain death." Areen is

not deceased; Areen is not a cadaver: Areen has a beating heart with a strong pulse, blood pressure and circulation.

- 12. The latest scientific reports indicate that patients deemed to be "brain dead" are actually neurologically recoverable. (See below.) I recognize that such treatments are not commonly done. Further it is recognized that the public and the Court must be wondering why doctors don't all agree that "brain death" is true death. Areen, like many others, continues to live in spite of a declaration of "brain death." Areen, like all of us needs thyroid hormone. Many persons are on thyroid hormone because they would die without it.
- 13. The questions presented here refer to (1) the unreliability of methods that have been used to identify death and (2) the fact that no therapeutic methods that would enable brain recovery have been used so far. In fact, the implementation of nutrition and adequate therapeutic methods are being obstructed in the hope that Areen's heart stops beating, thereby precluding his recovery through the implementation of new therapeutic methodologies.
- 14. Areen's brain is probably supplied by a partially reduced level of blood flow, insufficient to allow full functioning of his brain, such as control of respiratory muscles and production of a hormone controlled by the brain itself, called thyrotropin releasing hormone, TRH, which causes the anterior pituitary to release thyroid stimulating hormone, which in turn stimulates the thyroid gland to produce its own hormones. With insufficient TSH, Israel has hypothyroidism. The consequent deficiency of thyroid hormones sustains cerebral edema and prevents proper functioning of the brain that control respiratory muscles.
- 15. On the other hand, partially reduced blood flow to his brain, despite being sufficient to maintain vitality of the brain, is too low to be detected through imaging tests currently used for that purpose. Employing these methods currently used for the declaration of "brain death" confounds NO EVIDENCE of circulation to his brain with actual ABSENCE of circulation to his brain. Both reduced availability of thyroid hormones and partial reduction of brain blood flow also inhibit brain electrical activity, thereby preventing the detection of brain waves on the EEG. The methods currently used for the declaration of "brain death" confound flat brain waves with the lack of vitality of the cerebral cortex.
- In 2013, Jahi McMath was in hospital in Oakland, CA. When I visited her in the hospital in Oakland, Jahi was in a condition similar to Areen. A death certificate was issued on Jahi on December 12, 2013. Jahi was transferred to New Jersey where tracheostomy and gastrostomy were done, and thyroid medication was given. Multiple neurologists recently evaluated Jahi and found that she no longer fulfills any criteria for "brain death. Since Jahi has been in New Jersey, she has had her 14th. 15th 15th 17th and 18th birthdays. The doctors in Oakland declared Jahl "brain dead and issued a death certificate. Jahi's mother said no to taking Jahi's organs and no to turning off her ventilator. Areen's mother is saying no to taking Areen's organs and to taking away his life support. Just like Jahi's mother!
- 17. Even a person in optimal clinical condition would be at risk of death after weeks of hypothyroidism and sub-optimal nutrition.
- Areen needs the following procedures done:
 - a. Tracheostomy and gastrostomy.
 - b. Serum T3, T4, TSH and TRH (thyroid releasing hormone).

- Levothyroxine 25 mcg nasogastrically or IV every 6 hours the first day; dose needs to be adjusted thereafter in accord with TSH, T3 and T4.
- d. Samples for lab tests for growth hormone (maybe serum samples can be frozen for future non-STAT tests).
- e. Serum insulin-like growth factor I (IGF-I) to evaluate growth hormone deficiency.
- f. Parathormone (PTH) and 25(OH)D3 to evaluate vitamin D deficiency and replacement.
- g. Continue to follow electrolytes (sodium, chloride, potassium, magnesium, total and ionized calcium), creatinine and BUN.
- h. Continued monitoring of blood gases.
- i. Serum albumin and protein levels.
- j. CBC including WBC with differential and platelet count.
- k. Urinalysis (including quantitative urine culture and 24-hour urine protein).
- I. Continue accurate Intake and Output.
- m. Diet with 40 g of protein per day nasogastrically.
- iv fluids (volume and composition to be changed according to daily serum levels of electrolytes (sodium, chloride, potassium, magnesium, total and ionized calcium) and fluid balance.
- o. Water, nasogastrically, if necessary to treat hypernatremia volume and frequency according to serum sodium.
- p. Fludrocortisone Acetate (Florinef®) Tablets USP, 0.1 mg one tablet nasogastrically per day;
- q. Prednisone 10 mg nasogastrically twice per day;
- vasopressin IM, or Desmopressin acetate nasal spray (DDAVP synthetic vasopressin analogue) one or two times per day according to urinary output;
- s. Human growth hormone (somatropin) [0.006 mg/kg/day (12 kg = 0.07 mg per day)] subcutaneously;
- Arginine Alpha Ketoglutarate (AAKG) powder 10 g diluted in water nasogastrically four times per day;
- u. Pyridoxal-phosphate ("coenzymated B6", PLP) sublingual administration four times per day;
- v. Taurine 2 g diluted in water nasogastrically four times per day;
- w. Cholecalciferol 20.000 IU three times per day nasogastrically for 3 days. Then 5,000 IU three times per day nasogastrically from day 4.
- x. Riboflavin 20 mg four times per day nasogastrically.

- y. Folic acid 5 mg two times per day nasogastrically.
- z. Vitamin B12 1,000 mcg once per day nasogastrically.
- aa. Concentrate / mercury-free omega-3 (DHA / EPA) 3 cc four times per day nasogastrically.
- bb. Chest physiotherapy
- cc. Blood gases; adjust ventilator accordingly.
- dd. Keep oxygen saturation 92-98%
- ee. Air mattress that cycles and rotates air.

aul a. dyme ud

- ff. Pressor agents to keep BP at 70-80/50-60.
- 19. I am advised that Children's Hospital of Philadelphia is providing patient care according to an alleged standard to legally comply with a STAY judicially issued. To the contrary, the ethical duties that obligate members of the medical profession are clearly stated as "to do no harm". In fact, the limited treatment and care being now provided to a reasonable degree of medical certainty will result in the death of the patient. Such a result validates the hospital's policy of care judicially appraised under Pennsylvania law and is calculated to protect its legal interests, but directly violates legislative protections enacted by the State of New Jersey which run to patient and parent, which have been effectively claimed and violated by Children's Hospital of Philadelphia. Standard medical practice has been repeatedly violated and a simple life saving procedure to allow repeatedly requested discharge has been denied without medical or ethical justification.
- 20. In a situation such as this where continued provision of life-sustaining measures such as ventilator, medications, water and nutrition are at issue, it is my professional judgment that the decision regarding their appropriateness rests with the family, not the medical profession.

VERIFICATION

I declare under penalty of perjury under the law of the State of California that the foregoing is true and correct.

Executed on

Signature:

Paul A. Byrne, M.D.

Clinical Professor of Pediatrics

References to some of those who have recovered after a declaration of "brain death":

Hospital staff began discussing the prospect of harvesting her organs for donation when she squeezed her mother's hand. Kopf was mistakenly declared dead in hospital but squeezed her mother's hand in 'breathtaking miracle.'

https://www.dropbox.com/s/dtti4hkkx89ikyg/Uber%20Shooting%20Victim%20Abigail%20Kopf%20Going%20From%20Victim%20to%20Survivor%20 %20NBC%20Nightly%20News.mp47dl=0

Zack Dunlap from Okiahoma. Doctors said he was dead, and a transplant team was ready to take his organs — until a young man came back to life

http://www.msnbc.msn.com/id/23768436/;http://www.lifesitenews.com/ldn/2008/mar/08032709.html, March 2008

Rae Kupferschmidt: http://www.lifesitenews.com/ldn/2008/feb/08021508.html, February 2008.

Frenchman began breathing on own as docs prepared to harvest his organs www.msnbc.msn.com/id/25081786

Australian woman survives "brain death" http://www.lifesitenews.com/news/brain-dead-woman-recovers-after-husband-refuses-to-withdraw-life-support UTM
source=LifeSiteNews.com+Daily+Newsletter&utm campaign=231fd2c2c9
LifeSiteNews com US Headlines05 12 2011&utm medium=email

Val Thomas from West Virginia
WOMAN WAKES AFTER HEART STOPPED, RIGOR MORTIS SET IN
http://www.foxnews.com/story/0,2933,357463,00.html

http://www.lifesitenews.com/ldn/2008/may/08052709.html, May 2008.

An unconscious man almost dissected alive: http://www.lifesitenews.com/ldn/2008/jun/08061308.html, June 2008

Gloria Cruz: http://www.lifesitenews.com/news/brain-dead-woman-recovers-after-husband-refuses-to-withdraw-life-support/,May 2011

Madeleine Gauron: http://www.lifesitenews.com/news/brain-dead-quebec-woman-wakes-up-after-family-refuses-organ-donation,July 2011

References that "brain death" is not true death include:

Joffe, A. Brain Death is Not Death: A Critique of the Concept, Criterion, and Tests of Brain Death. Reviews in the Neurosciences, 20, 187-198 (2009), and Rix, 1990; McCullagh, 1993; Evans, 1994; Jones, 1995; Watanabe, 1997; Cranford, 1998; Potts et al., 2000; Taylor, 1997; Reuter, 2001; Lock, 2002; Byrne and Weaver, 2004; Zamperetti et al., 2004; de Mattei, 2006; Joffe, 2007; Truog, 2007; Karakatsanis, 2008; Verheijde et al., 2009. Even the President's Council on Bioethics (2008), in its white paper, rejected the standard rationale for "brain death". Shewmon DA: The brain and somatic integration: insights into the standard biological rationale for equating "brain death" with death. *Journal of Medicine and Philosophy* 26(5):457-478, 2001. Shewmon DA: Brain death or brain dying? (Editorial) *Journal of Child Neurology* 27(1):4-6, 2012.

Sydney Lupkin, "Patient Wakes Up as Doctors Get Ready to Remove Organs," ABC News (July 2013), http://abcnews.go.com.

6/19/2018

Drafts (12) - btumpa@gmail.com - Gmail

In NJ there is law that as per Department of health patient rights states

- "Be transferred to another facility only if the current hospital is unable to provide the level of appropriate medical care or if the transfer is requested by you or your next of kin or guardian."
- "Receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment."

In NJ Brain Dead is not legally dead as my religious belief does not accept Brain Dead as death.

When we requested for my son's transfer, our request was rejected because my son was diagnosed as brain-dead.



The Childrens Hospital of Philadelphia

Lambda One Hundred And Ten, Lambda MRN: 56249211, DOB: 1/1/1901, Sex: M

34th St and Civic Center Blvd Adm: 4/15/2018, D/C: —

Philadelphia PA 19104 Hospital Abstract

ED Records (continued)

ED Notes (continued)

Received a call from PICU ATT, Akira Nishisaki

This patient is in the PICU and needs to be transferred out to Cooper Medical Center Assisted Dr. Nishisaki in getting connected with Cooper Medical Center through their transfer center

Electronically signed by Liebman, Monica, RN at 4/27/2018 4:58 PM

Liebman, Monica, RN (Registered Nurse) 4/27/2018 16:53 Transport

Call from Akira Nishisaki, PICU ATT, requesting to touch Cooper talked to legal and their medical team

Cooper is not willing to accept this patient t their facility

MD at Cooper is willing to consult on this patient if the parents are willing to allow this to happen Parents do not agree with the assessment that her child is "brain dead"

Original note by Liebman, Monica, RN at 4/27/2018 16:52 Electronically signed by Liebman, Monica, RN at 4/27/2018 4:53 PM

Liebman, Monica, RN (Registered Nurse) 4/27/2018 16:52 Transport

Call from Akira Nishisaki, PICU ATT, requesting to touch

Cooper talked to legal and their medical team

Cooper is <u>not willing to accept</u> this patient t their facility

MD at Cooper is willing to consult on this patient if the parents are willing to allow this to happen Parents do not agree with the assessment that her child is "brain dead"

Addendum to note by Liebman, Monica. RN at 4/27/2018 16:53 Electronically signed by Liebman, Monica, RN at 4/27/2018 4:52 PM

Mathews, Cheryl Y () 4/16/2018 09:03

Spoke with Jessica @ Capital Health, informed me that the patient name is Areen Chakrabarti DOB-07/14/2003

- Mini
- Historical
- My Response

New Jersey Medicaid Eligibility

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

Case 2:18-cv-02571-MAKED PACKET BISTRICF #6006/19/18 Page 24 of 26 FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: Rumpa Baneyl					
Address of Defendant:					
Place of Accident, Incident or Transaction: Phadephia CHOP					
RELATED CASE, IF ANY:					
Case Number: Judge: Date Terminated:					
Civil cases are deemed related when Yes is answered to any of the following questions:					
1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?					
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?					
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court?					
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights Yes No No					
I certify that, to my knowledge, the within case is / is not related to any case now pending or within one year previously terminated action in this court except as noted above.					
DATE: 66 19 20 (8 Attorney-at-Law / Pro Se Plaintiff Attorney I.D. # (if applicable)					
CIVIL: (Place a √ in one category only)					
A. Federal Question Cases: B. Diversity Jurisdiction Cases:					
1. Indemnity Contract, Marine Contract, and All Other Contracts 2. FELA 2. Airplane Personal Injury 3. Assault, Defamation 4. Antitrust 4. Marine Personal Injury 5. Patent 5. Motor Vehicle Personal Injury 6. Labor-Management Relations 6. Labor-Management Relations 7. Civil Rights 7. Products Liability 8. Habeas Corpus 9. Securities Act(s) Cases 9. Social Security Review Cases 9. All other Poisersity Cases 9. All other Federal Question Cases 9. All					
ARBITRATION CERTIFICATION (The effect of this certification is to remove the case from eligibility for arbitration.)					
I, Rungh Dangu, counsel of record or pro se plaintiff, do hereby certify:					
Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:					
Relief other than monetary damages is sought. from taking off the life support system and stick to the					
DATE: 06/19/2018 Attorney-at-Law / Pro Se Plaintiff Attorney I.D. # (if applicable) 2/2019					
NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.					

Civ. 609 (5/2018)

July 241m

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Rumpa Baneyel : CIVIL

CIVIL ACTION

Phadelphia (CHOP	:	NO.		
In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.					
SELECT ONE OF THE FOLI	LOWING CA	ASE MANAGEMI	ENT TRACKS:		
(a) Habeas Corpus – Cases broo	()				
(b) Social Security – Cases requand Human Services denying	()				
(c) Arbitration – Cases required	()				
(d) Asbestos – Cases involving exposure to asbestos.	()				
(e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.)					
(f) Standard Management – Cases that do not fall into any one of the other tracks.					
06 19 2018 Date 419-575-2622	Attorney-a	A at-law	Attorney for Brumpa W		
Telephone	FAX Num	nber	E-Mail Address		

(Civ. 660) 10/02

Filed 06/18/2018

In Re: A.C., a Minor

IN THE SUPERIOR COURT OF

PENNSYLVANIA

:

(C.P. Philadelphia County

Control Nos. 181606 & 185361)

Appeal of: R.B.

No. 1463 EDA 2018

ORDER

Upon consideration of appellant's "Emergency Petition To Stay Appellees From Proceeding With Ending Life Measures" as to child, A.C. and the trial court's June 14, 2018 order in response to this Court's June 4, 2018 remand order, it is hereby **ORDERED**:

- Appellant's petition for stay is **DENIED**. Appellant has not successfully demonstrated the satisfaction of all the requirements for issuance of a stay as set forth in *Pa. Public Utility Cmm'n v. Process Gas Consumers Group*, 467 A.2d 805 (Pa. 1983).
- 2. The temporary stay entered by this Court on June 4, 2018 SHALL REMAIN in place until 5:00 PM Wednesday, June 20, 2018 to allow appellant sufficient time to file for relief with the Pennsylvania Supreme Court.
- 3. The temporary stay order of June 14, 2018 shall be **LIFTED** on June 20, 2018 at 5:00 PM.
- 4. Appellee's application to terminate the temporary stay is **DENIED as moot**.