UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
NORTHEASTERN DIVISION

PATRICK NEAL, Plaintiff, v. WEXFORD HEALTH SOURCES, INC., PREM KUMAR GULATI, MD, CHARLES D. HOOPER, CRNP, IVAN E. MADER, RN, MELODY R. BILSTEIN, RN, LAURIE L. ODLAND, RN, CRESTWOOD HEALTHCARE, L.P. d/b/a CRESTWOOD MEDICAL CENTER, EMERGENCY MEDICAL ASSOCIATES, INC., DIANNA G. OSBORN, MD, JASON M. BERMAN, CRNP, and DANIELLA PITT, RN, Defendants.	)	Case No. _____ **JURY DEMAND**

COMPLAINT

COMES NOW the plaintiff, Patrick Dejuan Neal, and for his Complaint against Wexford Health Sources, Inc., Prem Kumar Gulati, MD, Charles D. Hooper, CRNP, Ivan E. Mader, RN, Melody R. Bilstein, RN, Laurie L. Odland, RN, Crestwood Healthcare, L.P. d/b/a Crestwood Medical Center, Emergency Medical

Associates, Inc., Dianna G. Osborn, MD, Jason Berman, CRNP, and Daniella Pitt, RN, plaintiff states as follows:

INTRODUCTION

1) The Alabama Department of Corrections ("ADOC"), as an instrumentality of the State of Alabama, operates one of the most underfunded, understaffed, overcrowded, and dangerous prison systems in the entire nation. ADOC has long been aware of the unconstitutional conditions of confinement within its prisons, including intolerable levels of prisoner-on-prisoner violence, sexual abuse, and excessive force by ADOC's security staff.[1] As a result, the inmates

[1] In 2016, the United States Department of Justice ("DOJ") initiated an investigation into the unconstitutional conditions within ADOC's prisons for men. DOJ notified the State in April 2019 that it found reasonable cause to believe that the conditions of confinement were violating the constitutional rights of the inmates within ADOC's prisons. DOJ then engaged in multiple rounds of negotiations with the State of Alabama, beginning in the Spring of 2019, in an effort to correct ADOC's policies, customs, patterns and practices causing the constitutional violations. After more than 20 months of engagement with ADOC, DOJ determined that the State was deliberately indifferent to the serious and systematic constitutional problems present in ADOC's prisons, and the State would not correct the conditions continuing to deprive ADOC's inmates of their constitutional rights by voluntary means. Accordingly, in December 2020, DOJ brought a judicial action to remedy the pervasive constitutional violations within ADOC's prisons for men and to vindicate the civil rights of the inmates under ADOC's custody and control. *See United States of America v. State of Alabama and Alabama Department of Corrections*, United States District Court for the Northern District of Alabama, Southern Division, Case No. 2:20-CV-01971, Doc. # 1. On May 18, 2021, DOJ filed an amended complaint citing the publicly available statistical data published by ADOC demonstrating that the rates of prisoner-on-prisoner homicides, assaults with serious injury, and sexual assaults, and of excessive force by security officials, which provide an understated account due to ADOC's misidentification, misclassification, and omission of deaths and violence within the system, as well as the unsafe and unsanitary conditions of confinement, have not only continued, but worsened, since the DOJ's intervention and legal action to remedy the pervasive and systematic constitutional violations. *See id*. at Doc. # 37. In doing so, DOJ confirmed that the State and ADOC remain deliberately indifferent to the safety of its male prisoners, causing them to suffer grievous harm, and unwilling to voluntarily correct the pattern and practice of subjecting its prisoner to conditions of confinement that deprives them of rights,

within ADOC's facilities endure serious risk of death, physical injury, and mental harm.

2) ADOC has also been acutely aware that its inmates are not being provided minimally adequate medical care for their serious medical needs.[2] ADOC's policies and practices, and those of the private parties discharging the State's duty to provide health care to its inmates, have caused pervasive and ongoing violations of the Eighth Amendment rights of ADOC's prison population.[3] This case demonstrates the tragic consequences born by individuals sentenced to ADOC's constitutionally inadequate prison health care system, the deliberate indifference of

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privileges, and immunities secured and protected by the Eighth and Fourteenth Amendments to the Constitution of the United States. *Id*.

[2] In ADOC's Request for Proposal, No. 2017-02, Comprehensive Inmate Healthcare Services (dated July 14, 2017), ADOC informed the prospective vendors that the "Department is currently engaged in ongoing litigation related to healthcare" and resulting settlement agreements, consent decrees, or court orders may impact the scope of services and provide cause for modifying the delivery of services or the minimum staffing requirements. *See, generally, Braggs v. Dunn*, U.S. District Court for the Northern District of Alabama, Case No. 2:14-CV-00601 (class action initiated in 2014 against ADOC and its officials for declaratory and injunctive relief to remedy, among other things, the inadequate medical and mental-health treatment in Alabama prison facilities). In an op-ed published on February 12, 2019, Governor Kay Ivey stated that "health care staffing challenges," among other factors, are exacerbating the "issues of violence, poor living conditions and mental illness persist[ing] within our [prison] system." ADOC Commissioner, Jeff Dunn, stated in an op-ed published on August 12, 2020, that "living and working conditions [within ADOC's facilities] are, unquestionably, not sustainable."

[3] *See Braggs v. Dunn*, 257 F. Supp. 3d 1171, 1255–56 (M.D. Ala. 2017) (holding that ADOC has failed to respond reasonably to identified deficiencies in the delivery of mental health care to its prisoners, despite its knowledge "for years and years" of actual harm and substantial risks of serious harm to mentally ill prisoners, and ADOC has persistently refused to exercise any meaningful oversight over its private mental health care contractor).

the health care services vendor and sub-vendors profiting from ADOC's system, at the expense of the health and safety of ADOC's inmates, and the grossly inadequate medical care provided by certain health care personnel working within ADOC's system.

3) In May 2019, Patrick Neal, a 27-year-old man within six months of the end of his sentence, developed transverse myelitis, a serious neurological disorder involving inflammation of both sides of a section of the spinal cord. If left untreated, the inflammation will damage and scar the material insulating the spinal nerve cell fibers, known as myelin, and cause complete paralysis of the lower extremities, permanent loss of bowel, bladder, and sexual function, and chronic pain, as well as the physical, emotional, occupational, and financial harms that accompany these catastrophically life altering conditions.

4) Patrick Neal's saga with the prison health care system began on May 22, 2019, when he submitted his first written request to be evaluated and treated for the classic symptoms of spinal cord compression, namely, weakness and partial paralysis of his lower extremity, medically referred to as paraparesis, with pain and abnormal sensations in his lower back and lower extremities. Another inmate named Lameric James encouraged Patrick to seek help from the prison's health staff because he thought that Patrick may have suffered a stroke. From May 22 through June 20, Patrick submitted five written requests for medical care as his condition

grew progressively worse, and he was seen on three occasions by the same registered nurse, Ivan Mader, in the prison's Sick Call Clinic.

5) It does not take specialized medical training to appreciate that a previously healthy young man, or any person for that matter, with an acute onset of lower extremity paraparesis with pain and abnormal sensations has a serious medical need and requires prompt, if not immediate, evaluation by a physician. Constitutionally, any form of paralysis is a serious medical need; medically, any form of paralysis is a serious emergency. Moreover, even the most minimally qualified nurse would have known that these are red flag symptoms of a potentially serious neurological disorder that must be diagnosed and treated without delay. Yet, during this first month of Patrick Neal's attempts to obtain treatment for his worsening transverse myelitis, the prison's nurses did not even elevate his case to an advanced practice nurse, much less a physician. He never made it past the nurse Sick Call Clinic.

6) On July 1, 2019, Patrick Neal submitted his sixth written request for medical treatment, which notified the prison's health staff that he had developed urinary and bowel incontinence. Patrick's complaints evidenced that he had developed neurogenic bowel and bladder, which presented a red flag that only a deliberately indifferent health care provider could ignore. Without question, a patient who develops urinary or bowel incontinence, after five weeks of

progressively worsening lower extremity paraparesis, requires immediate medical attention.

7) Nurse Mader and another nurse, R. Powell, evaluated Patrick Neal on July 3, after his sixth plea for help. The nurses noted, "Can't Control Bowel Bladder," and he was suffering "constant" pain in his lower back and abdomen, which he rated as a 10 on a scale of 1 to 10. As a nursing intervention, they offered him Tylenol and Ibuprofen, and they dismissed him back to his dormitory with instructions to "lay in (if indicated) for 72 hours." The nurses noted that Patrick needed a referral to the prison's primary care provider for "chronic back pain" and an "ineffective medication regiment." Despite Patrick's emergent medical needs, he would have to wait 16 days for his next appointment.

8) The primary care provider, Charles Hooper, CRNP, saw Patrick Neal on July 19. By this point, Patrick condition was so grave that other inmates had to carry him from his bunk to the toilet. Another inmate, Corey Cole, asked a cube officer for permission to start bringing Patrick "sack" meals since he could not make it to the cafeteria. The cube officer told the inmate not to worry about it because, in the officer's words, Patrick Neal was a "lost cause."

9) Nurse Hooper noted Patrick Neal's complaints of "increased lower extremity weakness," and he observed weakness and muscle waste in Patrick's left lower extremity. Leg muscle waste is another red flag symptom that develops from

severe and lasting neuromotor dysfunction. A previously healthy young man who presents with an acute onset of progressive lower extremity paraparesis, neurogenic bowel and bladder, and leg muscle waste has an undeniable medical emergency. Patrick Neal required an emergent MRI, an evaluation by a physician, a neurological consult, and interventions to relieve the inflammation damaging his spinal cord. Instead, Nurse Hooper told him to be patient while Wexford processed Hooper's Utilization and Claims Management ("UM") request to send him to an outside facility for an MRI. Recognizing that Patrick had already suffered lasting, disabling harm, Nurse Hooper provided Patrick a medical profile allowing him a "cane x 1 yr."

10) On July 21, after Patrick collapsed in his dormitory, the cube officers allowed him an emergency visit to the Health Care Unit. In this instance, the cube officers made an exception to the security protocols to allow Corey Cole to leave the dormitory during lockdown to help Patrick to the Health Care Unit, since he could not make it on his own. Nurse Hooper admitted Patrick to the infirmary to receive a Foley catheter to relieve his urinary retention, and he ordered magnesium citrate for Patrick's bowel incontinence. He then sent Patrick back to his dormitory in a wheelchair. Again, Patrick was denied the medical care needed to diagnose and treat his spinal cord emergency.

11) Patrick Neal also made emergency visits to the Health Care Unit on July 22 and 23. He was screened by a nurse, on both occasions, and he was provided milk of magnesia and a stool softener. And, as before, he was denied the emergency medical care he required. After returning to his dormitory on July 23, the Lieutenant sent him to back to the Health Care Unit so that he could be evaluated the next morning—for at least the eleventh time in two months.

12) On the morning of Wednesday, July 24, Hooper evaluated Patrick Neal and noted his inability to control both his left and right lower extremities, his firm abdomen, and his hypoactive bowel sounds. Shockingly, Hooper attributed Patrick's symptoms to lumbar radiculopathy, a non-emergent condition, and he scheduled Patrick to see Dr. Gulati the following Monday—five days later. Hooper then spoke with Dr. Hugh Hood, Wexford's Regional Medical Director, who ordered Patrick's immediate transport to the emergency room.

13) After two months of the prison's health staff stonewalling Patrick's serious medical needs, he boarded the ambulance believing that he would finally receive an honest and competent medical evaluation and treatment to relieve his lower extremity paralysis, organ dysfunction, and excruciating pain. He did not. The nurses at the Crestwood Medical Center accused him of faking his condition and, yet again, he was denied a proper evaluation, diagnosis, and treatment of his

spinal cord emergency. Astonishingly, Patrick's attending physician, Dr. Dianna Osborn, discharged him back to the prison with a pamphlet for sciatica.

14) Upon his return, in a prison van, the health staff kept him in the infirmary overnight. The next day, while lying in an infirmary bed, Patrick lost all reflexes below his waist, causing his bowel and bladder to involuntarily vacate and soil his bed in urine and feces. The health staff sent him back to the emergency room, only this time they specified that he receive an MRI and neurology consult for his complete absence of lower extremity reflexes and sphincter tone.

15) On July 25, 2019, Patrick Neal finally received the MRI and neurology consult needed to diagnose his transverse myelitis. It was too late, though. The inflammation extended from his mid thoracic to distal thoracic spinal cord and had caused permanent, flaccid paralysis from his abdomen and below. Patrick had lost his lower extremity, bowel, bladder, and sexual function, forever.

16) Since his release, Patrick Neal's condition and suffering has only worsened. ADOC and Wexford simply washed their hands of him, leaving him to fend for himself without a home, health insurance, or continuing care for his serious, ongoing medical, therapeutic, rehabilitative, functional, home health, and psychological needs, and without any means to provide for his basic life care and medical needs.

17) He has made repeated visits to hospital emergency rooms, in desperate condition, which have provided his only viable avenue to treatment. He has suffered recurrences of his transverse myelitis and developed severe complications, including cardiac and respiratory failure, which have required prolonged hospitalizations. He has lost, regained, and then lost again use of his upper body. He has developed pressure sores all over his body and infections from the lack of daily care and support, including management of his bowel and bladder issues and transfers from bed. Patrick Neal requires relief and financial support, if he is to have any reprieve from his desperate circumstances and terrible suffering.

PARTIES

1) Patrick Dejuan Neal ("Neal") is an individual resident of Calhoun County, Alabama. Neal was sentenced to a term of imprisonment under the authority and control of ADOC beginning on or about January 5, 2015 and ending October 30, 2019. At the times pertinent to his Complaint, Neal was incarcerated in the Limestone Correctional Facility ("LCF"), a correctional institution under the authority and control of ADOC.

2) Wexford Health Sources, Inc. ("Wexford") is a foreign corporation doing business as a health services provider within the State of Alabama. Since April 1, 2018, Wexford has served as the health care services provider for LCF and its inmates, as well as all other correctional institutions under DOC's authority,

supervision, and control. Wexford was responsible for LCF's health care services, being the sum of all actions taken, preventative and therapeutic, to provide for the physical and mental well-being of the inmate population at LCF, all arrangements for all levels of health care, and ensuring quality and accessibility of all health services provided to LCF's inmates.

3) Wexford assumed and performed an essential duty of the State, through its agreement to provide constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal, both inside and outside the prison. Wexford is liable under Section 1983 for its customs, policies, and practices resulting in deliberate indifference to Neal's serious medical needs in deprivation of his rights secured by the Eighth and Fourteenth Amendments to the United States Constitution.

4) Wexford also is also liable for causing Neal's injuries by its failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal as other similarly situated health care providers would have used under similar circumstances. Wexford is vicariously liable for the failure of the physicians, nurse practitioners, and nurses it employed to provide health care LCF's inmates, including Prem Kumar Gulati, MD, Charles Donovan Hooper, CRNP, Ivan Edward Mader, RN, Melody Renee Bilstein, RN, and Laurie Lee Odland, RN, to exercise the level of reasonable care, skill, and diligence in providing health care to Neal as

other similarly situated physicians, nurse practitioners, and nurses would have used under similar circumstances.

5) Prem Kumar Gulati, MD ("Dr. Gulati") is an individual resident of the State of Alabama. Dr. Gulati was employed by Wexford as LCF's Medical Director. Dr. Gulati had final authority regarding clinical issues at LCF. Dr. Gulati provided administrative and clinical management of the health care provided to LCF's inmates, and he supervised the members of LCF's Health Staff who caused Neal's injuries and deprived him appropriate, necessary, and constitutionally adequate health services, including Charles Donovan Hooper, CRNP, Ivan Edward Mader, RN, Melody Renee Bilstein, RN and Laurie Lee Odland, RN. Dr. Gulati also provided health care services, as a medical doctor, to the inmates at LCF.

6) Dr. Gulati assumed and performed an essential duty of the State, and he acted under the color of law as Wexford's Medical Director and as an individual physician responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Dr. Gulati is subject to individual and supervisory liability under Section 1983 for his deliberate indifference to Neal's serious medical needs. Dr. Gulati is also liable for causing Neal's injuries by his failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at LCF as other similarly situated physicians would have used under similar circumstances.

7) Charles Donovan Hooper, CRNP ("Hooper") is an individual resident of the State of Alabama. Wexford employed Hooper as an advance practice nurse assigned to LCF's Health Staff, working under a collaborative practice agreement with Dr. Gulati, and as the Medical Provider in LCF's Health Care Unit. Hooper was vested with unreviewed discretion and authority in the clinical management of the primary health care needs of LCF's inmates, including Neal. Hooper also supervised the nursing staff within LCF's Health Care Unit who caused Neal's injuries and deprived him appropriate, necessary, and constitutionally adequate health services, including Ivan Edward Mader, RN, Melody Renee Bilstein, RN and Laurie Lee Odland, RN.

8) Hooper assumed and performed an essential duty of the State, and he acted under the color of law as LCF's Medical Provider and as an individual nurse practitioner responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Hooper is subject to individual and supervisory liability under Section 1983 for his deliberate indifference to Neal's serious medical needs. Hooper is also liable for causing Neal's injuries by his failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at LCF as other similarly situated nurse practitioners would have used under similar circumstances.

9) Ivan Edward Mader, RN ("Mader") is an individual resident of the State of Alabama. Wexford employed Mader as a registered nurse assigned to LCF's Health Staff. Mader was responsible for the clinical nursing care needs of LCF's inmates. Mader assumed and performed an essential duty of the State, and he acted under the color of law as a registered nurse responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Mader is individually liable under Section 1983 for his deliberate indifference to Neal's serious medical needs. Mader is also liable for causing Neal's injuries by his failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at LCF as other similarly situated nurses would have used under similar circumstances.

10) Melody Renee Bilstein, RN ("Bilstein") is an individual resident of the State of Alabama. Wexford employed Bilstein as a registered nurse assigned to LCF's Health Staff. Bilstein was responsible for the clinical nursing care needs of LCF's inmates. Billstein assumed and performed an essential duty of the State, and she acted under the color of law as a registered nurse responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Bilstein is individually liable under Section 1983 for her deliberate indifference to Neal's serious medical needs. Bilstein is also liable for causing Neal's injuries by her failure to exercise the level of reasonable care, skill, and

diligence in providing health care to Neal at LCF as other similarly situated nurses would have used under similar circumstances.

11) Laurie Lee Odland, RN ("Odland") is an individual resident of the State of Alabama. Wexford employed Odland as a registered nurse assigned to LCF's Health Staff. Odland was responsible for the clinical nursing care needs of LCF's inmates. Odland assumed and performed an essential duty of the State, and she acted under the color of law as a registered nurse responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Odland is individually liable under Section 1983 for her deliberate indifference to Neal's serious medical needs. Odland is also liable for causing Neal's injuries by her failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at LCF as other similarly situated nurses would have used under similar circumstances.

12) Crestwood Healthcare, L.P. d/b/a Crestwood Medical Center ("Crestwood") is a foreign limited partnership and subsidiary of Community Health Systems, Inc. Crestwood owns and operates the Crestwood Medical Center ("CMC"), an acute care hospital located in Madison County, Alabama. Crestwood contracted with Wexford to provide hospital services to LCF's inmates as a sub-vendor under Wexford's agreement with ADOC. Crestwood agreed to keep and perform the State's constitutional duty to provide adequate, humane, and necessary

medical care to LCF's inmates. Crestwood assumed and performed an essential duty of the State, through its sub-vendor agreement to provide constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal.

13) Crestwood is liable under Section 1983 for its customs, policies, and practices resulting in deliberate indifference to Neal's serious medical needs in deprivation of his rights secured by the Eighth and Fourteenth Amendments to the United States Constitution. Crestwood is also liable for causing Neal's injuries by failing to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at CMC on July 24, 2019, as other similarly situated hospitals would have used under similar circumstances. Crestwood is further liable under the Emergency Medical Treatment and Active Labor Act for the failure of its Emergency Department to provide Neal an appropriate medical screening examination when he presented on July 24 with a patently obvious emergency medical condition. Crestwood is vicariously liable for the injuries Neal suffered as a result of the failure of the nurse practitioners, nurses, and physicians it employed to treat LCF's inmates, including Jason Berman, CRNP, Daniella Pitt, RN, Emergency Medical Associates, Inc., and Dianna G. Osborn, MD, to exercise the level of reasonable care, skill, and diligence in providing health care to Neal as other similarly situated medical practitioners would have used under similar circumstances.

14) Emergency Medical Associates, Inc. ("EMA") is a domestic corporation located in Madison County, Alabama and doing business as a provider of medical personnel and services. EMA contracted with Wexford to provide emergency room care to LCF's inmates as a sub-vendor under Wexford's agreement with ADOC. EMA agreed to keep and perform the State's constitutional duty to provide adequate, humane, and necessary medical care to LCF's inmates. EMA assumed and performed an essential duty of the State, through its sub-vendor agreement to provide constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal.

15) EMA is liable under Section 1983 for its customs, policies, and practices resulting in deliberate indifference to Neal's serious medical needs in deprivation of his rights secured by the Eighth and Fourteenth Amendments to the United States Constitution. EMA is vicariously liable for the failure of the physicians, nurse practitioners, and nurses it employed to treat LCF's inmates, including Dianna Grace Osborn, MD, Jason Berman, CRNP, and/or Daniella Pitt, RN, to exercise the level of reasonable care, skill, and diligence in providing health care to Neal as other similarly situated practitioners would use under similar circumstances.

16) Dianna Grace Osborn, MD ("Dr. Osborn") is an individual resident of the State of Alabama. Dr. Osborn was Neal's attending physician during his visit to

CMC's Emergency Room on July 24, 2019. Dr. Osborn assumed and performed an essential duty of the State, and she acted under the color of law as a physician responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Dr. Osborn is individually liable under Section 1983 for her deliberate indifference to Neal's serious medical needs. Dr. Osborn is also liable for causing Neal's injuries by her failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at CMC as other similarly situated physicians would have used under similar circumstances.

17) Jason M. Berman, CRNP ("Berman") is an individual resident of the State of Alabama. Berman was Neal's primary care provider during his visit to CMC's Emergency Room on July 24, 2019. Berman assumed and performed an essential duty of the State, and he acted under the color of law as a nurse practitioner responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Berman is individually liable under Section 1983 for his deliberate indifference to Neal's serious medical needs. Berman is also liable for causing Neal's injuries by his failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at CMC as other similarly situated nurse practitioners would have used under similar circumstances.

18) Daniella Pitt, RN ("Pitt") is an individual resident of the State of Alabama. Pitt was Neal's nurse during his visit to CMC's Emergency Room on July 24, 2019. Pitt assumed and performed an essential duty of the State, and she acted under the color of law as a nurse responsible for the provision of constitutionally adequate, humane, and necessary medical care to LCF's inmates, including Neal. Pitt is individually liable under Section 1983 for her deliberate indifference to Neal's serious medical needs. Pitt is also liable for causing Neal's injuries by her failure to exercise the level of reasonable care, skill, and diligence in providing health care to Neal at CMC as other similarly situated nurses would have used under similar circumstances.

JURISDICTION

19) Neal asserts claims against all named defendants under 42 U.S.C. § 1983 for deliberate indifference to his serious medical needs, and Neal invokes the Court's subject matter jurisdiction over these claims pursuant to 28 U.S.C. §§ 1331 and 1343(a)(3). Neal asserts a claim against Crestwood Health, LP under the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, and Neal invokes the Court's subject matter jurisdiction over the federal questions presented by this claim pursuant to 28 U.S.C. §§ 1331.

20) Neal asserts claims under the Alabama Medical Liability Act, Ala. Code § 6-5-480, *et seq.*, against all named defendants for the personal injuries he

suffered as a result of their failure to exercise the level of reasonable care, skill, and diligence as other similarly situated health care providers would use under similar circumstances, and Neal invokes the Court's supplemental subject matter jurisdiction over these claims pursuant to 28 U.S.C. § 1367(a).

VENUE

21) A substantial part of the events or omissions giving rise to Neal's claims occurred in the Eastern Division of the Northern District of Alabama, and venue is proper in this Court pursuant to 28 U.S.C. § 1391(b).

FACTS

22) ADOC and Wexford entered into a Healthcare Services Agreement, effective April 1, 2018, whereby ADOC engaged Wexford to provide for the delivery of reasonably necessary healthcare to the individuals under the custody and control of ADOC. As of the effective date, Wexford was responsible for the developing, implementing and managing the overall inmate health care system. Wexford's duties encompassed all levels of inmate health care, including, but not limited to, the full spectrum of on-site and off-site primary, secondary, specialty, tertiary, and emergency care. Wexford agreed to deliver constitutionally adequate health care services promoting positive clinical outcomes to all of ADOC's inmates, regardless of place of assignment or disciplinary status.

23) ADOC paid Wexford a base compensation in equal monthly installments for each of the three payment periods provided by its Healthcare Services Agreement. The first payment period ran from April 1, 2018 through September 30, 2018. Wexford's base compensation for the first agreement period was $66,967,339. The second payment period ran from October 1, 2018 through September 30, 2019, and Wexford's base compensation for this period was $137,198,878. The third payment period ran from October 1, 2019 through September 30, 2020, and Wexford's base compensation for this period was $141,314,845. ADOC and Wexford agreed to extend the agreement for a fourth payment period running from October 1, 2020 through September 30, 2021. Wexford's total base compensation during the fourth period is $171,150,202.

24) The base compensation covered all aspects of Wexford's comprehensive inmate health care system and all levels of care provided to ADOC's inmates. Wexford was required to pay for all health care services provided off-site through its agreements with sub-vendors, including any diagnostic, specialty, hospital, emergency, and ancillary care. For example, if an inmate required diagnostic services beyond the limited capabilities within ADOC's facilities, an evaluation by a medical specialist, or emergency medical services, Wexford was required to arrange, provide, and pay for these medical services through an off-site provider, facility, or hospital, as well as any ambulance transports from the prison.

25) Wexford was responsible for all Utilization and Case Management ("UM") for the referral of inmates to an off-site facility or provider when the inmate's health care needs extended beyond the limited scope of services available on-site. Wexford was required to keep a designated staff member at LCF for the coordination and management of UM referrals. Wexford was also required to develop, establish, and implement procedures to obtain consultation and service for emergent, urgent, and clinical referrals.

26) Wexford's profit from the $360,481,062 in base compensation payments it received from ADOC during the three payment periods of its Healthcare Services Agreement was directly related to the fixed cost of its on-site medical services and the variable cost of the off-site medical services it provided to ADOC's inmates.

27) Wexford had a financial incentive to rely on lower-level, less expensive practitioners to provide on-site health care, and to limit referrals to higher-level, more expensive practitioners. Wexford also had a financial incentive to limit and deny inmates access to off-site health care, including diagnostic services, medical specialists, emergency care, and hospital services. In short, Wexford made more money from its lump sum compensation by restricting inmates' access to higher-level practitioners and off-site medical care. And, it was up to Wexford to determine

whether it had cut into its profit margin to providing higher-level and off-site care to ADOC's inmates.

28) Sick Call provided the primary means for an inmate at LCF to access health care services. To access care through Sick Call, an inmate was required to fill out a Sick Call Request form, which included a space for a description of his Reason for Sick Call Request, and then drop the form in the Sick Call box.

29) Under its Healthcare Services Agreement, Wexford's nurses were required to collect Sick Call Requests seven days a week. The nurses had to review and triage each request within 24 hours of its submission by the inmate. The nurses had to date, time, and initial the request when reviewed, and they were required to log each request and each referral step process through completion in the Sick Call Tracking Log.

30) In triaging Sick Call Requests, the nurses had to review the inmate's health record, including the history provided by the Sick Call Tracking Log. The nurses were required to triage the requests for emergent, urgent, and routine medical needs, and then follow the clinical process requirements based on the priority of the inmate's needs. The nurses had to assess emergency medical needs 24 hours a day, seven days a week. When an inmate's request presented potentially life or limb threatening conditions or symptoms, the nurses had to arrange and provide emergency care. The nurses were required to refer urgent needs to higher-level

practitioners and ensure that they were seen the same day as the request was submitted. When a request presented routine clinical needs, the nurse had to provide a face-to-face encounter in the Sick Call Clinic the next day. As such, an inmate with routine clinical needs would be provided a nursing encounter within 48 hours of his submission of his Sick Call Request.

31) Inmates could also access health care through scheduled appointments with the primary care provider, Hooper, or the on-site physician, Dr. Gulati. These health care appointments were scheduled by the health staff and published in the daily institutional newsletter.

32) Lastly, when an inmate had a medical need that required immediate attention, he could request permission from the security officers to make an emergency visit to the Health Care Unit.

33) During routine Sick Call Clinic encounters, the nurses had to follow the Sick Call protocols, which directed the nurses to identify certain subjective and objective data based on the nature of the inmate's complaints. The nurses were given protocol forms that directed referrals to a higher-level practitioner in specified situations. For instance, the Backache protocol required a referral to the primary care provider when an inmate's loss of sensation was apparent, he had difficulty walking, he had complaints of numbness, he appeared in severe pain, foot drop was

present, he had abnormal vital signs, his urine was dark or bloody, or when he did not have relief after 48 hours trial of treatment.

34) In any encounter, the nurses had to refer an inmate to a higher-level practitioner when the evaluation required diagnostics that exceeded the limits of the nursing assessment protocols, when the nurse was unable to come to a diagnostic conclusion, when the inmate's needs exceeded the scope of the practice of nursing, and when the inmate's complaints had not resolved after a prior nursing assessment.

35) The nurses and nurse practitioner had to make immediate referrals and arrangements for emergent needs, at all times. Wexford was required to provide 24-hour emergency medical care, including an emergency on-call physician, use of one or more hospital emergency departments and other appropriate off-site facilities, and ambulance services. Wexford was also required to train its on-site health staff in the procedures for obtaining emergency medical care, as well as the security notifications for immediate medical transfers.

36) On May 1, 2019, ADOC transferred Neal to LCF. Neal was 27 years old at the time. Neal received a medical screening by Wexford's health staff in connection with his intra-facility transfer to LCF. He was physically healthy with no apparent medical needs or chronic conditions, apart from permanent corneal damage to his left eye.

37) Around the middle of May 2019, Neal developed weakness and pain in his left leg, along with pain and numbness in his lower back. He had not suffered any falls or other injuries, but he would lose balance and trip while ambulating. As the young and healthy are apt to do, Neal initially assumed that his health problems were not serious; but they grew worse.

38) Lameric James ("James") was incarcerated with Neal at LCF until his release on or about June 9, 2019. James and Neal were both from Anniston, Alabama, and Neal had been friends with one of James's cousins. Before his brief incarceration, James served 17 years in the United States Army. Due to their connection, James and Neal spent time together at LCF.

39) In middle to late May of 2019, James noticed that Neal had developed a limp and Neal was clearly favoring his left side. James witnessed Neal randomly losing balance and coordination in his left leg. He noticed that Neal's left leg would give out for no apparent reason. Based on his observations, James suspected that Neal may have suffered a stroke.

40) On or before May 22, 2019, James spoke with Neal about his observations. By that time, the weakness, loss of balance and loss of coordination in Neal's left leg were obvious and concerning to James. James told Neal that he may have suffered a stroke, and he encouraged Neal to submit a Sick Call Request

so that he could be evaluated by the medical professionals. By this point, Neal knew that he had a serious medical need, and James confirmed his fears.

41) On May 22, 2019, Neal submitted a Sick Call Request so that he could get a medical evaluation and treatment for his alarming symptoms. In the form, Neal wrote that he had weakness in his left leg, tenderness in his right leg, numbness around his lower back, and pain. Neal also wrote that he had a limp when he walked, but he could not determine the problem.

42) Mader collected and triaged Neal's Sick Call Request at 07:30 on May 22, 2019. Mader determined that Neal's complaints presented routine clinical needs, and he scheduled Neal for a nursing encounter in the next scheduled Sick Call Clinic.

43) Neal submitted his second Sick Call Request on May 23, 2019. Neal reported, "I believe that [I] may have some sort of infection or something. I have been feeling very sick and in pain. [I am] also having muscle spasms and weakness in my left leg. I'm not sure what's causing these symptoms and I would like to have test run to see what's going on ASAP."

44) Mader documented that he collected and triaged Neal's second Sick Call Request on May 22, 2019 at 07:30, the day before it was submitted. Again, Mader determined that Neal's complaints presented routine clinical needs, and he documented that Neal would be scheduled for a nursing encounter in the next Sick Call Clinic.

45) Neal had his first nursing encounter with Mader in the May 23, 2019 Sick Call Clinic. Neal understood from his time within ADOC's prisons that the health staff's default position was to disbelieve inmate health complaints. Neal explained to Mader that he was getting out of prison in four months to assure Mader that he did not have any ulterior motive in seeking medical care. Neal was alarmed by his symptoms. Neal knew that he had a serious medical condition that was causing him to lose use and control of his left leg.

46) According to Mader's Progress Notes from the May 23 encounter, Neal told him, "I get out in four months. I need bloodwork done. My leg is weak, so I know there's something wrong with me. When I run, I trip over myself. My right leg feels funny and my left leg gives me trouble when I run. I am requesting bloodwork to be done because I am worried I have an infection eating away at my muscles causing me to trip when I run."

47) On May 23, Mader began his "deny, deny, deny" approach to Neal's serious medical needs. Mader employed this strategy in response to the five Sick Call Requests he triaged and his three Sick Call Clinic encounters with Neal from May 22 through July 3, 2019. At every opportunity, Mader denied Neal's subjective complaints, he denied Neal's objective symptoms, and he denied Neal access to the medical care needed to save his spinal cord from permanent injury.

48) During the May 23 Sick Call encounter, Mader refused to even consider Neal's complaints. Mader did not perform a physical examination of Neal to collect objective data pertaining to Neal's complaints and condition. Mader did not assess and diagnose Neal's condition or establish a plan of care. Instead, Mader told Neal that he was too young to be suffering these problems. He insisted that there was nothing wrong with Neal.

49) Neal tried to convince Mader that he was really suffering and needed help. Mader became agitated, interrupted Neal, pointed towards the door, and told Neal to return to his dorm. According to his Progress Notes, Mader told Neal that "infections do not cause mis-coordination when running and almost all infections do not cause tripping during running."

50) When Neal returned to his dormitory, he spoke with James about his encounter with Mader. Neal told James that Mader refused to believe his complaints, and Mader forced him to leave the encounter without even performing a physical examination. It was obvious to James that Neal had a serious medical need, so he told Neal to submit another request. James told Neal to keep submitting requests until he found someone in the Health Care Unit who would listen to his complaints and find out what was wrong with him.

51) Neal submitted his third Sick Call Request on May 23, 2019, following his encounter with Mader. In his third request, Neal stated, "I'm not sure what's

going on with me. I have numbness in my lower back and hip area. I limp when walking and I barely have strength in my left leg. I was told I may have had a light stroke. I'm not sure. I haven't had any recent injuries. I really am worried because I don't know the cause of these symptoms. I just need test run to figure out what's going on with me."

52) Bilstein documented that she collected and triaged Neal's third Sick Call Request on May 27, 2019, four days after it was submitted. Mader also stamped the Sick Call Request on May 27, 2019. Bilstein and Mader determined that Neal's complaints presented routine clinical needs that could be addressed through a nursing encounter in the Sick Call Clinic.

53) Per the Sick Call protocols, Neal expected a nurse to triage his third request no later than May 24. Neal expected an appointment with the Sick Call Clinic no later than May 25. Mader and Bilstein withheld Neal's third request until May 27. Mader had already refused to consider Neal's complaints or evaluate his medical needs, so Neal believed that the health staff denied his second and third Sick Call Requests.

54) Mader and Bilstein were not stirred by the urgency of Neal's third request, his repeated pleas for help, the red flags of a serious medical condition, or the obvious potential for Neal to suffer severe and permanent harm without timely medical intervention.

55) Mader and Billstein did not follow-up on Neal's complaints, despite the Sick Call protocol requiring a referral to a higher-level provider when an inmate's complaints have not resolved after a prior nursing encounter. Instead, Mader and Bilstein documented that Neal's complaints had been resolved because he "scheduled but refused the encounter." Neal did not refuse the Sick Call Clinic encounter. To the contrary, Neal was very concerned, and he wanted help.

56) Neal's symptoms and condition continued to worsen following his encounter with Mader on May 23. Towards the end of May and up through his release on or about June 9, 2019, James was physically assisting Neal around the prison. James would help Neal get out of bed, go to the bathroom, and go to eat. Neal was often too weak to make it to breakfast.

57) By the time of his release, James could easily see the loss of muscle in Neal's left leg. James noticed that Neal's left leg was much thinner than his right leg. James could see defined muscle in Neal's right leg, but not in his left leg. James could feel the muscle in Neal's right calf, but not in his left calf. James noticed that Neal's left calf was flabby. James believed that Neal had atrophy of the muscles in his left leg. The changes were obvious to him by sight and touch. James could plainly see that Neal had a significant disability in his lower left side. James knew without question that Neal needed immediate medical attention.

58) Another inmate named Corey Cole ("Cole") met Neal when he was transferred to LCF on or about June 1, 2019. Both Cole and Neal were placed in the F Housing Area. When they first met, Cole noticed that Neal was limping like he had an injured ankle. Shortly after they met, Cole noticed that Neal's limp was worsening, and he was losing muscle in his left leg. Cole could see that Neal was really struggling to walk and then even moving his left leg. It was obvious to Cole that Neal needed immediate medical treatment for his unexplained and progressively worsening left-side disability.

59) On June 11, 2019, Neal's 28th birth date, he submitted his fourth Sick Call Request. By this point, Neal could barely move his left leg. Neal was feeling very sick. He had terrible pain in his back, but he was mostly concerned with the loss of use and control of his left leg. In his fourth request, Neal wrote, "I have pain in my lower back. I believe its muscle or nerve damage. I haven't had any recent injuries I can remember. It also makes it difficult for me to walk."

60) Mader collected and triaged Neal's fourth Sick Call Request on June 12, 2019. Mader determined that Neal's complaints presented routine clinical needs, and he scheduled Neal for a nursing encounter in the next scheduled Sick Call Clinic.

61) Neal was seen by Mader during the June 13, 2019 Nurse Sick Call Clinic. Mader knew that he had denied Neal's complaints in his May 23 encounter, but Neal had refused to accept Mader's dismissal of his serious medical needs.

Mader knew that Neal had reason to be frustrated, so Mader scheduled the encounter in a high security room within the Health Care Unit. Mader treated Neal as a security threat, without justification, and he maintained distance from Neal throughout the encounter. Mader did not physically examine Neal.

62) Neal told Mader that the symptoms he previously reported had gotten much worse, and Neal asked to see a doctor. Mader told Neal that he would put him in to see the Medical Provider, and he dismissed Neal back to his dormitory.

63) Using the protocol form for "Backache," Mader materially misrepresented Neal's condition, as he did in his Progress Notes from their May 23 encounter. Neal had an objectively serious medical condition causing pronounced neurological deficits, which were already obvious to Neal's fellow inmates. Mader knew that he would have to provide Neal an immediate referral to a physician and appropriate emergency care, at Wexford's expense, if he acknowledged and documented Neal's actual clinical presentation. Mader misrepresented in the protocol form that Neal had no objective symptoms to fabricate a medical justification for delaying Neal's treatment. Mader did document that it was Neal's "2nd visit," and per the protocols, he noted the need to "Refer to Provider." Mader placed Neal in line for a routine visit with Hooper due to his complaints persisting after a prior nursing encounter.

64) Neal submitted his fifth Sick Call Request on June 18, 2019. Neal reported, "My lower back is in a lot of pain. It's becoming more difficult for me to walk and I feel [illegible] numbness. Can I see the doctor to have x-rays done to determine what's going on with me?"

65) Mader collected and triaged Neal's fifth Sick Call request on June 19, 2019. Yet again, Mader determined that Neal's complaints presented routine clinical needs, and he scheduled Neal for a nursing encounter in the next scheduled Sick Call Clinic.

66) Neal saw Mader during the June 20 Sick Call Clinic. Using the protocol form for "Backache," Mader documented Neal's complaint that his back was getting a lot worse, the pain was in his legs and back, and the pain was severe and woke him up at night.

67) Mader did not physically examine Neal during this encounter, either. And, again, Mader recorded that Neal had no objective symptoms. Mader misrepresented Neal's condition in the medical record to fabricate a medical justification for delaying care for Neal's obviously serious medical condition. Mader told Neal to watch the newsletter for his appointment with the Medical Provider, and he offered Neal ibuprofen. Mader then dismissed Neal back to his dormitory.

68) Neal had his first appointment with Hooper on June 26, 2019. Hooper's notes state that Neal complained of lower back pain for two weeks (in actuality, he had been complaining for more than a month), associated left leg weakness, and cervical neck pain. Hooper documented that he performed a hip flexion exam. Neal could not lift his left leg, and Hooper noted his left lower extremity weakness. Hooper also documented that he performed a straight leg raise test, and he noted that Neal complained of symptoms at 10 degrees. A positive test (complaints of symptoms) in the range of 30 to 70 degrees indicates lumbar nerve root irritation. A positive test below 30 degrees indicates compression of the spinal cord, medically referred to as myelopathy. A positive test at ten degrees requires immediate intervention.

69) A patient with an acute onset of the symptoms of myelopathy, including loss of coordination and balance, weakness in the extremities, trouble walking, numbness, muscle spasms, and lower back pain, has emergent medical need. If left untreated, myelopathy can lead to permanent spinal cord injury and nerve damage. At the very minimum, such a patient requires an immediate MRI of his spine and an evaluation by a qualified physician.

70) Hooper knew that he would have to provide Neal care beyond the on-site capabilities, at Wexford's expense, if he assessed Neal's condition as involving the potential to cause injury to Neal's spinal cord. As such, Hooper willfully ignored

Neal's signs and symptoms of myelopathy. Hooper assessed Neal's condition as "likely lumbar radiculopathy," a painful but non-emergent condition. Hooper then placed an order for Neal to receive an x-ray of his lumbar and cervical spine.

71) Neal received plain x-rays of his lumbar and cervical spine on June 27, 2019. Neal was unable to lift himself onto the x-ray table, due to his lack of strength, so two men (whose name are unknown to Neal) lifted him onto the table. Both radiographs showed a normal spine with no abnormalities. Neal's lumbar spine had normal alignment, normal vertebral body heights, normal sacroiliac joints, normal paravertebral soft tissues, intact posterior elements, no compression fractures, no evidence of spondylolisthesis, and no evidence of disc space narrowing. Neal's cervical spine had normal cervical lordosis, well-preserved disc spaces, normal facet joints, normal paravertebral soft tissues, and no evidence of spondylolisthesis. Neal's x-rays ruled out lumbar radiculopathy as the cause of his symptoms.

72) Neal submitted his sixth Sick Call Request on July 1, 2019. Neal reported, "I have no control of my muscle movements in my private area [and] difficulty having bowel movements." Neal's request notified LCF's health staff that he had developed saddle anesthesia and neurogenic bowel, which are red flag symptoms of myelopathy.

73) By the time of this request, Neal was very weak. Cole noticed that Neal was laying in his bunk all day, missing meals, and could not make it out to the yard.

Cole and another inmate, Brad, were physically assisting Neal to the cafeteria for meals.

74) Bilstein collected and triaged Neal's sixth Sick Call Request on July 2, 2019. Bilstein determined that Neal's sixth request presented only routine clinical concerns, and she scheduled Neal for a nursing encounter in the next Sick Call Clinic.

75) On July 3, 2019, Neal was seen by Mader and R. Powell, RN in the Nurse Sick Call Clinic. Using the protocol form for "Muscle Pain/Sprain," Mader noted Neal's complaints that he "can't control bowel [and] bladder," his "constant pain" in his lower back and abdomen, which Neal rated as 10 on a scale to 10, and his "weakness and numbness in pedal digits."

76) In the July 3 encounter, Mader did finally acknowledge Neal's neurological deficits, but he purposefully minimized the severity of Neal's condition. Contrary to Hooper's findings on June 26, as well as Neal's actual presentation, which had worsened since Hooper's examination, Mader documented that Neal had only slight tenderness, slight limitation of range of motion, and slight limitation with movement. Mader went so far as to record that Neal had "no acute distress."

77) Mader misrepresented the severity of Neal's symptoms, again, to fabricate a medical justification for denying Neal treatment for his obviously dire

medical condition. Mader attributed Neal's complaints and symptoms to "chronic back pain" due to "ineffective medication regiment." Mader provided instructions for Neal to "Lay in (if indicated) for 72 hours." Mader then dismissed Neal back to his dormitory.

78) Mader knew that Neal did not have a muscle pain or sprain. Mader knew that muscle pain and sprains do not cause a person to lose control of his bowel and bladder and other objectively serious symptoms. Mader knew that Neal had not suffered any injuries that would cause muscle pain or sprain. Mader also knew that Neal had submitted six Sick Call Requests with complaints evidencing a neurological disorder. Mader used the "Backache" protocol in his two prior encounters with Neal.

79) Mader used the "Muscle Pain/Sprain" protocol form, or he instructed Powell to follow these protocols, in order to break the chain of "Backache" evaluations in the Sick Call Tracking Log showing all of Neal's requests and each referral step process through completion.

80) In any event, the "Muscle Pain/Sprain" protocol called for Mader to "Refer to Provider" when "any difficulty walking is noted," "if numbness is noted," "presence of severe pain or swelling is apparent," or "inability to bear weight or use the affected body part." Neal had all of these findings on July 3, and Mader noted that Neal was due to be referred to the Medical Provider. Mader did not refer Neal

to the Medical Provider, however. Mader continued to delay, obstruct, and deny Neal medical care for his spinal cord emergency.

81) By July 19, 2019, Neal had gotten so weak and his paralysis had progressed to the point that Cole and Brad were having to carry Neal to the bathroom and sit him on the toilet. Neal would struggle to urinate and defecate, but he could barely produce, if at all. Cole asked a cube officer (a white male with a shaved head who wore sunglasses on the back of his head) if he could bring Neal sack lunches. The officer told Cole not to worry because Neal was a "lost cause."

82) On July 19, Neal was seen by Hooper in the Health Care Unit for his "30-day follow-up." In his notes, Hooper wrote that Neal was complaining of "increased lower extremity weakness." Hooper observed the "muscle waste" in Neal's left lower extremity, which had been obvious to James and Cole for more than a month, and Neal's weakness in his left lower extremity. Leg muscle waste develops over time as a result of severe and progressive neuromotor dysfunction. Without question, leg muscle waste is a red flag of a spinal cord emergency.

83) Hooper signed and dated the radiography report of Neal's cervical x-ray on July 8 and his lumbar x-ray on July 19. Lumbar radiculopathy is caused by injuries or changes to the spine, such as vertebral fractures or dislocations, herniated disks, vertebral misalignment, and degenerative changes, which irritate or compress the nerves exiting the spinal canal. X-ray imaging provides an overall assessment

of the bone anatomy of the spine, including the curvature and alignment of the vertebral column, and medical practitioners use plain x-rays to diagnose and evaluate lumbar radiculopathy.

84) Hooper already knew that Neal's lower extremity paraparesis, which had significantly worsened over nearly two months, leg muscle waste, saddle anesthesia, bowel and bladder dysfunction, abnormal sensations in the legs, lower back and torso, and persistent and severe lower back pain, demonstrated that Neal was suffering from a condition involving his spinal cord, not irritation of the nerve roots exiting the spinal column. By July 19, Hooper knew from reviewing Neal's x-rays that there was no basis to support a diagnosis of lumbar radiculopathy. Nevertheless, Hooper continued to assess Neal's condition as lumbar radiculopathy. Hooper stuck with this unfounded assessment, rather than acknowledge Neal's spinal cord emergency, to provide a false medical justification for denying Neal emergency medical care.

85) In this July 19 encounter, Hooper told Neal that he could see that something was seriously wrong with him, and Hooper stated that he would submit a request for Neal to receive an MRI at an outside facility. Hooper knew that an MRI is necessary to diagnose spinal cord conditions, and he knew that Neal required an emergent MRI and evaluation by a physician. Hooper also knew that Neal faced a

substantial risk of permanent, disabling injury without rapid diagnosis and medical intervention.

86) Hooper did not escalate Neal's care to a physician or request an emergent (or even urgent) MRI of Neal's spinal column. Instead, Hooper told Neal to be patient while Wexford processed the "UM" for his MRI.

87) Neal's lower extremity paralysis, pain, weakness, and other symptoms had progressed to the point that he could not move around on his own power. The prison's health care runner had to carry Neal to the Health Care Unit in a wheelchair. Neal asked Hooper for a profile allowing him to keep a wheelchair when he returned to his dormitory. Hooper told Neal that they did not have an extra wheelchair, but he provided Neal a profile allowing him the use of a cane.

88) On July 19, Hooper signed a Medical Profiles form stating that Neal "may have cane x 1 yr." Hooper knew at this time that Neal had already suffered lasting, if not permanent, injury. Hooper determined that Neal (at 28 years old) would need a cane for the foreseeable future. Hooper then dismissed Neal, and the health care runner carried Neal back to his dormitory in a wheelchair.

89) On July 21, 2019, Neal was sitting in his dormitory during lock-down, and he suddenly lost consciousness, fell over, and slumped to the ground. The incident scared Neal's fellow inmates. Cole and Brad carried Neal to the cube officer

for help. Cole told the cube officer, "Send Neal to the Health Care Unit, and don't send him back!"

90) Neal could not stand on his own. Cole explained to the officer that Neal would fall over, if he let go of him, and Neal could not make it on his own. Even though the inmates were in lock-down, the officer made an exception to the security rules, recognizing Neal's emergency medical needs, and the officer allowed Cole through the gate to carry Neal to the Health Care Unit.

91) Neal was seen by Hooper in the Health Care Unit. Hooper noted that Neal was "unable to urinate and have bowel movement and [illegible]." As a result of Neal's neurogenic bowel, his abdomen was distended, and his bowel sounds were hypoactive. Hooper diagnosed Neal with constipation and urinary retention, as though they were unrelated to his history of neurological deficits and neuromotor dysfunction. He then admitted Neal to the infirmary to receive a Foley catheter to relieve his urinary retention, and he gave Neal an order for Magnesium Citrate for his constipation.

92) Hooper did not take any measures to diagnosis or treat the cause of Neal's neurogenic bowel and bladder, even though his previously healthy 28-year-old patient now required a catheter to relieve urine from his bladder. Hooper simply ignored Neal's disabling neurological deficits. Hooper dismissed Neal from the

Health Care Unit, and the health care runner carried Neal back to his dormitory in a wheelchair.

93) On July 22, 2019, the security officers called for the health care runner to carry Neal to the Health Care Unit for another emergency visit. Neal was seen by Bilstein, and the health staff berated Neal for making another visit.

94) Using the protocol form for "Backache," Bilstein documented Neal's back pain, left leg pain, and numbness "since 5/22/19." She also documented that Neal was "straining to defecate and urinate." Bilstein observed Neal's "limited movement of left leg," his "unsteady gait/use of cane," and his "tenderness to lumbar region." Bilstein also observed that Neal was "unable to bend left leg," and he was "unable to stand without pain." Neal was clearly in severe distress, but Bilstein mischaracterized the level of his alteration in comfort as "moderate distress."

95) Bilstein told Neal that he needed to wait for approval of the UM for him to receive an MRI at an outside facility. Bilstein made no effort to expedite the imaging study needed to diagnose Neal's myelitis. Bilstein advised Neal to "apply cool compresses or moist heat to the affected areas prn," and to "avoid sporting activities until pain has been gone for at least 2 weeks." Bilstein provided Neal with a prescription for milk of magnesia for three days. Bilstein further advised Neal, "Return to sick call if discomfort worsens or persists past 5 days or prevents normal

activities." Bilstein then dismissed Neal from the Health Care Unit, and the health care runner carried him back to his dormitory in a wheelchair.

96) Neal continued to plead with the security officers for help. The dormitory officers told Neal that they had been providing him repeated access to the Health Care Unit, and there was nothing else they could do for him.

97) On July 23, 2019, Neal tried to use the restroom, and he collapsed to the floor when he attempted to move from his wheelchair to the toilet. The cube officers called for the health care runner to carry Neal back to the Health Care Unit. In this third emergency visit in three consecutive days, Neal was evaluated by a licensed practical nurse and Odland. Again, the health staff berated Neal for making another visit.

98) Using the protocol form for "Backache," the LPN documented that Neal's "back hurts so bad [he] can't even pee or poop." She identified the cause of his pain as "unknown," and the duration of his pain as "Since." With respect to whether he had pain on urination, she noted "states unable to push it out." She noted Neal's "left leg dragging," change from sitting to standing, and "tenderness in his lower left back into buttock." In the section for "follow up," she wrote that Neal should "return for worsening symptoms." She also documented on the protocol form, "RN Odland aware." Odland co-signed the protocol form.

99) Odland provided Neal a prescription for ibuprofen, Milk of Magnesia, and a stool softener. Hooper signed a prescription for Neal to receive a single dose of Magnesium Citrate, a mineral supplement used as a laxative. Odland dismissed Neal from the Health Care Unit, and the health care runner carried him back to the dormitory in a wheelchair.

100) The LPN and Odland made Hooper aware of Neal's condition. The LPN noted on the protocol form, "Provider aware." Hooper did not bother to examine Neal, much less take steps to expedite Neal's MRI or provide emergency medical services.

101) After consulting Hooper, Odland added a false entry in the "Refer to Provider" section of the protocol form stating, "Inmate ambulated to weight scale and got up on the scale without assistance." Neal was unable to stand on his own power, much less move around without assistance. Odland made this false entry to fabricate a justification for their complete inaction in the face of Neal's obviously dire condition.

102) Neal was overwhelmed with fear and desperation. It had been 60 days since he told Mader that he was "really worried" that an infection was eating away at his muscles. In this time, he had submitted at least six Sick Call Requests complaining of progressively worsening weakness and loss of use of his left lower extremity, which now involved his right lower extremity, severe pain, altered

sensations, saddle anesthesia, and loss of control of his bowel and bladder. He had been seen in the Health Care Unit for these complaints at least ten times, already, and he was no closer to a diagnosis or treatment. He had not even seen a physician.

103) Fearing for his life, Neal called his sister from the prison phone system to implore her to intervene. Neal told his sister that he was in excruciating pain, he could not feel his legs, and he could not feel when he tried to use the restroom. Neal told his sister that he kept trying to get help from the Health Care Unit, but the medical providers would not do anything to address his complaints. Neal's sister, who holds a Master's in Public Health from the University of Alabama, told Neal that she would call the prison on his behalf.

104) Neal's sister had called the prison previously, but she could never get through to the nurses or get a return call from them. The inmate rules prohibited three-way phone calls, but Neal was afraid that the prison staff would not be honest about the severity of his situation. Neal asked her to make a three-way call to Lieutenant Wallace, and she did.

105) With Neal on the phone, Neal's sister told Lt. Wallace that he was losing feeling in his legs and bowels. Lt. Wallace told Neal's sister that they were aware of Neal's complaints, they were giving him ibuprofen, and everyone up there was in pain. Lt. Wallace told Neal's sister that they were doing everything they could for him. Neal then intervened. He told Lt. Wallace that he kept complaining,

but he was not getting any help. Lt. Wallace responded by telling Neal that he was in "big trouble" for making a three-way call.

106) Lt. Wallace then spoke with Neal about the phone call incident. Neal explained that he was not trying to cause any trouble, but he was desperate for help. Lt. Wallace could see Neal's medical emergency, even if the health staff chose to ignore it, so he sent Neal back to the Health Care Unit to be held overnight and evaluated the next morning.

107) On July 24, Neal saw Hooper in the Health Care Unit. Hooper noted Neal's complaints of "worsening lower extremity weakness, can't have bowel movement or urinate." He noted Neal's firm abdomen, hypoactive bowel sounds, and inability to control both lower extremities. Hooper assessed Neal with "lumbar radiculopathy, constipation, [and] urinary retention," and he referred Neal to be seen by Dr. Gulati five days later. After this encounter, Hooper spoke with Wexford's Regional Medical Director, Dr. Hugh Hood, who ordered Neal's immediate transport to the emergency room.

108) Athens Limestone Emergency Medical Services sent an ambulance to transport Neal to the emergency room. When the ambulance crew arrived, Neal was laying supine in bed, and he was unable to move or feel anything below the hip area. The ambulance crew noted that Neal had started to lose control of bowels and urine, and he demonstrated paralysis from the hips down. The ambulance crew moved

Neal to a stretcher by sheet pull, secured him in a semi-Fowler's position, and transported him to CMC.

109) Neal arrived at CMC without any change in his condition. The ambulance crew removed him from the unit by stretcher, moved him to the hospital bed by sheet pull, reported his condition to the hospital nurse, Pitt, and turned over his care.

110) Upon his admission, Pitt performed a triage assessment, and she noted Neal's complaints of 10 out of 10 pain in his back and buttocks, weakness in right and left legs, numbness in his right and left legs, pain in his back, right leg, left leg, and buttocks, and paralysis weakness in bilateral legs and feet.

111) Neal was placed under the care of Berman, as his primary health care provider, and Dr. Osborn, as his attending physician.

112) Another nurse, Angela Hollingsworth, RN, inserted a Foley catheter to collect a urine sample for urinalysis, since Neal was unable to urinate due to his neurogenic bladder.

113) After speaking with the security officer, Berman and Pitt accused Neal of faking his lower extremity paralysis. In front of Neal, they stated that he was just trying to get out of the prison.

114) In her discharge assessment, Pitt charted "no functional deficits noted." Likewise, Berman charted, "patient can fully bear weight, the patient is able to

ambulate with mild difficulty." According to Berman, "At their worst, [Neal's] symptoms were moderate." Berman claimed that Neal's extremities were "grossly normal" except decreased range of motion in his right and left leg. Their chart entries were patently and demonstrably false.

115) Berman provided a differential diagnosis of "abrasion, arterial insufficiency, arthralgia, bursitis, cardiac disease, closed fracture, contusion, dislocation, DVT, nursemaid's elbow, open fracture, [and] tendonitis." Berman did not even consider the possibility that Neal may not have been faking his bilateral lower extremity paralysis with neurogenic bowel and bladder incontinence. Berman did not even consider whether Neal may have been suffering a spinal cord emergency.

116) Dr. Osborn never physically examined Neal. Dr. Osborn did not evaluate Neal to identify the cause of his historical and clinical signs of spinal cord myelopathy. Dr. Osborn consulted with Berman, and she confirmed his diagnosis of sciatica, unspecified side. Dr. Osborn then discharged Neal back to the prison.

117) It is widely accepted within the medical community that the first and most urgent investigation of a patient with Neal's symptoms of myelopathy is a spinal cord MRI to demonstrate any cord compression. MRI is noninvasive, does not involve radiation, and covers a large area of the spine. Neither Dr. Osborn nor

Berman ordered an MRI of Neal's spine, despite his bilateral lower extremity paralysis, neurogenic bowel and bladder, and saddle anesthesia.

118) CMC and Dr. Osborn provided Neal a pamphlet on sciatica with his discharge papers. It informed Neal, "SEEK MEDICAL CARE IF: You have paint that wakes you up when you are sleeping. Your pain lasts longer than 4 weeks." The pamphlet also informed Neal, "SEEK IMMEDIATE MEDICAL CARE IF: You lose control of your bowel or bladder (incontinence). You have: Weakness in your lower back, pelvis, buttocks, or legs that gets worse."

119) Upon his return to LCF, the health staff kept Neal in the infirmary, and he was given a Foley catheter on Hooper's order. The next day, July 25, Neal's bowel and bladder vacated involuntarily. At this point, Neal's lower extremity reflexes were totally absent, and he had no ability to control his lower extremities, bowel, or bladder. Dr. Gulati and Hooper ordered Neal transported by ambulance back to CMC for an MRI and neurology consultation.

120) Neal was admitted to CMC on July 25 for evaluation and treatment for his bilateral lower extremity paresthesia, absence of reflex and sphincter tone, and incontinent bowel and bladder.

121) Upon his second admission to CMC, Neal finally received an MRI of his spine. The thoracic MR showed an abnormal signal within the mid and distal

thoracic spinal cord with mild expansion of the distal thoracic spinal cord, indicative of demyelinating etiologies and transverse myelitis, among other etiologies.

122) Neal received a consultation from a neurologist, who noted a lesion in the imaging of his thoracic spinal cord and diagnosed Neal with thoracic transverse myelitis. Transverse myelitis causes pain, muscle weakness, paraparesis, sensory problems, and bladder and bowel dysfunction, symptoms Neal had been repeatedly complaining of since May 22, 2019. Transverse myelitis often presents similar to stroke of the spinal cord, as James suspected Neal may have suffered in late May and early June.

123) Transverse myelitis is diagnosed by magnetic resonance studies of the spine, and most patients who receive timely medical intervention, including steroids to reduce the inflammation, usually have at least partial recovery. Earlier intervention increases the patient's opportunity for a full recovery. If untreated, transverse myelitis can cause permanent paralysis and severe functional disability.

124) On July 25, Neal was admitted to CMC's intensive care unit and provided aggressive steroid and antibiotic treatment. Neal's symptoms did not change, and his paralysis did not improve.

125) On August 6, 2019, Neal's physician determined that it was "highly unlikely" that he would ever recover neurologically from his flaccid paralysis, and Neal was discharged from CMC to an in-patient rehabilitation facility for physical

therapy to learn to manage his bowel and bladder issues and transfers from bed to wheelchair.

126) Neal was admitted to Brookwood's in-patient rehabilitation facility where he received physical and occupational therapy. The inflammation of Neal's thoracic spine persisted during his hospitalization, and he was diagnosed with chronic dorsal myelopathy secondary to his transverse myelitis.

127) On August 25, 2019, Neal was discharged back into the custody of ADOC, and he was incarcerated at the Donaldson Correctional Facility. On September 27, 2019, ADOC transferred Neal back to LCF, and he remained in LCF's infirmary until he was released at the end of his sentence on October 30, 2019.

128) Neal left the custody of ADOC permanently paralyzed from the abdomen down, severely disabled, and unable to attend to the activities of daily living for the remainder of his life.

129) Since his release, Neal's transverse myelitis has recurred on multiple occasions. He has suffered life threatening complications, including cardiac and respiratory failure, and he has lost function in his upper body. His entire body is limp and covered in pressure sores. He has required regular emergency visits to the hospital and several prolonged hospitalizations. Presently, Neal is hospitalized at UAB Hospital – Highlands.

COUNT I

Ivan Mader, RN, Melody Bilstein, RN, and Laurie Odland, RN
Deliberate Indifference to Neal's Serious Medical Needs

130) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

131) Mader, Bilstein, and Odland served as Neal's gatekeepers to the prison's healthcare system. Neal depended on Mader, Bilstein, and Odland to arrange, provide, and manage the appropriate healthcare services based on the seriousness and priority of his medical needs, as they were required to do under Wexford's Healthcare Services Agreement and the nursing protocols.

132) Mader, Bilstein, and Odland provided health care to Neal while clothed with the authority of the State and in fulfillment of a function that is traditionally the exclusive prerogative of the State. Mader, Bilstein, and Odland provided health care to Neal under the color of law.

133) Mader, Bilstein, and Odland had to provide good faith, honest, and reasonably competent nursing evaluations of Neal's complaints and symptoms, establish a reasonable plan of care based on Neal's health record, his subjective complaints, their focused physical assessment, the possible diagnoses, and the effectiveness of any interventions, follow through on a reasonable plan of care, including any referrals to higher-level practitioners and diagnostic modalities, and manage Neal's medical needs through resolution.

134) Mader, Bilstein, and Odland had to provide nursing care for Neal's medical needs based on legitimate medical factors, not on non-medical considerations such as cost and convenience

135) Mader, Bilstein, and Odland were required to assess Neal's complaints and symptoms for emergencies, at all times. Mader, Bilstein, and Odland had to ensure that Neal received emergency care through the on-call emergency physician or off-site emergency department when he presented complaints or symptoms that potentially threatened his life or limb.

136) Mader, Bilstein, and Odland had to ensure that Neal received urgent care, including a same-day referral to a higher-level practitioner and the appropriate diagnostic modalities, when Neal presented complaints or symptoms that did not potentially threaten his life or limbs but had the potential to present such a threat if treatment is delayed longer than 24 hours.

137) Mader, Bilstein, and Odland had to refer Neal to a higher-level practitioner when the nursing protocols called for a referral, when the evaluation required diagnostics that exceeded the limits of the nursing protocols, when they were unable to come to a diagnostic conclusion, when Neal's needs exceeded the scope of the practice of nursing, and when Neal's complaints had not resolved after a prior nursing encounter.

138) Neal submitted six separate Sick Call Requests between May 22 and July 1 wherein he complained of symptoms evidencing an objectively serious medical need involving his spinal cord and neurological function. During this time, Neal was suffering from subacute thoracic transverse myelitis, which posed a serious risk of permanent harm.

139) Each of Neal's Sick Call Requests were made a part of his health record. The Sick Call nurses, including Mader and Bilstein, entered Neal's requests in the Sick Call Tracking Log to inform the prison's nurses, nurse practitioner, and physician of his requests for care and any referral steps through resolution of his complaints.

140) Mader and Bilstein were required to date, time, and initial Neal's Sick Call Requests at the time that they collected and triaged his requests. Mader and Bilstein were required to triage each of Neal's Sick Call Requests within 24 hours of its submission. At a bare minimum, Mader and Bilstein had to provide Neal a face-to-face nursing evaluation within 48 hours of his submission of a request with clinical complaints or symptoms.

141) Mader collected and triaged the Sick Call Requests that Neal submitted on May 22, May 23, May 23, June 11, and June 18. Bilstein collected and triaged the Sick Call Requests Neal submitted on May 23 and July 1.

142) In each instance, Mader and Bilstein triaged Neal's Sick Call Requests as presenting routine clinical needs, even though they knew from their education, training, and experience as registered nurses that his requests presented an objectively serious medical condition involving Neal's spinal cord. Mader and Bilstein knew that a previously healthy young man with an acute onset of unexplained weakness in his legs has serious medical condition that requires immediate attention to determine the cause, including an MRI to demonstrate his spinal cord.

143) Mader and Bilstein also knew that Neal faced a substantial risk of severe and permanent harm if his condition was left untreated. Mader and Bilstein triaged Neal's complaints as routine clinical needs for the purpose of delaying, obstructing, and denying Neal access to higher-level practitioners, diagnostic measures, treatments, specialty care, and off-site medical care.

144) Mader backdated one of the Sick Call Requests Neal submitted on May 23 to misrepresent that he collected and reviewed Neal's request the day before it was submitted. Mader backdated this request so that Neal would not receive a second nursing encounter for his objectively serious medical complaints.

145) Mader and Bilstein collected Neal's second Sick Call Request on May 23, but withheld it until May 27. Mader and Bilstein misrepresented that they collected and triaged this second request on May 27 so that Neal would not receive

a second nursing encounter, which would have required a referral to a higher-level practitioner.

146) Neal submitted these requests on May 23 because Mader had already denied him access to the health care he required. Mader and Bilstein backdated and withheld Neal's requests, contrary to the nursing protocols, because they had already decided to deny Neal medical care for his objectively serious medical condition.

147) Mader had already encountered Neal on May 23 in the Sick Call Clinic. At the time, Neal was suffering significant weakness in his left leg, an unexplained limp, loss of balance and coordination, numbness in his lower back and hip area, muscle spasms in his leg, tenderness and altered sensations in his right leg, sickness, and pain. Neal's lower extremity paraparesis was obvious to James, even without medical training. James encouraged Neal to seek medical care because Neal looked like he had suffered a stroke. Neal notified Mader and Bilstein, "I really am worried," and he feared that he had "an infection eating away at [his] muscles." Neal also explained, "I just need test run," and he wanted "to see what's going on ASAP."

148) Mader deliberately disregarded Neal's complaints and concerns in his May 23 nursing encounter in the Sick Call Clinic. Mader was willfully blind to Neal's objectively serious medical needs. Mader knew from his education, training, and experience as a registered nurse that Neal's complaints presented red flags of a potentially serious condition involving Neal's spinal cord. Mader knew that Neal's

complaints, if acknowledged, would require a referral to a higher-level practitioner and diagnostic measures and conclusions that exceeded the limits of the Sick Call Clinic and the practice of nursing. Mader knew that Neal faced a substantial risk of severe and permanent harm if his condition was left untreated.

149) Mader did not physically examine Neal, and Mader misrepresented Neal's condition in his health record to fabricate a medical justification for his denial of Neal's serious medical needs. Mader also misrepresented that Neal "became irate and left HCU prior to full assessment being performed" in order to create a false justification for his refusal to perform a physical assessment.

150) As a result of Mader's refusal to evaluate Neal during his May 23 nursing encounter and Mader's and Bilstein's decision to deviate from the Sick Call Request protocols, Neal was forced to wait 21 days before he was provided a second nursing encounter (only to see Mader, again), and Neal was forced to wait 34 days before he was seen by the nurse practitioner. During this time, Neal suffered unnecessarily and wantonly inflicted pain and neurological damage from his undiagnosed and untreated thoracic transverse myelitis.

151) Mader collected and triaged Neal's fourth Sick Call Request, which Neal submitted on June 11, and Mader saw Neal in the June 13 Sick Call Clinic. Mader knew at this time that Neal had already sought care for his complaints through three prior Sick Call Requests and a Sick Call Clinic nursing encounter. Neal

informed Mader that he was struggling to walk, he was suffering constant pain, and he had a shock sensation shooting down his right leg.

152) Mader deliberately disregarded Neal's complaints and concerns in his June 13 nursing encounter in the Sick Call Clinic. Mader was willfully blind to Neal's objectively serious medical needs.

153) Mader did not physically examine Neal during his June 13 encounter, and Mader misrepresented Neal's condition in his health record to fabricate a medical justification for his denial of Neal's serious medical needs. By this time, Neal's lower extremity paraparesis had worsened to the point that he needed physical assistance from other inmates to get around the prison. James could already observe and feel muscle waste in Neal's left leg. Mader falsely documented in the Backache protocol form that Neal had no visible limitation with movement, gait disturbance, or change from sitting to standing, and Neal did not have any distress or pain with movement, impaired range of motion, or tenderness to touch.

154) Mader knew from his education, training, and experience as a registered nurse that Neal's persistent complaints and worsening symptoms presented red flags of a serious condition involving Neal's spinal cord. Mader knew that Neal required a referral to a higher-level practitioner and diagnostic measures and conclusions that exceeded the limits of the Sick Call Clinic and the practice of nursing. Mader knew that Neal faced a substantial risk of severe and permanent harm if his condition was

left untreated. Mader did not perform a physical assessment, and he falsified Neal's objective medical condition on June 13, to fabricate a medical justification for delaying and denying Neal access to higher-level practitioners, diagnostic measures, treatments, specialty care, and off-site medical care.

155) Mader collected and triaged Neal's fifth Sick Call Request, which Neal submitted on June 18, and Mader saw Neal in the June 20 Sick Call Clinic. Mader knew at this time that Neal had already sought care for his objectively serious medical condition through four prior Sick Call Requests and two Sick Call Clinic nursing encounters. Mader knew that Neal's condition was unresolved and "was getting a lot worse." Mader knew that Neal was suffering constant pain in his back and legs that was waking him up at night.

156) Mader knew from his education, training, and experience as a registered nurse that Neal's persistent complaints and worsening symptoms over nearly a month presented red flags of a serious condition involving Neal's spinal cord. Mader knew that Neal required a referral to a higher-level practitioner and diagnostic measures and conclusions that exceeded the limits of the Sick Call Clinic. Mader knew that Neal faced a substantial risk of severe and permanent harm if his condition was left untreated. Mader knew that Neal had urgent, if not emergent, medical needs.

157) Mader did not physically examine Neal during his June 20 encounter, and Mader misrepresented Neal's condition in his health record to fabricate a medical justification for his continued denial of Neal's serious medical needs. Mader falsely documented in the Backache protocol form that Neal had no visible limitation with movement, gait disturbance, or change from sitting to standing, and Neal did not have any distress or pain with movement, impaired range of motion, or tenderness to touch. Mader did not perform a physical assessment and falsified Neal's objective medical condition on June 13 to fabricate a medical justification for delaying and denying Neal access to higher-level practitioners, diagnostic measures, treatments, specialty care, and off-site medical care.

158) Mader saw Neal in the July 3 Sick Call Clinic. Mader knew at this time that Neal had already sought care for his objectively serious medical condition over a period of 47 days through five prior Sick Call Requests, three Sick Call Clinic nursing encounters, and one scheduled appointment with Hooper. Mader knew that Neal was suffering constant, 10 out of 10 pain in his lower back and abdomen. Mader knew that Neal had developed saddle anesthesia as well as bowel and bladder incontinence. Mader knew that Hooper had examined Neal on June 26 and found left lower extremity weakness and a positive straight leg test at only 10 degrees. Mader knew that Neal's x-rays on June 27 showed no abnormalities and ruled out lumbar radiculopathy as a cause of Neal's neurological deficits.

159) Mader knew from his education, training, and experience as a registered nurse that Neal's bowel and bladder incontinence and saddle anesthesia presented additional red flags that he was suffering a serious neurological disorder. Mader knew that Neal's development of these symptoms, after 41 days of severe and unrelenting lower back pain and progressive lower extremity neurological deficits, required rapid evaluation by MRI, immediate intervention, and vigilant monitoring. Mader knew that Neal would suffer severe and permanent harm if his condition was left untreated. Mader knew that Neal had a medical emergency.

160) Mader minimized Neal's condition in his health record to fabricate a medical justification for his continued denial of Neal's serious medical needs. Mader assessed Neal's condition using the Muscle Pain/Sprain protocol when he knew that Neal's condition was related to his history of lower back and lower extremity complaints. Mader falsely documented in the Muscle Pain/Sprain protocol form that Neal had only slight tenderness, slightly limited range of motion, and slight limitation of his left leg with movement. Mader falsely documented that Neal was in no acute distress. Mader falsified Neal's objective medical condition on July 3 to fabricate a medical justification for delaying and denying Neal access to higher-level practitioners, diagnostic measures, treatments, specialty care, and off-site medical care.

161) On July 22, Bilstein saw Neal in an emergency visit to the Health Care Unit. Bilstein knew at this time that Neal had already sought care for his objectively serious medical condition over a period of two months through six Sick Call Requests, four Sick Call Clinic encounters, two scheduled appointments with Hooper, and an emergency visit the day before.

162) Bilstein knew that Neal had been suffering constant and severe pain in his lower back and abdomen. Bilstein knew that Neal's x-rays on June 27 showed no abnormalities and ruled out lumbar radiculopathy as a cause of Neal's neurological deficits. Bilstein knew that Hooper had previously determined that Neal needed an MRI of his spine to diagnose his spinal cord disorder.

163) Bilstein knew that Neal's lower extremity neurological deficits had worsened to the point that he required wheelchair transport to and from the Health Care Unit. Bilstein documented in the Backache protocol form that Neal was unable to bend his left leg, he had limited movement of his left leg, and he was unable to stand without pain.

164) Despite Neal's obviously dire condition, Bilstein minimized Neal's condition by recording that he was suffering only moderate distress to fabricate a medical justification for denying Neal's emergency medical needs.

165) Bilstein knew that Neal had been suffering from bowel and bladder incontinence and saddle anesthesia for three weeks. Bilstein knew that Neal had received a Foley catheter the day before to relieve his urinary retention.

166) Bilstein knew from her education, training, and experience as a registered nurse that Neal's bowel and bladder incontinence, saddle anesthesia, pronounced and progressive lower extremity neurological deficits, and severe and unrelenting lower back pain presented red flags that he was suffering a serious neurological disorder. Bilstein knew that Neal required rapid evaluation by MRI, immediate intervention, and vigilant monitoring. Bilstein knew that Neal would suffer severe and permanent harm if his condition was left untreated. Bilstein knew that Neal had a medical emergency.

167) On July 23, Odland saw Neal in an emergency visit to the Health Care Unit. Odland knew at this time that Neal had already sought care for his objectively serious medical condition over a period of two months through six Sick Call Requests, four Sick Call Clinic encounters, two scheduled appointments with Hooper, and two emergency visits in the previous two days.

168) Odland knew that Neal had been suffering constant and severe pain in his lower back and abdomen. Odland knew that Neal's x-rays on June 27 showed no abnormalities and ruled out lumbar radiculopathy as a cause of Neal's

neurological deficits. Odland knew that Hooper had previously determined that Neal needed an MRI of his spine to diagnose his spinal cord disorder.

169) Odland knew that Neal's lower extremity neurological deficits had worsened to the point that he required wheelchair transport to and from the Health Care Unit. Odland knew that Bilstein documented the day before that Neal was unable to bend his left leg, he had limited movement of his left leg, and he was unable to stand without pain. The LPN noted in the Backache protocol form that Neal's left leg was dragging. Odland then falsely documented that Neal ambulated to the weight scale and got up on the scale without assistance. Odland made this false chart entry to fabricate a medical justification for denying Neal's emergency medical needs.

170) Odland knew that Neal had been suffering from bowel and bladder incontinence and saddle anesthesia for more than three weeks. Odland knew that Neal had received a Foley catheter two days before to relieve his urinary retention.

171) Odland knew from her education, training and experience as a registered nurse that Neal's bowel and bladder incontinence, saddle anesthesia, pronounced and progressive lower extremity neurological deficits, and severe and unrelenting lower back pain presented red flags that he was suffering a serious neurological disorder. Odland knew that Neal required rapid evaluation by MRI, immediate intervention, and vigilant monitoring. Odland knew that Neal would

suffer severe and permanent harm if his condition was left untreated. Odland knew that Neal had a medical emergency.

172) In Neal's May 23, June 13, June 20, July 3, July 22, and July 23 nursing encounters, Mader, Bilstein, and Odland denied Neal access to medical care needed to diagnose and treat his thoracic transverse myelitis, including higher-level practitioners, diagnostic modalities, specialty care, and off-site medical care.

173) Mader, Bilstein, and Odland delayed and denied Neal the care he required, without medical justification, when it was apparent that the denial would detrimentally exacerbate the spinal cord condition and cause permanent impairment of his neurological and neuromotor function.

174) Neal's condition was so obviously dire that Mader, Bilstein, and Odland must have known and appreciated Neal's serious medical needs. Mader, Bilstein, and Odland did not take any steps to provide Neal medical attention, despite his blatantly apparent need for immediate treatment.

175) Mader, Bilstein, and Odland knew that Neal's medical needs exceeded the capabilities of the on-site health care system. Mader, Bilstein, and Odland knew that Neal required transport, evaluation, and treatment at an off-site facility, and they knew that their employer, Wexford, was required to arrange, provide, and pay for any off-site medical care provided to Neal. Mader, Bilstein, and Odland denied Neal

necessary medical care to advance Wexford's financial interests, as well as their own through ongoing and favorable employment with Wexford.

176) Mader, Bilstein, and Odland provided medical care to Neal that was so cursory it amounted to no treatment at all.

177) Mader, Bilstein, and Odland provided medical care to Neal that was so grossly incompetent and inadequate that it shocks the conscience and is intolerable to fundamental fairness.

178) Mader, Bilstein, and Odland unnecessarily and wantonly inflicted pain and suffering on Neal by denying him necessary medical care for his obviously dire medical needs.

179) Mader, Bilstein, and Odland denied Neal medical care for his serious medical needs with malice and reckless disregard for his constitutional rights and his life, health, and safety.

180) As a direct and proximate result of the deliberate indifference of Mader, Bilstein, and Odland to Neal's serious medical needs, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life

care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Ivan Mader, RN, Melody Bilstein, RN, and Laurie Odland, RN, (b) award him compensatory damages from these defendants in an amount determined by the jury, (c) award him punitive damages from these defendants in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from these defendants, (e) award him costs and interest from these defendants, and (f) award him such further relief from these defendants that the Court deems to be just in this case.

COUNT II

Charles Hooper, CRNP
Deliberate Indifference to Neal's Serious Medical Needs

181) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

182) As LCF's Medical Provider, Hooper was charged with providing Neal primary, continuing and comprehensive medical care, including the diagnosis and

treatment of acute and chronic illnesses, disease prevention, coordination of complex and specialist care, health maintenance and health promotion.

183) Hooper served as Neal's gatekeeper to physician's care, diagnostic modalities, off-site facilities and providers, hospital care, and emergency care. Neal depended on Hooper to arrange, provide, and manage the appropriate healthcare services based on the seriousness and priority of his medical needs, as he was required to do under Wexford's Healthcare Services Agreement and the primary care protocols.

184) Hooper provided health care to Neal while clothed with the authority of the State and in fulfillment of a function that is traditionally the exclusive prerogative of the State. Hooper provided health care to Neal under the color of law.

185) Hooper first saw Neal as LCF's Medical Provider and his primary care provider on June 26, 2019. At the time, Hooper knew from Neal's health record and the Sick Call Tracking Log that Neal had already submitted five Sick Call Requests over more than a month with complaints of progressive weakness in his left leg, an unexplained limp, difficulty walking, loss of balance and coordination, numbness in his lower back and hip area, muscle spasms in his leg, tenderness and altered sensations in his right leg, pain, and sickness. Hooper knew that condition was unresolved and "was getting a lot worse." Hooper knew that Neal was suffering constant pain in his back and legs, which was waking him up at night, and he was

struggling to walk. Hooper also knew that Neal was "really worried," and Neal expressed that his symptoms needed to be addressed "ASAP."

186) Hooper examined Neal during his June 26 appointment to address his complaints of lower back pain, associated leg weakness, and cervical neck pain. Neal's lower extremity neurological deficits were already obvious to James and Cole, even without medical training, and James believed that Neal may have suffered a stroke. James could already observe and feel muscle waste in Neal's left leg. Cole could see that Neal was losing muscle in his left leg. It was obvious to James and Cole that Neal needed immediate medical treatment for his unexplained and progressively worsening left-side disability. Hooper noted Neal's tenderness to touch, left lower extremity weakness, and positive straight leg raise test at only 10 degrees.

187) Hooper knew from his education, training, and experience as an advanced practice nurse that a patient with Neal's complaints and symptoms, which have persisted and worsened over more than a month, is likely suffering from a condition affecting his spinal cord and interrupting the transmission of nerve signals from his spinal cord to his lower extremities. Hooper knew that leg muscle waste results from neuromotor deficits caused by a severe and lasting neurological disorder. Hooper knew that a patient who complains of symptoms at 10 degrees in a straight leg test is likely suffering from compression of his spinal cord.

188) Hooper knew that Neal required immediate attention to diagnose and treat the cause of his neurological deficits and neuromotor dysfunction, including an evaluation by a physician, off-site specialty care, off-site diagnostic imaging, and medical transport to off-site facilities capable of meeting Neal's medical needs.

189) Hooper noted the duration of Neal's complaints as only two weeks, and Hooper diagnosed Neal's condition as "likely lumbar radiculopathy," a non-emergent condition, when he knew that Neal's condition was likely myelopathy, a condition that poses a substantial threat of severe and permanent harm, to provide a false medical justification for delaying and denying Neal the medical care he required.

190) Hooper ordered that Neal receive x-rays of his lumbar and cervical spine on June 27 to determine whether Neal's complaints and symptoms may be caused by radiculopathy rather than myelopathy. Hooper waited until July 19, however, to review the x-rays of Neal's lumbar spine, even though he knew that Neal's condition was likely caused by myelopathy and required prompt medical attention. Upon reviewing the radiology reports of Neal's x-rays, Hooper learned that Neal had no structural or boney abnormalities in his lumbar or cervical spine, of any kind, much less an abnormality that could produce Neal's severe lower extremity neurological deficits and neuromotor dysfunction.

191) Hooper saw Neal on July 19, 2019 for his 30-day follow-up on Neal's complaints of increased lower extremity weakness. By this appointment, Neal's condition had grown so obviously dire that Cole and other inmates had to carry Neal from his bunk to the toilet, where Neal would struggle unsuccessfully to produce (urine retention, on its own, is an extremely painful condition). At least one cube officer had already concluded, and expressed to Cole, that Neal was a "lost cause." Hooper knew that the healthcare runner had to retrieve Neal from his dormitory and transport him to the appointment in a wheelchair.

192) At the time of his July 19 appointment, Hooper knew from Neal's health record that he had been suffering from neurogenic bowel and bladder dysfunction and saddle anesthesia for at least 18 days, and Hooper knew that he had been suffering from progressively worsening lower extremity neurological deficits, severe pain in his lower back and extremities, and abnormal sensations in his lower extremities for nearly two months. Upon examination, Hooper confirmed Neal's left lower extremity weakness and muscle waste. Hooper told Neal that he could see that something was "seriously wrong" with him.

193) On July 19, Hooper appreciated that Neal had already suffered significant and lasting injury and disability. Hooper knew that a healthy 28-year-old man does not require use of a wheelchair or a cane. Hooper knew that the protocols and security rules prevented an inmate from having ambulatory equipment unless

Hooper confirmed and documented that the inmate had a disability that necessitated an accommodation to assist with the inmate's activities of daily living, and unless Hooper ordered a Medical Profile (Policy G-9) for the inmate's disability. Hooper determined that Neal had a developed a lower extremity disability that warranted an accommodation, which was likely to persist for the foreseeable future, and he ordered a Medical Profile allowing Neal use of a cane for one year. Neal had less than four months remaining on his sentence. Hooper told Neal that he could not provide a Medical Profile for a wheelchair because the prison did not have one available.

194) Hooper also appreciated that Neal required an MRI of his spine, and he submitted a UM for Neal to receive an MRI at an off-site facility, once approved by Wexford in the regular course, if at all. Hooper did not take reasonable steps to obtain an emergent MRI of Neal's spine, despite Neal's obviously dire condition and emergency medical needs.

195) Hooper knew from his education, training, and experience that Neal's progressive and disabling lower extremity neurological deficits, neurogenic bowel and bladder, and saddle anesthesia, together with leg muscle waste, all presented red flags of a severe neurological disorder that required rapid evaluation by MRI, immediate intervention, and vigilant monitoring. Hooper knew that Neal had a medical emergency. Hooper knew that denying Neal access to emergency medical

care, which was beyond the capabilities of the on-site health care system, would cause Neal to suffer severe and permanent harm. Hooper did not take any steps to provide Neal the emergency medical care he required.

196) Hooper knew that Neal's complaints and symptoms were far too severe, and Neal's progression was far too pronounced, to be related to lumbar radiculopathy. Hooper knew that Neal's x-rays had ruled out lumbar radiculopathy as a possible diagnosis. Hooper continued to assess Neal's condition as lumbar radiculopathy, nevertheless, to provide a false medical justification for denying Neal the emergency medical care that he required.

197) Hooper saw Neal in an emergency visit to the Health Care Unit on July 21. The cube officers allowed Neal to make the visit after he collapsed in the dormitory. The cube officers could plainly see that Neal needed immediate medical attention. The cube officers could also see that Neal was physically unable to make it to the Health Care Unit on his own, and they made an exception to the security protocols to allow Cole to leave the dormitory during lockdown to help Neal to the Health Care Unit.

198) Hooper evaluated Neal on July 21 for his inability to urinate and have a bowel movement. Hooper observed Neal's distended abdomen and hypoactive bowel sounds, which further evidenced Neal's neurogenic bowel and bladder. Hooper appreciated that Neal was losing control of his bowel and bladder. Hooper

admitted Neal to the infirmary to receive a Foley catheter to relieve his urinary retention. Hooper ordered magnesium citrate to treat Neal's bowel incontinence.

199) Hooper knew from his education, training, and experience that Neal's distended abdomen, hypoactive bowel sounds, inability to urinate, and inability to have a bowel movement were related to Neal's neurogenic bowel and bladder. Hooper knew that Neal required a catheter and laxatives because he was suffering from a severe, disabling neurological disorder that was preventing the transmission of nerve signals to Neal's bowel and bladder, as well as his lower extremities. Hooper knew that Neal was suffering from a spinal cord emergency. Hooper had already documented that Neal required an MRI of his spine.

200) Hooper did not take any steps to provide Neal the emergency medical care he required, including an emergent MRI, neurology consult, and transport to a hospital's emergency department. Hooper continued to assess Neal's condition as lumbar radiculopathy, despite clear and convincing proof otherwise, to provide a false medical justification for denying Neal the emergency medical care that he required.

201) On July 23, Odland and an LPN notified Hooper that Neal was back in the Health Care Unit for his third consecutive emergency visit to receive care for his spinal cord emergency. Hooper wrote Neal an order for one dose of magnesium citrate as an intervention for Neal's neurogenic bowel. Hooper knew at this time

that Neal's condition was grave. Hooper knew that the cube officers had called for Neal to be transported to the Health Care Unit in a wheelchair. Hooper knew that Neal was suffering severe neurological deficits in both lower extremities and excruciating pain. Hooper did not take any steps to provide Neal medical care for his spinal cord emergency, including an emergent MRI, neurology consult, and hospital transport.

202) At Hooper's direction, Odland made a false entry in the Backache protocol stating that Neal ambulated to the weight scale and got up on the scale without assistance. Hooper directed Odland to make this entry to provide a false medical justification for denying Neal the emergency medical care that he required.

203) Lt. Wallace spoke with Neal's sister on July 23, after Neal returned from the Health Care Unit. Lt. Wallace could plainly see that Neal was in a desperate condition. Lt. Wallace knew that the health staff had repeatedly dismissed Neal back to the dormitory despite his repeated efforts to obtain emergency health care, which the security officials under his supervision had authorized for three consecutive days. Lt. Wallace still sent Neal back to be kept in the Health Care Unit overnight. Lt. Wallace could plainly see that Neal's condition was dire and required emergency medical treatment.

204) Hooper examined Neal the morning of July 24. Hooper confirmed Neal's loss of use and control over both his legs. Hooper also found Neal's abdomen

firm and his bowel sounds hypoactive. Still, again, Hooper assessed Neal's condition as lumbar radiculopathy, constipation, and urinary retention. Hooper referred Neal to see Dr. Gulati five days later.

205) Hooper maintained his unfounded diagnoses of lumbar radiculopathy until the bitter end. Hooper never once acknowledged what he had to know was true—Neal was suffering from myelopathy resulting in severe, progressive, and disabling lower extremity neurological deficits, saddle anesthesia, bowel and bladder incontinence, and excruciating pain.

206) In each of his encounters with Neal, beginning on June 26, Hooper knew that Neal's medical needs exceeded the capabilities of the on-site health care system. Hooper knew that Neal required transport, evaluation, and treatment at an off-site facility. Hooper knew that his employer, Wexford, was required to arrange, provide, and pay for any off-site medical care provided to Neal. Hooper also knew that Neal was approaching the end of his sentence, and Wexford would not be responsible for the costs of Neal's care after his release.

207) Hooper delayed and denied Neal access to medical care, without medical justification, when it was apparent that the denial would detrimentally exacerbate his spinal cord condition and cause permanent impairment of his neurological and neuromotor function.

208) Hooper repeatedly and systematically denied Neal necessary medical care, directly and through at least five nurses working under his direction and supervision, to advance Wexford's financial interests, as well as his own through ongoing and favorable employment with Wexford. Hooper sought to delay Neal's medical treatment until after he was released from ADOC's custody.

209) In each of his encounters with Neal, beginning on June 26, Hooper provided medical care to Neal that was so cursory it amounted to no treatment at all. Hooper provided medical care to Neal, directly and through at least five nurses working under his direction and supervision, that was so grossly incompetent and inadequate that it shocks the conscience and is intolerable to fundamental fairness.

210) Hooper unnecessarily and wantonly inflicted pain and suffering on Neal by denying him necessary medical care for his obviously dire medical needs.

211) Hooper denied Neal medical care for his serious medical needs with malice and reckless disregard for his constitutional rights and his life, health, and safety.

212) As a direct and proximate result of Hooper's deliberate indifference to Neal's serious medical needs, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive

medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Charles Hooper, CRNP, (b) award him compensatory damages from this defendant in an amount determined by the jury, (c) award him punitive damages from this defendant in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from this defendant, (e) award him costs and interest from this defendant, and (f) award him such further relief from this defendant that the Court deems to be just in this case.

COUNT III

Prem Kumar Gulati, MD
Deliberate Indifference to Neal's Serious Medical Needs

213) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

214) At the times pertinent to Neal's complaint, Wexford employed Dr. Gulati as LCF's Medical Director, as LCF's on-site physician, and as LCF's emergency on-call physician.

215) Dr. Gulati provided health care to Neal, and he supervised the health care provided by Hooper and LCF's nursing staff, while clothed with the authority of the State and in fulfillment of a function that is traditionally the exclusive prerogative of the State. Dr. Gulati provided health care to Neal under the color of law.

216) As LCF's Medical Director and on-site physician, Dr. Gulati was required to actively participate in the case management of Neal's on-site and off-site medical needs. Dr. Gulati was required to develop and implement a plan of treatment for Neal with directions for the health staff regarding their roles in the care and supervision of Neal's medical needs. Dr. Gulati was required to develop special medical programs for Neal's medical needs and provide Neal close medical supervision. Dr. Gulati was required to order any off-site medical services and specify the timeframe for the provision of those services. Dr. Gulati was required to review Neal's x-ray reports within a reasonable time, and he was required to initial and date the reports when reviewed by him.

217) As LCF's on-site physician and Hooper's collaborative physician, Dr. Gulati was required to provide professional medical supervision, oversight and

direction through concurrent and on-going collaboration with Hooper and LCF's nursing staff, including direct consultation and patient care, discussion of disease processes and medical care, review of patient records, protocols and outcome indicators, and other activities to promote positive patient outcome. Dr. Gulati was required to be readily available to Hooper and LCF's nursing staff for consultation, referral, or direct medical intervention. Dr. Gulati was required to provide direct medical intervention for health services beyond Hooper's and LCF's nursing staff's standard protocols, education, and competency. Dr. Gulati was required to define the protocols for Hooper's and LCF's nursing staff's referral process to himself and other physicians, provide direction for patient admissions, and establish an emergency plan with criteria and procedures for obtaining emergency medical care.

218) On June 26 or 27, following Neal's first appointment with Hooper, Dr. Gulati reviewed or was made aware of Neal's health record, including the Sick Call Tracking Log documenting Neal's Sick Call Requests and the referral steps provided to resolve his medical needs.

219) Dr. Gulati knew, at the time, that Neal had already submitted five Sick Call Requests over more than a month with complaints of progressive weakness in his left leg, an unexplained limp, difficulty walking, loss of balance and coordination, numbness in his lower back and hip area, muscle spasms in his leg, tenderness and altered sensations in his right leg, pain, and sickness. Dr. Gulati knew

that Neal's condition was unresolved and "was getting a lot worse." Dr. Gulati knew that Neal was suffering constant pain in his back and legs, which was waking him up at night, and he was struggling to walk. Dr. Gulati also knew that Neal was "really worried," and Neal expressed that his symptoms needed to be addressed "ASAP."

220) Dr. Gulati knew that Hooper examined Neal during his June 26 appointment to address his complaints of lower back pain, associated leg weakness, and cervical neck pain. Dr. Gulati knew that Hooper's assessment confirmed Neal's tenderness to touch, left lower extremity weakness, and positive straight leg raise test at only 10 degrees.

221) Dr. Gulati knew from his education, training, and experience as a medical doctor that a patient with Neal's complaints and symptoms, which have persisted and worsened for more than a month, is likely suffering from a condition affecting his spinal cord and interrupting the transmission of nerve signals from his spinal cord to his lower extremities.

222) Dr. Gulati knew that a previously healthy young man with an acute onset of unexplained weakness in his legs has serious medical condition that requires immediate attention to determine the cause, including a referral to the on-site physician for a competent and qualified diagnosis and an MRI to demonstrate his spinal cord.

223) Dr. Gulati knew that the diagnosis of Neal's musculoskeletal and neurological complaints and symptoms exceeded Hooper's education, training, and competency, as well as Hooper's protocols under their collaborative practice. Dr. Gulati knew that Hooper was not an authorized to perform specialty protocols in critical care or orthopaedic specialties. Dr. Gulati knew that Hooper lacked specific knowledge and experience to diagnose and treat musculoskeletal and neurological health needs.

224) Dr. Gulati authorized an x-ray of Neal's lumbar spine, which Neal received on June 27.

225) Dr. Gulati did not review the x-ray report of Neal's lumbar spine. Dr. Gulati did not take any steps to provide Neal a qualified and competent examination and diagnosis of his persistent and progressive lower extremity weakness. Dr. Gulati did not schedule Neal for an appointment during the on-site physician's clinic, examine Neal, or order a referral to an outside facility or specialty care provider.

226) Dr. Gulati allowed Hooper to diagnose Neal with lumbar radiculopathy, even though Neal's x-rays ruled out this diagnosis, and he allowed Hooper to treat Neal's objectively serious medical condition as a routine clinical need, to provide a false medical justification for denying Neal the medical care he required.

227) On or about July 19, Dr. Gulati was informed of Hooper's findings in his 30-day follow-up appointment with Neal. Dr. Gulati knew, at the time, that Neal

had been suffering from neurogenic bowel and bladder dysfunction and saddle anesthesia for at least 18 days, and he knew that Neal had been suffering from progressively worsening lower extremity neurological deficits, severe pain in his lower back and extremities, and abnormal sensations in his lower extremities for nearly two months. Dr. Gulati knew that Hooper confirmed Neal's lower extremity weakness and leg muscle waste. Dr. Gulati knew that Hooper had found Neal to be disabled in his lower extremity and ordered a Medical Profile providing Neal a cane for one year.

228) Dr. Gulati knew from his education, training, and experience as a medical doctor that Neal's progressive and disabling lower extremity neurological deficits, neurogenic bowel and bladder, and saddle anesthesia, together with leg muscle waste, all presented red flags of a severe neurological disorder that required rapid evaluation by MRI, immediate intervention, and vigilant monitoring. Dr. Gulati knew that Neal had a medical emergency. Dr. Gulati knew that denying Neal access to emergency medical care, which was beyond the capabilities of the on-site health care system, would cause Neal to suffer severe and permanent harm. Dr. Gulati did not take any steps to provide Neal the emergency medical care he required.

229) Dr. Gulati knew that Neal's complaints and symptoms were far too severe, and Neal's progression was far too pronounced, to be related to lumbar

radiculopathy. Dr. Gulati knew that Neal's x-rays had ruled out lumbar radiculopathy as a possible diagnosis. Dr. Gulati instructed or allowed Hooper to maintain his diagnosis of Neal's condition as lumbar radiculopathy, and he allowed Hooper to treat Neal's myelopathy as a routine clinical need, to provide a false medical justification for denying Neal the emergency medical care that he required.

230) Dr. Gulati was informed of Neal's emergency visits to the Health Care Unit on July 21, 22, and 23. Dr. Gulati knew that Neal made these three consecutive emergency visits because the security officers could see and appreciate Neal's obviously dire condition.

231) Dr. Gulati knew that Neal was unable to urinate and have a bowel movement. Dr. Gulati knew that Neal's abdomen was distended, and his bowel sounds were hypoactive. Dr. Gulati knew that Hooper admitted Neal to the infirmary to receive a Foley catheter to relieve his urinary retention on July 21, and he knew that Neal's neurogenic bladder incontinence was not improving. Dr. Gulati knew that Bilstein provided Neal with Milk of Magnesia, Odland provided him with Milk of Magnesia and a stool softener, and Hooper provided him with magnesium citrate, and Neal's neurogenic bowel was not improving.

232) Dr. Gulati knew that Neal's lower extremity neurological deficits had worsened to the point that Neal required a wheelchair transport to and from the Health Care Unit, and Neal could not stand from the extreme weakness and pain.

233) Dr. Gulati knew from his education, training, and experience that Neal's lower extremity weakness, neurogenic bowel and bladder, and saddle anesthesia were caused by a severe, progressive, and disabling neurological disorder. Dr. Gulati knew that Neal was suffering from a spinal cord emergency. Dr. Gulati knew that Neal required an emergent transport to a hospital for an MRI of his spine and specialty care to treat the cause of Neal's myelopathy. Dr. Gulati knew that denying Neal access to emergency medical care, which was beyond the capabilities of the on-site health care system, would cause Neal to suffer severe and permanent harm. Dr. Gulati did not take any steps to provide Neal the emergency medical care he required.

234) Dr. Gulati was informed of Neal's fourth emergency visit to the Health Care Unit—his second visit on July 23—and Hooper findings upon examining Neal on the morning on July 24. Again, Dr. Gulati knew that Neal made this fourth emergency visit because the security officers could see and appreciate Neal's obviously dire condition.

235) Dr. Gulati knew that Neal's condition had progressed to the point that he had lost control of both his legs. Dr. Gulati knew that Neal was in excruciating pain, and he knew that Neal was unable to control his bowel or bladder. Dr. Gulati knew that Neal had a spinal cord emergency.

236) Dr. Gulati knew that denying Neal access to emergency medical care, which was beyond the capabilities of the on-site health care system, would cause Neal to suffer severe and permanent harm. Dr. Gulati did not take any steps to provide Neal the emergency medical care he required. Instead, Dr. Gulati instructed Hooper to schedule Neal for an appointment during the on-site physician's clinic the following Monday—five days later.

237) Dr. Gulati knew that Neal was suffering myelopathy, an emergent condition, and he knew that Neal's condition was not caused by lumbar radiculopathy. Dr. Gulati instructed or allowed Hooper to maintain his diagnosis of lumbar radiculopathy to provide a false medical justification for denying Neal the emergency medical care that he required.

238) In each instance Dr. Gulati actively participated in the healthcare services provided to Neal, beginning with his review of Neal's health record and the Sick Call Tracking Log after Hooper's June 26 appointment through his order to schedule Neal for the physician's clinic on July 24, Dr. Gulati knew that Neal's medical needs exceeded the capabilities of the on-site health care system. Dr. Gulati knew that Neal required transport, evaluation, and treatment at an off-site facility. Dr. Gulati knew that his employer, Wexford, was required to arrange, provide, and pay for any off-site medical care provided to Neal. Dr. Gulati also knew that Neal

was approaching the end of his sentence, and Wexford would not be responsible for the costs of Neal's care after his release.

239) Dr. Gulati received notice of, or he was willfully blind to, the pattern of deliberate indifference of Hooper and LCF's nursing staff to Neal's serious medical needs. Dr. Gulati was deliberately indifferent to the obvious consequences, and he authorized, approved, and ratified the pattern of unconstitutional conduct.

240) Dr. Gulati repeatedly and systematically denied Neal necessary medical care, directly and through Hooper and at least five nurses working under his direction and supervision, to advance Wexford's financial interests, as well as his own through ongoing and favorable employment with Wexford. Dr. Gulati sought to delay Neal's medical treatment until after he was released from ADOC's custody so that Wexford could avoid financial responsibility for Neal's health care.

241) Dr. Gulati delayed and denied Neal access to medical care, without medical justification, when it was apparent that the denial would detrimentally exacerbate his spinal cord condition and cause permanent impairment of his neurological and neuromotor function.

242) Dr. Gulati provided medical care to Neal that was so cursory it amounted to no treatment at all.

243) Dr. Gulati provided medical care to Neal, directly and through Hooper and at least five nurses working under his direction and supervision, that was so

grossly incompetent and inadequate that it shocks the conscience and is intolerable to fundamental fairness.

244) Dr. Gulati unnecessarily and wantonly inflicted pain and suffering on Neal by denying him necessary medical care for his obviously dire medical needs.

245) Dr. Gulati denied Neal medical care for his serious medical needs with malice and reckless disregard for his constitutional rights and his life, health, and safety.

246) As a direct and proximate result of Dr. Gulati's deliberate indifference to Neal's serious medical needs, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Prem Kumar Gulati, MD, (b) award him compensatory damages from this defendant in an amount determined by the jury, (c) award him punitive damages from this defendant in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from this defendant, (e) award him costs and interest from this defendant, and (f) award him such further relief from this defendant that the Court deems to be just in this case.

COUNT IV

Wexford Health Sources, Inc.
Deliberate Indifference to Neal's Serious Medical Needs

247) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

248) Wexford assumed and performed the State's duty to provide reasonably necessary health care to the inmates in ADOC's custody, including Neal. Wexford knew that inmates under its care would develop serious, urgent, and emergent medical needs. Wexford agreed to arrange, manage, and provide the appropriate level of care to meet the needs of ADOC's inmates, including primary, secondary, specialty, tertiary, and emergency care. Wexford accepted monthly payments from the State of Alabama, usually exceeding $11,500,000 each month, to provide all levels of care to ADOC's inmates through a comprehensive health care system.

249) Wexford had a policy, practice, and custom of providing an inadequate health staff to meet the health care needs of LCF's inmates. Wexford adopted and implemented this policy, practice, and custom to reduce the costs of its on-site health staff and enhance its profits from its contract to serve as the exclusive provider of health care to ADOC's inmates.

250) In the months of May, June, and July of 2019, LCF's prison population averaged 2,056 inmates each month. Wexford provided one physician, Dr. Gulati, to serve as the sole on-site physician and on-call emergency physician for LCF's entire inmate population. Wexford also made Dr. Gulati responsible for providing medical direction and oversight for LCF's health staff. Wexford provided one nurse practitioner, Hooper, to serve as the primary care provider for LCF's entire inmate population.

251) Wexford knew that no physician and nurse practitioner, on their own, could adequately meet the medical needs of more than 2,000 patients at a time, particularly within the context of a corrections facility.

252) Wexford designated Dr. Gulati as LCF's Medical Director and employed him as the sole on-site physician and on-call emergency physician when it knew or should have known that Dr. Gulati lacked was not capable of performing these duties, if any single physician could.

253) Wexford knew or should have known that the Alabama Board of Medical Examiners had filed a verified complaint to revoke Dr. Gulati's license to practice medicine due to Dr. Gulati suffering a mental condition that made him unable to practice medicine with reasonable skill and safety to his patients. Wexford knew or should have known that the Board presented expert testimony to show that Dr. Gulati's mental condition interfered with his ability to provide reasonably skilled and safe medical care to his patients. Wexford knew or should have known that the Board expressed concern about Dr. Gulati's cognitive functioning, and Dr. Gulati's mental condition and cognitive function had likely worsened. Wexford did not take any steps to ensure that Dr. Gulati had the mental capacity and cognitive function to serve as LCF's Medical Director, sole on-site physician, and sole on-call emergency physician with reasonable skill and safety to his patients.

254) Wexford knew that Hooper would act as LCF's Medical Director, and he would exercise authority over the health care needs of LCF's inmates without medical direction or oversight from a qualified and competent physician. Wexford knew that its Regional Medical Director, Dr. Hugh Hood, would have to remotely manage the medical care provided to LCF's inmates, to the extent any physician would be involved in their care.

255) On June 21, 2019, Neal presented to the Health Care Unit "2x2 covered with blood" from his bleeding gums following a tooth extraction. The nurse

attending to Neal notified Dr. Gulati and requested medical direction. Dr. Gulati was "unsure on treatment measures," and he instructed the nurse to call Wexford's Regional Medical Director, Dr. Hugh Hood.

256) Between May 22 and July 23, Neal was seen by at least seven different members of the health staff, and not one of them documented contact with Dr. Gulati or medical orders or direction from Dr. Gulati for Neal's progressively worsening neurological deficits and neuromotor dysfunction. When Hooper documented Neal's grave and obviously emergent condition on July 24, he noted that Neal would be scheduled to see Dr. Gulati five days later during the on-site physician's clinic. Hooper then contacted Dr. Hood, who ordered Neal's immediate transport to the emergency room.

257) It was highly predictable that Wexford's decision to employ one physician, especially one with a compromised mental condition, and one nurse practitioner to provide all physician's care, on-call emergency care, primary care, and medical direction and oversight for a patient population of at least 2,000 individuals, who had no other avenue to receive care, would cause deliberate indifference to the serious medical needs of LCF's inmates.

258) Neal never saw an on-site physician for his objectively serious and progressively worsening neurological disorder and neuromotor dysfunction, despite his six Sick Call Requests, four nursing encounters in the Sick Call Clinic, two

scheduled appointments with Hooper, and four consecutive emergency visits to the Health Care Unit. Neal was denied treatment because Wexford relied on a nurse practitioner to diagnose and treat Neal's neurological and musculoskeletal disorder without a physician's attention, direction, or supervision. Neal was denied necessary diagnostic modalities, specialty care, and emergency care because of Hooper's faulty, unfounded, and unqualified diagnosis of lumbar radiculopathy.

259) Neal submitted five Sick Call Requests and he had three nursing encounters over more than a month before he had his first appointment with Hooper. Hooper waited more than three weeks to follow up on Neal's condition and review the radiology report from the x-rays of Neal's lumbar spine. Hooper did not take steps to follow-up on Neal's medical condition or secure an emergency care after his July 19 appointment, despite Neal's documented lower extremity disability, neurogenic bowel and bladder, saddle anesthesia, and leg muscle waste. Hooper did not take steps to provide Neal with emergency medical care when he evaluated Neal on July 21, despite admitting Neal to the infirmary to receive a Foley catheter to treat his inability to urinate. Hooper did not evaluate Neal in his emergency visits to the Health Care Unit on July 22 and 23, even though he had seen Neal's obviously dire condition on July 21, and he was informed that Neal was worsening.

260) As a result of Wexford's policy, practice, and custom to provide an inadequate health staff, and Wexford's deliberate indifference to the obvious

consequences, Neal was denied medically necessary care and qualified medical opinions, Neal's condition and injuries were exacerbated due to the delay in treatment, Neal received care that was so cursory that it amounted to no treatment at all, Neal received grossly incompetent and inadequate care, and Neal endured unnecessarily and wantonly inflicted pain and suffering.

261) Wexford had a policy, practice, and custom of delaying and denying inmates necessary care for their serious medical needs, including access to higher-level providers, off-site facilities, off-site diagnostic modalities, specialty care providers, hospital care, and emergency medical care. Wexford adopted, authorized, implemented, approved, and ratified this policy, practice, and custom to limit the cost of the on-site and off-site care provided to inmates and increase its profit from its contract to serve as the exclusive provider of health care to ADOC's inmates.

262) Wexford implemented its policy, practice, and custom, without regard to an inmate's medical history and the seriousness and priority of his medical needs, by (a) triaging all Sick Call Requests as routine medical needs, (b) resolving inmate Sick Call Requests and medical needs through nursing encounters, only, (c) denying, minimizing, and falsifying complaints and symptoms, (d) delaying and denying referrals to on-site higher-level practitioners, (e) providing primary care through a single nurse practitioner without a physician's attention, direction and oversight, (f) failing to train and instruct LCF's nurse practitioner and nursing staff to recognize,

escalate, and provide appropriate and timely care for serious, urgent, and emergent medical needs, (g) providing inadequate and incompetent physician's and on-call emergency care, (h) episodically treating persistent and worsening medical conditions, (i) treating the symptoms of serious medical conditions as isolated medical issues without addressing the cause of those symptoms, (j) delaying and denying access to off-site facilities, diagnostic modalities, and providers, (k) delaying and denying the diagnosis and treatment of serious, urgent, and emergency medical conditions, (l) relying on faulty, unqualified, and unfounded diagnoses, (m) diagnosing urgent and emergent conditions as non-urgent and non-emergent conditions, (n) continuing with diagnoses and interventions even after ineffective results and the development of worsening and alarming symptoms, and (o) delaying medical care based on the date of their release from prison to avoid financial responsibility.

263) Wexford delegated final decision-making authority over the clinical needs of LCF's inmates to Hooper and Dr. Gulati. Hooper exercised unreviewed discretion with respect to the care provided to Neal for his objectively serious and worsening medical needs. Hooper and Dr. Gulati participated and directed the deliberate indifference to Neal's serious medical needs. Dr. Gulati authorized, agreed, and ratified Hooper's and LCF's nursing staff's repeated and systematic deliberate indifference to Neal's serious medical needs. Hooper authorized, agreed,

and ratified LCF's nursing staff's repeated and systematic deliberate indifference to Neal's serious medical needs. The acts, decisions, directives, approvals, and ratifications by Dr. Gulati and Hooper, as Wexford's designated policymakers, constitute the acts, directives, approvals, and ratifications of Wexford.

264) The widespread custom and well settled practice of Wexford and LCF's health staff was to delay and deny inmates access to reasonably necessary care for their serious medical needs, including referrals to on-site higher-level providers, off-site facilities, diagnostic modalities, specialty care providers, hospital care, and emergency medical care.

265) According to ADOC's statistical reports, no more than 11 of the more than 2,000 inmates at LCF were provided access to off-site medical care during Wexford's first payment period. In this same period, five inmates died at LCF and at least 15 inmates suffered violent assaults. In all nine close security facilities, including LCF, which housed more than 7,000 inmates, no more than 11 inmates were provided access to off-site medical care, while 65 inmates died in custody and at least 366 inmates suffered violent assaults.

266) In the second payment period, which included May, June, and July of 2019, no more than 17 inmates at LCF were provided off-site medical care, while 13 of LCF's inmates died in custody and 41 suffered assaults. In all nine close

security facilities, no more than 17 inmates were provided access to off-site medical care, while 75 inmates died in custody and 612 inmates suffered assaults.

267) In the third payment period, no more than one inmate at LCF was provided off-site medical care, while 10 inmates died at LCF and at least 88 inmates suffered violent assaults. In all nine close security facilities, no more than one inmate was provided off-site medical care, while 96 inmates died in custody and 679 inmates suffered assaults.

268) Between May 22 and July 24, Neal had at least eleven medical encounters with no less than eight different members of Wexford's health staff. During this time, Neal presented with complaints, signs, and symptoms of a potentially life-altering condition involving compression of his spinal cord which, if left untreated, posed a serious risk of permanent harm to his neurological and bodily functions.

269) Wexford's health staff repeatedly and systematically ignored Neal's red flag symptoms of his spinal cord emergency. They denied Neal access to care when it was obvious that he faced a serious risk of severe and permanent injury and when they knew it was causing him needless pain and suffering.

270) Wexford's health staff waited for Neal to lose control of both of his legs, bowel, and bladder before seeking medical direction from Dr. Hood, who immediately ordered Neal transported to the emergency room. Astonishingly, on

the morning of July 24, before calling Dr. Hood, Hooper diagnosed lumbar radiculopathy as the cause of Neal's bilateral lower extremity paralysis, leg muscle waste, bowel and bladder incontinence, saddle anesthesia, and chronic excruciating pain, as Hooper had done since his first appointment with Neal on June 26.

271) As a result of Wexford's policy, practice, and custom to delay and deny inmates necessary care for their serious medical needs, including access to higher-level providers, off-site facilities, off-site diagnostic modalities, specialty care providers, hospital care, and emergency medical care, and Wexford's deliberate indifference to the obvious consequences, Neal was denied medically necessary care and qualified medical opinions, Neal's condition and injuries were exacerbated due to the delay in treatment, Neal received care that was so cursory that it amounted to no treatment at all, Neal received grossly incompetent and inadequate care, and Neal endured unnecessarily and wantonly inflicted pain and suffering.

272) Wexford adopted, authorized, implemented, approved, and ratified the policies, practices, and customs that caused the deliberate indifference to Neal's serious medical needs with conscious, reckless, and callous disregard for Neal's rights and safety. Wexford sacrificed Neal's life and wellbeing to enhance its own financial profit.

273) Wexford's deliberate indifference to Neal's serious medical needs directly and proximately caused Neal to suffer great physical pain and emotional

distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, severely diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Wexford Health Sources, Inc., (b) award him compensatory damages from this defendant in an amount determined by the jury, (c) award him punitive damages from this defendant in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from this defendant, (e) award him costs and interest from this defendant, and (f) award him such further relief from this defendant that the Court deems to be just in this case.

COUNT V

Dianna Osborn, MD, Jason Berman, CRNP, and Daniella Pitt, RN
Deliberate Indifference to Neal's Serious Medical Needs

274) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

275) Dr. Osborn, Berman, and Pitt provided medical care to Neal on July 24 pursuant to the sub-vendor agreement between Wexford and Crestwood and EMA.

276) In its Healthcare Services Agreement, Wexford agreed to utilize sub-vendors for the performance of its duty to provide a comprehensive health care system only when ADOC, in its sole discretion, approved the sub-vendor's participation, and ADOC reserved the right to terminate any individual from performing services as Wexford's sub-vendor, at any time. Wexford further agreed that any sub-vendor would be fully bound by the terms of Wexford's agreement with ADOC, including Wexford's commitment to provide constitutionally adequate health care to ADOC's inmates, and any individuals providing care through a sub-vendor would do so as Wexford's agent. To this end, Wexford agreed that it would remain fully responsible for the acts and omissions of its agents, employees, and sub-vendors.

277) Dr. Osborn, Berman, and Pitt provided emergency room and hospital care to LCF's inmates as a part of Wexford's comprehensive health care system and in accordance with the terms of Wexford's Healthcare Services Agreement. Wexford paid for the health care services provided to LCF's inmates pursuant to its sub-vendor and UM agreements with Crestwood and EMA.

278) Dr. Osborn, Berman, and Pitt provided health care to Neal while clothed with the authority of the State and in fulfillment of a function that is traditionally the exclusive prerogative of the State. Dr. Osborn, Berman, and Pitt provided care to Neal on July 24 at CMC under the color of law.

279) On July 24, Neal was finally transported to the emergency room after Hooper notified Dr. Hood of Neal's obviously dire condition, including his bilateral lower extremity paralysis, bowel and bladder incontinence, and excruciating pain. Dr. Hood determined that Neal had an objectively emergent medical need involving his spinal cord that mandated immediate diagnosis and treatment.

280) The ambulance crew noted that Neal demonstrated paralysis from the hips down, and he had started to lose control of bowels and bladder. The ambulance crew delivered Neal to CMC's emergency room without any change in his condition, and they turned over his care to Dr. Osborn, Berman, and Pitt.

281) When the ambulance crew left Neal at CMC, even a lay person would have easily recognized his emergency medical condition. Paralysis is such an uncommon, serious, and traumatic event that even someone without any medical training would recognize the situation that requires emergent medical intervention.

282) In her triage assessment, Pitt noted Neal's complaints of 10 out of 10 pain in his back and buttocks, weakness in right and left legs, numbness in his right

and left legs, pain in his back, right leg, left leg, and buttocks, and paralysis weakness in bilateral legs and feet.

283) Berman and Pitt then accused Neal of faking his condition and asserted that he was just trying to get out of prison. They made these statements to provide a false justification for denying Neal the emergency medical care he required, including an emergent MRI and a specialty consult from a neurologist.

284) In their discharge assessments, Pitt and Berman made patently false chart entries to minimize Neal's obviously emergent medical needs and provide a false justification for denying him the care he required. To this end, Pitt charted "no functional deficits noted." Berman charted, "patient can fully bear weight, the patient is able to ambulate with mild difficulty . . . At their worst, [Neal's] symptoms were moderate . . . ." Berman noted that Neal had received "no previous treatment" and he had "not experienced similar symptoms in the past." Berman also charted that Neal's extremities were "grossly normal" except decreased range of motion in his right and left leg, his abdomen was soft and non-tender, his bowel sounds were normal, he had no spinal tenderness and full range of motion in his back, and he was negative for acute neurological changes.

285) Berman provided a differential diagnosis of Neal's condition that included only non-emergent medical conditions. Berman purposefully omitted any possible neurological or spinal cord disorders from his findings and differential.

Berman deliberately ignored Neal's spinal cord emergency to provide a false medical justification for denying Neal the emergency medical care that he required.

286) Dr. Osborn was aware of Neal's historical and clinical signs of spinal cord myelopathy, but she never even bothered to examine Neal. Dr. Osborn only discussed Neal's case with Berman, and then confirmed Berman's diagnosis of sciatica, unspecified side. Dr. Osborn then ordered Neal discharged back to LCF.

287) Dr. Osborn willfully ignored Neal's spinal cord myelopathy and diagnosed him with sciatica even though his lumbar CT showed no structural or boney abnormalities that could possibly produce his symptoms.

288) At the time of his discharge, Dr. Osborn and Berman provided Neal with a pamphlet on sciatica informing him to seek medical care if he has pain that wakes him up at night or if his pain persists for more than four weeks. By July 24, Neal's pain had persisted more than eight weeks. On June 20, Mader documented that Neal's pain was so severe that it woke him up at night.

289) The pamphlet also informed Neal to seek immediate medical care if he loses control of his bowel or bladder, or if he experiences worsening weakness of his lower back, pelvis, buttocks, or legs. Neal's lower extremity weakness had been worsening since his first Sick Call Request on May 22. By July 24, his lower extremity weakness involved both of his legs, and he demonstrated bilateral lower extremity paralysis. Neal had been suffering bowel and bladder incontinence since

at least July 1. Neal received a Foley catheter at CMC in order to collect a specimen for urinalysis.

290) The pamphlet informed Neal to seek immediate care when these symptoms are present because they present red flags of a spinal cord emergency. Anyone with any medical training would have known that a patient suffering from worsening lower extremity weakness with bowel and bladder incontinence requires, at the very least, an emergent MRI of his spine to diagnose the condition causing compression of his spinal cord.

291) Neal's bowel and bladder incontinence and debilitating immobility were clear symptoms of a serious medical condition which had to be addressed immediately, even if Dr. Osborn, Berman, and Pitt chose not to believe him.

292) Dr. Osborn, Berman, and Pitt denied Neal necessary emergency care because of the financial constraints under Wexford's sub-vendor and UM agreement with Crestwood and EMA. Dr. Osborn and Berman did not provide Neal and MRI of his spine, specialty care, intensive care, or in-patient hospital care because Crestwood and EMA would not be paid for these services without prior approval from Wexford. Dr. Osborn, Berman, and Pitt denied Neal necessary emergency care to advance the financial interests of Crestwood, EMA, and Wexford, as well as their own through ongoing and favorable employment as Wexford's sub-vendor.

293) Dr. Osborn, Berman, and Pitt delayed treatment for Neal's obviously emergent medical needs when it was apparent that the delay would detrimentally exacerbate Neal's medical problems, without medical justification. The delay in treating Neal's transverse myelitis did exacerbate his medical condition. The next day, while being held in LCF's infirmary, Neal suffered irreversible injury to his spinal cord causing permanent flaccid paralysis of his lower extremities and permanent loss of his bowel, bladder, and sexual function.

294) Dr. Osborn, Berman, and Pitt provided medical care to Neal that was so cursory it amounted to no treatment at all.

295) Dr. Osborn, Berman, and Pitt provided medical care to Neal that was so grossly incompetent and inadequate that it shocks the conscience and is intolerable to fundamental fairness.

296) Dr. Osborn, Berman, and Pitt unnecessarily and wantonly inflicted pain and suffering on Neal by denying him necessary medical care for his obviously dire medical needs.

297) Dr. Osborn, Berman, and Pitt denied Neal medical care for his serious medical needs with malice and reckless disregard for his constitutional rights and his life, health, and safety.

298) As a direct and proximate result of the deliberate indifference of Dr. Osborn, Berman, and Pitt to Neal's serious medical needs, Neal has suffered great

physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Dianna Osborn, MD, Jason Berman, CRNP, and Dianna Pitt, RN, (b) award him compensatory damages from these defendants in an amount determined by the jury, (c) award him punitive damages from these defendants in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from these defendants, (e) award him costs and interest from these defendants, and (f) award him such further relief from these defendants that the Court deems to be just in this case.

COUNT VI

Crestwood Healthcare, L.P. and Emergency Medical Associates, Inc.
Deliberate Indifference to Neal's Serious Medical Needs

299) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

300) Crestwood and EMA provided medical care to Neal on July 24 pursuant to their sub-vendor agreement with Wexford. Crestwood and EMA agreed to be fully bound by the terms of Wexford's Healthcare Services Agreement with ADOC, including the duty to provide constitutionally adequate health care to LCF's inmates. Crestwood and EMA agreed to act as Wexford's agents in the performance of the State's duty to provide reasonably necessary care for the serious medical needs of LCF's inmates.

301) Crestwood and EMA provided emergency room and hospital care to Neal as a part of Wexford's comprehensive health care system. Wexford directed and paid for the health care Crestwood and EMA provided to Neal in accordance with their sub-vendor agreement.

302) Crestwood and EMA provided health care to Neal while clothed with the authority of the State and in fulfillment of a function that is traditionally the exclusive prerogative of the State. Crestwood and EMA provided care to Neal on July 24 at CMC under the color of law.

303) Crestwood and EMA had a policy, practice, and custom to limit LCF's inmates care to mid-level practitioners and the least expensive diagnostic modalities.

304) Crestwood and EMA had a policy, practice, and custom to deny LCF's inmates' access to more expensive care, including MRI, specialty care, intensive care, in-patient hospital care, and ancillary services.

305) Crestwood and EMA had a policy, practice, and custom not to provide LCF's inmates with MRI studies, specialty care, intensive care, in-patient hospital care, and ancillary services, unless Wexford provided UM approval and agreed in advance to incur financial responsibility for the care.

306) Crestwood and EMA knew that Wexford requested care for LCF's inmates, processed UM approvals, and granted authorization to provide emergency medical and hospital care based on its financial responsibilities, rather than the needs of Wexford's patients.

307) Crestwood and EMA adopted, approved, authorized, and ratified these policies, practices, and customs to advance Wexford's financial interests, by limiting the cost of care provided to LCF's inmates, and their own financial interest, by ensuring payment for care provided to LCF's inmates.

308) It was highly predictable that these policies, practices, and customs would cause LCF's inmates to be denied necessary emergency medical and hospital care.

309) It was highly predictable that these policies, practices, and customs would cause the delay of necessary emergency medical and hospital care for LCF's

inmates, for non-medical reasons, when the need for care was apparent, and the delays would exacerbate their medical conditions.

310) It was highly predictable that these policies, practices, and customs would cause LCF's inmates to receive inadequate screenings, evaluations, and assessments of their emergency medical conditions.

311) It was highly predictable that these policies, practices, and customs would result in LCF's inmates receiving medical care based on incomplete and inaccurate medical histories.

312) It was highly predictable that these policies, practices, and customs would result in the minimization and misrepresentation of the objective symptoms of LCF's inmates.

313) It was highly predictable that these policies, practices, and customs would cause emergent conditions to be excluded from the differential diagnosis of the medical conditions of LCF's inmates.

314) It was highly predictable that these policies, practices, and customs would cause LCF's inmates to be denied effective and reliable diagnostic modalities.

315) It was highly predictable that these policies, practices, and customs would cause LCF's inmates to be denied evaluations by emergency room physicians.

316) Crestwood and EMA were deliberately indifferent to the obvious consequences of their policies, practices, and customs. As a result, Neal was denied

necessary emergency medical and hospital care, Neal's condition and injuries were exacerbated due to the delay in treatment, Neal received care that was so cursory that it amounted to no treatment at all, Neal received grossly incompetent and inadequate care, and Neal endured unnecessarily and wantonly inflicted pain and suffering.

317) Crestwood's and EMA's deliberately indifferent policies, practices, and customs, and their deliberate indifference to the obvious consequences, directly and proximately caused Neal to suffer great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, severely diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Crestwood Healthcare, LP and Emergency Medical Associates, Inc., (b) award him compensatory damages from

these defendants in an amount determined by the jury, (c) award him punitive damages from these defendants in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from these defendants, (e) award him costs and interest from these defendants, and (f) award him such further relief from these defendants that the Court deems to be just in this case.

COUNT VII

Dianna Osborn, MD, Jason Berman, CRNP, and Daniella Pitt, RN
Conspiracy to Violate Neal's Constitutional Right to
Reasonably Necessary Health Care

318) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

319) Crestwood, EMA, Dr. Osborn, Berman, and Pitt acted under the color of law by conspiring with members of Wexford's administrative and health staff, including Wexford's UM Coordinator and LCF's Medical Director, Dr. Gulati, and one or more of ADOC's security officers to deny Neal necessary medical care for his spinal cord emergency during his July 24 admission to CMC.

320) Dr. Osborn, Berman and Pitt agreed with members of Wexford's administrative and health staff and ADOC's security officers to accuse Neal of faking his bilateral lower extremity paralysis to provide a false justification for delaying and denying Neal access to an emergent MRI of his spine, specialty care, intensive care, or in-patient hospital care.

321) Berman, Pitt, and Dr. Osborn denied Neal an adequate physical examination and objective assessment of his symptoms and condition to delay and deny his access to an emergent MRI of his spine, specialty care, intensive care, or in-patient hospital care.

322) Berman and Pitt made patently false chart entries to misrepresent Neal's actual medical condition to delay and deny his access to an emergent MRI of his spine, specialty care, intensive care, or in-patient hospital care.

323) Dr. Osborn understood that Berman's and Pitt's chart entries contradicted Neal's medical history, as documented just prior to his transport to CMC and upon the transfer of his care to CMC, and his actual presentation on July 24. Within 24 hours of his discharge on July 24, Neal returned to CMC with permanent flaccid paralysis and loss of all reflexes and tone below his abdomen.

324) Dr. Osborn chose not to examine Neal to remain willfully blind as to Neal's true condition and emergency medical needs.

325) Neal suffered a delay and denial of treatment for his obviously emergent medical needs, without medical justification, when it was apparent that the delay would detrimentally exacerbate his medical problems. The delay in treating Neal's transverse myelitis did exacerbate his medical condition and caused him to suffer irreversible injury to his spinal cord.

326) Neal received medical care that was so cursory it amounted to no treatment at all.

327) Neal received medical care that was so grossly incompetent and inadequate that it shocks the conscience and is intolerable to fundamental fairness.

328) Neal was subjected to unnecessarily and wantonly inflicted pain and suffering.

329) As a direct and proximate result of the conspiracy to delay and deny Neal's access to emergency medical care, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Dianna Osborn, MD, Jason Berman,

CRNP, and Daniella Pitt, RN, (b) award him compensatory damages from these defendants in an amount determined by the jury, (c) award him punitive damages from these defendants in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from these defendants, (e) award him costs and interest from these defendants, and (f) award him such further relief from these defendants that the Court deems to be just in this case.

COUNT VIII

Wexford Health Services, Inc., Prem Kumar Gulati, MD, Charles Hooper, CRNP, Ivan Mader, RN, Melody Bilstein, RN, and Laurie Odland, RN
Alabama Medical Liability Act

330) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

331) Wexford, Dr. Gulati, Hooper, Mader, Bilstein, and Odland had a duty to use such reasonable care, skill, and diligence as other similarly situated healthcare providers in the same general line of practice.

332) Between May 23, 2019 and July 24, 2019, Wexford, Dr. Gulati, Hooper, Mader, Bilstein, and Odland breached their duty of care to Neal in the following ways: (a) Failing to adequately and appropriately triage Neal's Sick Call Requests as serious, urgent, and emergent medical needs; (b) Failing to adequately and appropriately evaluate, assess, and record Neal's symptoms, needs, and condition; (c) Failing to adequately and appropriately diagnose, manage, and follow

Neal's symptoms, needs, and condition; (d) Failing to provide Neal appropriate and adequate referrals to higher-level practitioners; (e) Providing Neal nursing care without the attention, direction, and oversight of a higher-level practitioner; (f) Providing Neal mid-level care without the attention, direction, and oversight of a physician; (g) Failing to provide Neal access to a physician; (h) Failing to provide Neal access to a qualified medical opinion; (i) Failing to provide Neal appropriate and adequate diagnostic modalities and medical interventions; (j) Failing to provide, arrange, manage, and follow through on an appropriate and adequate plan of care; (k) Failing to apply and follow the nursing, collaborative practice, and primary care protocols; (l) Failing to identify, diagnose, and treat Neal's serious, urgent, and emergent medical needs; (n) Restricting Neal's care to the limited capabilities of the on-site health care system and providers; (o) Failing to provide Neal appropriate and timely diagnostic, specialty, hospital, and ancillary medical services; (p) Failing to provide care to Neal based on medical justifications; (q) Restricting Neal's access to care for non-medical justifications, including Wexford's financial responsibility for his care; (r) Failing to provide LCF's health staff with the training and supervision needed to render safe and appropriate patient care, including adequate and appropriate evaluations and assessments, objective and accurate medical histories, referrals to qualified and appropriate providers and services, adequate and appropriate diagnoses, qualified medical opinions, adequate and effective plans of

care, treatments, and interventions, the provision of health care and services based on medical needs and justifications, rather than non-medical justifications such as Wexford's financial responsibility for the care provided to LCF's inmates.

333) Wexford, Dr. Gulati, Hooper, Mader, Bilstein, and Odland breached their duties of care to Neal with reckless and conscious disregard for his rights and safety.

334) Wexford is vicariously liable for the negligent and wanton acts, omissions, and breaches in the standard of care by its employees, Dr. Gulati, Hooper, Mader, Bilstein, and Odland, under the doctrine of respondeat superior.

335) As a direct and proximate result of the negligent and wanton acts, omissions, and breaches in the standard of care by Wexford, Dr. Gulati, Hooper, Mader, Bilstein, and Odland, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal

has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Wexford Health Services, Inc., Prem Kumar Gulati, MD, Charles Hooper, CRNP, Ivan Mader, RN, Melody Bilstein, RN, and Laurie Odland, RN, (b) award him compensatory damages from these defendants in an amount determined by the jury, (c) award him punitive damages from these defendants in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from these defendants, (e) award him costs and interest from these defendants, and (f) award him such further relief from these defendants that the Court deems to be just in this case.

COUNT IX

Crestwood Health Care, LP, Emergency Medical Associates, Inc., Dianna Osborn, MD, Jason Berman, CRNP, and Daniella Pitt, RN
Alabama Medical Liability Act

336) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

337) Crestwood, EMA, Dr. Osborn, Berman, and Pitt had a duty to use such reasonable care, skill, and diligence as other similarly situated healthcare providers in the same general line of practice.

338) On July 24, Crestwood, EMA, Dr. Osborn, Berman, and Pitt breached their duty of care to Neal in the following ways: (a) Failing to adequately and appropriately evaluate, assess, and record Neal's symptoms, needs, and emergency medical condition; (b) Failing to obtain an adequate, appropriate, and complete history of Neal's symptoms, needs, and emergency medical condition; (c) Failing to adequately and appropriately diagnose, manage, and follow Neal's symptoms, needs, and emergency medical condition; (c) Failing to provide an independent and qualified evaluation, assessment, and diagnosis by an emergency room physician; (d) Failing to provide Neal appropriate and adequate diagnostic modalities, including an emergent MRI, (e) Failing to provide Neal an evaluation, assessment, and medical opinion from qualified specialist, including a neurology consult; (f) Failing to provide Neal appropriate and adequate medical interventions; (g) Failing to provide, arrange, manage, and follow through on an appropriate and adequate plan of care; (h) Failing to admit Neal for hospital, intensive care, and ancillary medical services; (i) Failing to stabilize Neal's emergency medical condition before his discharge; (j) Discharging Neal with instructions to seek immediate care if he develops symptoms that were present at the time of his discharge; (k) Failing to provide care to Neal based on medical justifications; (l) Restricting Neal's access to care for non-medical justifications, including Wexford's financial responsibility for his care and Crestwood's and EMA's expectation of payment for his care; (m)

Failing to provide Berman and Pitt with the training and supervision needed to render safe and appropriate patient care, including adequate and appropriate evaluations and assessments, objective and accurate medical histories, referrals to qualified and appropriate providers and services, adequate and appropriate diagnoses, qualified medical opinions, adequate and effective plans of care, treatments, and interventions, the provision of health care and services based on medical needs and justifications, rather than non-medical justifications, including Wexford's financial responsibility for his care and Crestwood's and EMA's expectation of payment for his care.

339) Crestwood and EMA are vicariously liable for the negligent and wanton acts, omissions, and breaches in the standard of care by their employees, Dr. Osborn, Berman, and Pitt, under the doctrine of respondeat superior.

340) As a direct and proximate result of the negligent and wanton acts, omissions, and breaches in the standard of care by Crestwood, EMA, Dr. Osborn, Berman, and Pitt, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support

for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Crestwood Healthcare, LP, Emergency Medical Associates, Inc., Dianna Osborn, MD, Jason Berman, CRNP, and Daniella Pitt, RN, (b) award him compensatory damages from these defendants in an amount determined by the jury, (c) award him punitive damages from these defendants in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from these defendants, (e) award him costs and interest from these defendants, and (f) award him such further relief from these defendants that the Court deems to be just in this case.

COUNT X

Crestwood Health Care, LP
Emergency Medical Treatment and Active Labor Act

341) Neal adopts and incorporates the factual averments and allegations set forth above as though restated herein.

342) CMC is a participating hospital subject to the civil enforcement provisions of the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd(d)(2)(A).

343) Neal was transported by ambulance to CMC's emergency department on July 24, 2019.

344) Neal had an emergency medical condition, as confirmed by Dr. Hood before Neal's transport. Neal was suffering from spinal cord compression caused by thoracic transverse myelitis. Neal's condition was manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention was reasonably expected to result in placing his health in serious jeopardy, serious impairment of his bodily functions, and serious dysfunction of his bodily organs.

345) Neal requested examination and treatment of his emergency medical condition, and a request was made by LCF's medical and security officials on his behalf.

346) CMC did not provide Neal with an appropriate medical screening examination within the capability of his emergency department, including the ancillary services routinely available to its emergency department, to determine whether or not he had an emergency medical condition.

347) CMC did not provide Neal with a medical screening calculated to identify his critical medical condition involving his spinal cord.

348) CMC's screening procedures required an appropriate and adequate physical examination of a patient who presents with complaints of lower extremity paralysis, MRI of the patient's spine, and a neurology consult when the emergency

department physician is not able to diagnose the cause of the patient's lower extremity paralysis.

349) CMC discharged Neal with instructions to seek immediate care if he developed the conditions that existed upon his presentation to and discharge from CMC's emergency room—the very conditions that caused Dr. Hood to order Neal's ambulance transport to CMC's emergency room.

350) CMC discharged Neal without stabilizing his emergency condition. CMC did not provide Neal with any treatment to assure, within reasonable medical probability, that Neal's condition would not materially deteriorate as a result of his discharge from CMC.

351) CMC did not provide Neal with an appropriate medical screening, CMC failed to comply with its screening procedures, and CMC discharged Neal without stabilizing his medical emergency because Neal was an inmate being treated under the financial constraints of Crestwood's sub-vendor agreement with Wexford.

352) Any other patient with Neal's medical conditions would have been provided an appropriate medical screening for his spinal cord emergency, including an adequate physical examination, an honest and objective assessment of his symptoms and condition, an MRI of his spine, and a specialty consult to diagnose the cause of his lower extremity paralysis. Any other patient with Neal's medical condition would have been admitted to the hospital and provided care to relieve the

compression of his spinal cord and mitigate the risk of permanent injury to his neurological and neuromotor function.

353) As a direct and proximate result of CMC's failure to provide Neal an appropriate medical screening for his emergency medical condition and CMC's failure to stabilize his medical emergency before his discharge, Neal has suffered great physical pain and emotional distress, and he will suffer great physical pain and emotional distress for the remainder of his life. Neal has been required to undergo serious and expensive medical treatment and incur the expenses thereof, and he will require extensive medical and therapeutic treatment for the remainder of his life. Neal has been permanently injured, disabled, and disfigured, and he will require life care, occupational, and therapeutic support for the remainder of his life. Neal has suffered misery, trauma, grief, diminished quality of life, mental anguish, embarrassment, and annoyance, and he will suffer these harms for the remainder of his life. Neal has lost wages and benefits, and he has no earning capacity for the remainder of his life.

WHEREFORE, PREMISES CONSIDERED, Patrick Neal prays that this Honorable Court (a) enter a judgment against Crestwood Healthcare, LP, (b) award him compensatory damages from this defendant in an amount determined by the jury, (c) award him punitive damages from this defendant in an amount determined by the jury, (d) award him attorney's fees and expert witness fees from this

defendant, (e) award him costs and interest from this defendant, and (f) award him such further relief from this defendant that the Court deems to be just in this case.

JURY DEMAND

Patrick Neal demands a trial by jury on all issues triable of right by a jury.

Submitted on this the 21st day of May, 2021:

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Attorney for Patrick D. Neal

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