

1 corruption of leaders *conducting* the affairs of the medical center and faculty group through
2 patterns of racketeering activity.

3 3. Defendants, along with associates at University of California San Francisco-
4 Fresno (UCSF-F), the regional branch of UCSF, founded under the auspices of the California
5 Board of Regents and operating a Medical Education Program in Fresno, California, engaged in a
6 *Conspiracy* to carry out multiple predicate acts or to force agreement of providers and personnel.

7 Plaintiff was subject to the brunt of Defendants' schemes as a patient and later as a
8 licensed professional.

9 **JURISDICTION AND VENUE**

10 30. **Civil RICO.** This Court has jurisdiction over this matter pursuant to 18 U.S.C.
11 §1964(a) and 28 U.S.C. §1331. Venue is proper in this forum pursuant to 18 U.S.C. §1965(a) &
12 (b), and 28 U.S.C. §1391(a) & (b). Venue and personal jurisdiction is proper under section
13 1965(a) because Defendants reside, have a principal place of business in, are found, have an
14 agent, or transact their affairs in the Eastern District of California. Venue and personal
15 jurisdiction is also proper under §1965(b) in this forum because the ends of justice require that
16 any defendant residing in another District be brought before this Court. Venue is proper under
17 §1391(a) & (b) in that a substantial part of the events or omissions giving rise to the claim
18 occurred in this District. Venue is also proper under principles of pendent venue because all
19 claims arise out of the same nucleus of operative facts.

20 31. **Personal jurisdiction.** Venue is appropriate in this Court pursuant to 28 U.S.C.
21 §1391(a), as a substantial part of the events giving rise to the claims occurred in this District, and
22 Defendants are subject to personal jurisdiction in this District, having had more than minimum
23 contacts with California, as their conduct and connection with California are such that they should
24 reasonably anticipate being hailed into Court here.

25 32. **Diversity and Supplemental Jurisdiction:** With respect to the RICO claims, this
26 action is brought pursuant to 28 U.S.C. §1332 between citizens of different states. The amount in
27 controversy exceeds \$75,000, exclusive of interest and costs. Venue is proper in this District as
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1 jurisdiction is founded upon federal law and questions, and a substantial part of the events giving
2 rise to the claim occurred within the State of California, Eastern District of California. This Court
3 also has supplemental jurisdiction over this case pursuant to 28 U.S.C. §1367.

4 ***THE PARTIES***

5 33. SHARON TEMPLETON: **Plaintiff**. SHARON TEMPLETON (hereinafter
6 “TEMPLETON” or “Plaintiff”) is an nurse practitioner and resident of the City of Fresno, Fresno
7 County, State of California, within the Federal District Court for the Eastern District of
8 California.

9 34. JAMES DAVIS: **Defendant**. JAMES DAVIS (hereinafter “DAVIS”) is a medical
10 doctor and is the Chair of the Surgery Department at COMMUNITY REGIONAL MEDICAL
11 CENTER. He is also the Chief of the Trauma Unit. DAVIS both works and resides within Fresno
12 County and the Federal District Court for the Eastern District of California.

13 37. JOYCE FIELDS-KEENE: **Defendant**. JOYCE FIELDS-KEENE (hereinafter
14 “FIELDS-KEENE”) is the Chief Executive Officer of Central California Faculty Medical group
15 and University Neurosurgery Associates group, organizations operating within the County of
16 Fresno and within the Federal District Court for the Eastern District of California.

17 40. COMMUNITY REGIONAL MEDICAL CENTER: **Defendant**. COMMUNITY
18 REGIONAL MEDICAL CENTER (hereinafter “CRMC”) is the largest medical center of the
19 multiple medical facilities operated by Community Medical Centers (CMC). CMC is a private
20 corporation. CRMC is technically non-profit, therefore pays no taxes.

21 41. CENTRAL CALIFORNIA FACULTY MEDICAL GROUP: **Defendant**.
22 CENTRAL CALIFORNIA FACULTY MEDICAL GROUP (hereinafter “CCFMG”) is private
23 organization within Fresno County. UNIVERSITY NEUROSURGERY ASSOCIATES is a
24 wholly owned subsidiary of CCFMG and is a group of neurosurgeons practicing at CRMC and
25 who held academic appointments from UCSF-F. UCSF-F, though *theoretically* under the auspices
26 of California Regents, is *practically* inseparable from the private entity, CCFMG/UNIVERSITY
27 NEUROSURGERY ASSOCIATES, and also the private entity, CMC/CRMC.
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STANDING AND THE PLAINTIFF

44. Plaintiff has standing in this matter as she is a resident of the Eastern District of California, was physically present during the acts alleged to have occurred herein, both as patient and later as a licensed professional. Plaintiff suffered tangible injuries due to the illegalities committed by Defendants under the RICO Act. All injuries proximately relate to the illegal conduct of Defendants, and each and every one of them, acting jointly and severally.

FACTUAL BACKGROUND

Defendants DAVIS, FIELDS-KEENE, CRMC, CMC, CCFMG and UNIVERSITY NEUROSURGERY ASSOCIATES acted in complicit efforts to FRAUDULENTLY and NEGLIGENCELY deprive Plaintiff of the medical care indicated following Plaintiff breaking her neck in an automobile accident and having surgery to reconstruct her spine and hold it together so bone would grow. Mail fraud and wire fraud were willfully, recklessly and maliciously used to deprive Plaintiff of this standard medical care in the selfish and malicious effort of Defendants to deliberately mislead Plaintiff and other patients of Neurosurgeon VERREES and refer VERREES' patients to themselves. Plaintiff would definitely not have chosen to stay with Defendants for the needed follow-up surgical care but would have chosen and planned to follow-up with Neurosurgeon VERREES who had performed the surgery.

Defendants had two aims for their Mail and wire fraud:

1. To mislead Neurosurgeon VERREES' patients so they would follow up with CRMC and CCFMG/UCSF-F/University Neurosurgeons, and thus
 - a. they (CRMC and CCFMG/UCSF-F/University Neurosurgeons) would profit from the patients of Neurosurgeon VERREES, Plaintiff inclusive, and

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b. CRMC and CCFMG/UCSF-F/University Neurosurgeons would not lose health insurance to Neurosurgeon VERREES, as they (CRMC and CCFMG/UCSF-F/University Neurosurgeons would have when Neurosurgeon VERREES' patients chose to continue care with the neurosurgeon they had chosen, Plaintiff inclusive, and

2. To purposefully mislead Neurosurgeon VERREES' patients away from following up with her, and thus

a. push her to fail in the private practice she had started adjacent to the Saint Agnes Medical Center campus,

i. in a purposeful move to prevent having any competition from Neurosurgeon VERREES, which Plaintiff believes Defendants anticipated would have occurred with Neurosurgeon VERREES' success, and

ii. to force her out of the San Joaquin Valley by putting her in a position of having nowhere to practice, as within Fresno CMC owned three hospitals and Saint Agnes Medical Center had one, so driving Neurosurgeon VERREES from Saint Agnes would accomplish Defendants goal of having the neurosurgery field completely to themselves.

The information included by Defendants in their letter to Neurosurgeon VERREES' patients, and which Plaintiff received, was:

1. FRAUDULENT, as Defendants knew that Neurosurgeon VERREES had not taken an "extended vacation," as Defendants allege in their letter to her patients, and that the sole reason for this statement of Neurosurgeon VERREES taking an extended vacation and not returning was to willfully and deceitfully make Plaintiff VERREES' patients believe their neurosurgeon was

1 gone and could not continue their care, and thereby make Neurosurgeon
2 VERREES' patients feel they were abandoned by Neurosurgeon VERREES
3 and would thus follow up with Defendants. Plaintiff states that she herself and
4 other Neurosurgeon VERREES patients who discovered Defendants' duplicity
5 would never have chosen to follow-up with Defendants but only considered
6 doing so as the lie in the letter gave them no other choice. Plaintiff believes
7 that Defendants were aware that they had not and could not earn the trust of the
8 neurosurgery patients so these patients, Plaintiff included, would *choose* to
9 follow up with them but could only gain the patients by default and duplicity.

10 2. NEGLIGENT, as in the letter (attached as an exhibit), Defendants write that
11 they "assure" Neurosurgeon VERREES' patients, Plaintiff included, that their
12 neurosurgery care will continue "without interruption," and that when they (the
13 patients) call (Defendant's) office in the future to make an appointment, they
14 will be assigned another "UCSF" "faculty" neurosurgeon to complete their
15 care, yet in fact Defendants abandoned Plaintiff and the other Neurosurgeon
16 VERREES patients when they realized they were hopelessly unable to provide
17 the care the neurosurgery patients needed.

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19 On the phone, Defendants repeated to Plaintiff on the phone the same false story of the
20 extended vacation told in the letter, which they knew to be fraudulent, when Plaintiff indeed
21 followed the instructions in Defendants' letter and called Defendants' office to make a follow-up
22 appointment. Then Defendants did not return Plaintiff's phone calls giving a time and date for
23 the appointment after promising to do so.

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25 Two other Neurosurgeon VERREES' patients who were deceived by Defendants by this
26 same scheme and left without standard or recommended follow-up care have filed lawsuits in
27 State of California Superior Court:
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2 The Civil Complaint filed by patient Kyle Porter and his parents Daniel and Johnna Porter
3 accuses Defendants of NEGLIGENT REPRESENTATION regarding Defendants' purposeful
4 obstruction of the postoperative care of Kyle Porter. Being deliberately misled by Defendants via
5 the fraudulent information in same letter as received by Plaintiff led the young man in his mid-
6 twenties to experience out of control brain tumor growth which destroyed much of his brain and
7 also then invaded his spinal cord and has left him needing custodial care, as described in the
8 Complaint filed in December 2015;
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10 The Complaint filed in March 2016 by patient Alex Caravantes accuses Defendants of
11 FRAUDULENT REPRESENTATION regarding Defendants' purposeful obstruction of the
12 postoperative care of patient Alex Caravantes via his being misled by the same letter received by
13 Plaintiff, which includes fraudulent information Defendants knew to be false, and then after being
14 misled by Defendants into believing the neurosurgeon who had just operated on him was gone,
15 was abandoned by Defendants without a referral assisting him where to find follow-up care. The
16 fraudulent taking away of neurosurgery follow-up care by Defendants followed by their complete
17 abonnement, left Alex Caravantes wearing a halo vest brace screwed into his skull and without
18 neurosurgery care.

19 Plaintiff believes that Defendants deliberately and without care used MAIL and
20 WIRE to accomplish these aims which were ultimately avaricious and selfish included no
21 thought, no care and no respect for the needs of Plaintiff VERREES' patients or how Plaintiff
22 VERREES' patients would be harmed by their fraud.

23 Plaintiff further believes that Defendants' actions show complete lack of interest of
24 Defendants in learning of the needs of these neurosurgery patients, many in dire need, and also
25 showed lack of interest in even attempting to discover the needs of the patients, recklessly,
26 willfully and maliciously putting patients, as Plaintiff, and those above, in positions of dying or
27 being horribly and permanently harmed. Defendants showed no care for placing the patients they
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1 misled and left to somehow fend for themselves in grim circumstances in situations of increased
2 risk and in unsafe circumstances.

3 Plaintiff discovered the truth later in 2011—that Neurosurgeon Verrees was still
4 practicing neurosurgery right in Fresno and in fact in an office only a few miles away from
5 Defendants. Plaintiff realized that Defendants had just plain purposefully lied to her and
6 obviously to Neurosurgeon VERREES' other patients.

7 Plaintiff realized that Defendants had lied to mislead her in an effort to enrich themselves,
8 but when Defendants found they couldn't offer what they had promised, without assuming any
9 responsibility for Plaintiff as a patient, and without fulfilling the responsibility they had assumed
10 in writing of their assurance for medical care to continue without interruption in their letter,
11 Defendants had just abandoned her.

12 Defendants knew couldn't handle her and all the Neurosurgeon VERREES patients. The
13 letterhead on the fraudulent letter they sent to Neurosurgeon VERREES' patients shows only
14 ONE neurosurgeon. Plaintiff believes that due to their lies, malicious practices and recklessness
15 and malice, Defendants showed they didn't care about people. They didn't care about patients.
16 They didn't care about healthcare or medicine. Defendants' actions show they cared about
17 money and power—grabbing onto it wherever they could, keeping it and accumulating more and
18 more—beating down any who stood in their path—patient or doctor.

19 Plaintiff realized that under false pretenses, Defendants had misled her away from
20 Neurosurgeon VERREES who operated on her spine just to keep themselves from being
21 challenged in the neurosurgery field by Neurosurgeon VERREES. Plaintiff believes that by their
22 actions Defendants had fraudulently misled Plaintiff without any care for her or Neurosurgeon
23 VERREES' other patients, due to their greed for profit and their belief that they somehow
24 deserved all the patients and all the money they calculated patients could bring them without
25 needing to put themselves out to care and be diligent or having to prove they had the skill or
26 ability or could even manage the patients they grasped for. Plaintiff believes that like bullies and
27 thieves, Defendants felt that the doctors and medical facilities who deserved the patients were
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1 those who could force and trick others, including those far more deserving, and those who had
2 worked to earn trust, away.

3 Plaintiff believes that Defendants willfully and recklessly didn't care whether they hurt
4 her, a patient, or Neurosurgeon VERREES' other patients, in what seemed a craze to hurt and
5 destroy the Neurosurgeon VERREES, who Defendants seemed to fear as a challenger and
6 competition to their authority and in her quiet way challenge to the position they felt they
7 deserved as king of the hill of medical care in the San Joaquin Valley.

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9 After Plaintiff discovered Neurosurgeon VERREES, her postoperative care was resumed
10 and she had the imaging she needed to assure she had developed a "solid fusion of bone" to hold
11 her spine straight for the rest of her life. Several months after her broken cervical spine was
12 declared solidly fused, Plaintiff heard that Neurosurgeon VERREES planned to hire a Nurse
13 Practitioner or Physician's Assistant to coordinate the Neurological Tumor Board she had started
14 at Saint Agnes and to round with her early in the morning on her patients in the ICU and regular
15 Ward at Saint Agnes and assure care of and the orders and needs for these patients were carried
16 out during the remainder of the day when she was often in the Operating Room. Neurosurgeon
17 VERREES had been operating at Saint Agnes for close to one year and her plan at that point was
18 to hire a Nurse Practitioner for inpatients/Tumor Board and then during the forthcoming year, a
19 second Nurse Practitioner or Physician's Assistant would be added to help with patients in the
20 clinic, check on patients transferred to rehabilitation and patients discharged home, to be sure
21 these had obtained or were scheduled for the appointments with other specialists or primary care
22 doctors and obtained routine imaging and made follow-up needed. A regular surgical assistant
23 was to be hired or arranged to work with Neurosurgeon VERREES in the Operating Room. An
24 office manager and assistant ran the office and scheduled surgeries.

25 The trauma in which Plaintiff had experienced her broken neck had also caused damage to
26 her hands. The nurse practitioner position she returned to following the accident and which she
27 had been employed in for the previous ten years had become challenging as it required frequent
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1 and significant use of her hands to change tracheostomy tubes, replace gastrostomy feeding tubes
2 and suture small to moderate-sized wounds. After Plaintiff learned more about Neurosurgeon
3 Verrees' practice and the type of patients she saw, the Nurse Practitioner position in the practice
4 seemed to fit her abilities and provide the opportunity to avoid significant use of her hands for
5 clinical tasks, so she resigned from her then-current Nurse Practitioner position and joined
6 Neurosurgeon Verrees' practice and the Medical Staff of Saint Agnes Medical Center as a Nurse
7 Practitioner.

8 During the months of May, June, July and August 2012, Plaintiff heard multiple times
9 specifically from the nurses in ICU about the Neuroscience ICU that had been closed just a few
10 months prior to Neurosurgeon VERREES joining the Medical Staff of Saint Agnes in 2011. The
11 ICU nurses stated their bewilderment over why the Neuroscience ICU wasn't reopened to handle
12 all Neurosurgeon VERREES' patients as that way the complex neurosurgery patients could have
13 nurses and therapists specifically aware of the special needs of the patients and the specific
14 protocols that aimed to optimize the outcome of these patients.

15 Plaintiff states that she realized that Saint Agnes Medical Center did not open the special
16 Neuroscience ICU because they did not plan to continue with the complex neurosurgery and
17 neurosurgical oncology program Neurosurgeon VERREES had brought to Saint Agnes. Plaintiff
18 describes making an effort to understand why this was. She knew that Neurosurgeon VERREES'
19 patients did well, and heard numerous ICU nurses and hospitalists comment on this during those
20 months, so she knew this could not be the problem. Plaintiff knew that Neurosurgeon VERREES
21 had revived the Saint Agnes interest in neurosurgery and spurred the administrators who ran Saint
22 Agnes to realize how valuable an active neurosurgery program was to their patrons and patients
23 right after the medical center had closed their Neuroscience ICU and cut one of the two
24 Neurosurgery Physician's Assistance on staff at the hospital as well as one of the Magnetic
25 Resonance Imaging (MRI) technicians. These changes indicating decreased attention in the area
26 of neurosurgery had just occurred weeks prior to Neurosurgeon VERREES joining the Medical
27 Staff.
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1 It seemed to Plaintiff that administrators at Saint Agnes had once more become interested
2 in neurosurgery with a special emphasis on brain and spine tumor care and treatment, yet seemed
3 to hold back on acknowledging Neurosurgeon VERREES as chief of this despite her having
4 virtually single-handedly realized what needed to be done, and accomplished this while showing
5 them with her good outcomes on patients with serious problems. One of the traveling nurses who
6 was at Saint Agnes said that she usually only took care of patients like Neurosurgeon VERREES'
7 during the six months her Nursing Registry required every travel nurse to spend at the few
8 medical centers in the nation that did the most complex surgeries for the most complex problems.
9 The nurse had originally been trained at Johns Hopkins Medical Center in Baltimore, Maryland,
10 and often spent her six-month quaternary experience there. However, after completing her six
11 months at Saint Agnes, she was on her way to Stanford Medical Center for six months.

12 Eventually it got to the point that Neurosurgeon VERREES resigned from Saint Agnes.
13 During the two to three-week time after Neurosurgeon VERREES turned in her resignation
14 notice, she completed multiple large surgeries that had been scheduled and all went well.
15 Neurosurgeon VERREES planned on remaining in her office to complete the postoperative care
16 on these patients for three-and-a-half months, which was until January 2013.

17 Plaintiff explains that Neurosurgeon VERREES departing Saint Agnes and closing her
18 private practice made her very sad. Plaintiff heard during the month before Neurosurgeon
19 VERREES departed most of the hospitalists who had been helping to care for the complex
20 neurosurgery and brain or spine tumor patients say not just how they would miss Neurosurgeon
21 VERREES but that it was a shame as her work was good and her outcomes "were better than
22 expected" and "very fine despite the serious issues of the patients." The traveling nurse who was
23 almost finished with her six months at Saint Agnes and had taken care of Neurosurgeon
24 VERREES' patients in the ICU frequently during this time stated that "these people don't realize
25 what they're losing. These surgeries I never see outside quaternary centers and the outcomes are
26 at least the same if not better. These people have all this right here. In their neighborhood. It's a
27 gift, and unheard of. I've never seen it before. And they're just giving it up. It's sad. They don't
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1 realize what they're losing and what they're giving away.”

2 Plaintiff describes feeling very sad and confused about how Saint Agnes just didn't seem
3 able to accept what was shown to be such a great opportunity for them to take the lead in
4 neurosurgery, specifically in neurosurgery of brain and spine tumors, in the San Joaquin Valley.
5 Plaintiff said to her the opportunity seemed perfect for Saint Agnes. Defendants, who overall had
6 dominance in healthcare in the San Joaquin Valley, showed they had a terrible gap in June 2011.
7 They had only one neurosurgeon, and he definitely did not specialize in brain and spine tumors.
8 It would require years for Defendants to build up their neurosurgery group. After being ousted by
9 Defendants, Neurosurgeon VERREES had moved over to start a Neurological Tumor Program at
10 Saint Agnes as Defendants had ousted her from their campus and destroyed the Neurological
11 Tumor Program Neurosurgeon VERREES had started there. Neurosurgeon VERREES had come
12 out from Cleveland a little over four years before and she had started the Neurological Tumor
13 Program at Defendants' facilities—UCSF-F/CCFMG/CRMC. It had been very successful.
14 Plaintiff had seen proof of that by all the accolades Defendants had laid upon Neurosurgeon
15 VERREES until it seemed they got too scared of her. Then they had ousted her and
16 Neurosurgeon VERREES had started the successful Neurological Tumor Program at Saint Agnes.

17 It seemed to Plaintiff an ideal opportunity for Saint Agnes to jump in and fill the void
18 Defendants had left due to their malice and jealousy. I heard how Saint Agnes after just a few
19 months had earned more than five million dollars from Neurosurgeon VERREES' patients as
20 patients with brain or spine tumors often need intense chemotherapy and radiation therapy and
21 other imaging like PET scans and MRIs after surgery.

22 Plaintiff said she found it hard to believe Saint Agnes was giving so much up. Plaintiff
23 also describes feeling worried about the difficult position the departure of Neurosurgeon
24 VERREES from Saint Agnes put her in. Plaintiff would remain working with Neurosurgeon
25 VERREES until the end of January 2013, until all the postoperative or other care of the patients
26 was complete and the patients all were safely referred elsewhere to continue their care. After this,
27 Neurosurgeon VERREES told Plaintiff that she was going to depart the San Joaquin Valley and
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1 practice elsewhere. Care for patients with brain and spine tumors was very much needed in the
2 region, as patients often scattered to about five different medical centers hundreds of miles away
3 or they went untreated or incompletely treated. Plaintiff said that Neurosurgeon VERREES had
4 come to the San Joaquin Valley to establish a neurologic tumor center at the urging of the
5 Chairman of Surgery before the current Chairman. The Chairman who hired her died, and a
6 general surgeon became Chairman of Surgery. This general surgeon had been Chief of Trauma at
7 UCSF-F/CRMC prior to becoming Chairman. Neurosurgeon VERREES and other individuals
8 who had first-hand familiarity with what had happened prior to Plaintiff Neurosurgeon leaving
9 UCSF-F/CRMC and coming to Saint Agnes said that it was after the new Chairman of Surgery
10 got into office that Neurosurgeon VERREES ended up leaving.

11 On October 1, 2012, Neurosurgeon VERREES' resignation at Saint Agnes took effect.
12 Two patients remained in the hospital. These patients were transferred by the hospitalists to
13 Defendants' medical center (CRMC). Neurosurgeon VERREES had privileges there still. At
14 CRMC, from February Plaintiff rounded on these two neurosurgery patients with Neurosurgeon
15 VERREES October 1, 2012 to October 6, 2012.

16 During this time, Plaintiff witnessed these two patients used as leverage to force
17 Neurosurgeon from the facility without any care for the humanity, well-being or safety of these
18 human beings.

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22 **FIRST CLAIM FOR RELIEF**
23 **(Civil RICO Violations)**

24 178. Plaintiff is informed and believes that defendants, DAVIS, FIELDS-KEENE,
25 CMC, CRMC, CCFMG and University Neurosurgery Associates all acted in the manner set forth
26 above so as to violate 18 Section 1962 (c) and (d) of the RICO Act by: (1) engaging in a pattern
27 of conduct using MAIL FRAUD and WIRE FRAUD so as to obstruct Plaintiff's standard of care
28 outpatient follow-up after she suffered a life-threatening injury; (2) decimating Plaintiff's chosen

1 employment by targeting her employer, NEUROSURGEON MARGARET VERREES, M.D.
2 (VERREES) to retaliate against VERREES for bringing an arbitration case against CCFMG and
3 attempting to expose corruption purposefully and to illegally destroy the competition within the
4 Central Valley medical field VERREES represented and leave the way clear for them to continue
5 to dominate and monopolize medical care within the Central Valley. Defendants were willing to
6 place two patients hospitalized in CRMC in positions of dying directly due to withholding
7 available and life-saving care. As the Nurse Practitioner rounding on these two patients with
8 Neurosurgeon VERREES, Plaintiff witnessed Neurosurgeon VERREES blackmailed by
9 Defendants, with the lives of two patients used as the bargaining chip, and witnessed extortion
10 being used with the lives of patients used by Defendants as leverage.

11 **I. CONDUCT**

12 DAVIS, FIELDS-KEENE, CMC, CRMC, CCFMG, UNIVERSITY NEUROSURGERY
13 ASSOCIATES were each involved in conducting the affairs of the enterprise in various ways.

14 **II. ENTERPRISES**

15 179. Plaintiff is informed and believes and thereon alleges that defendants DAVIS,
16 FIELDS-KEENE, CMC, CRMC, CCFMG, UNIVERSITY NEUROSURGERY ASSOCIATES
17 were together associated and actively involved in the acts described above.

18 180. Plaintiff is further informed and believes that various combinations of the above-
19 named entities acted as an association enterprise in fact by virtue of relationships of principals
20 within the enterprises and by virtue of various defendants being officers, directors, and managing
21 agents in not one, but multiple entities used to commit the acts complained of herein.

22 **III. PATTERNS OF ACTIVITY**

23 181. In October 2012, witnessing the BLACKMAIL and EXTORTION Plaintiff
24 recognized that the MAIL FRAUD in June 2011 and the repeated episodes of WIRE FRAUD she
25 experienced in May, June and July 2011 were not isolated incidents and that the illegal and
26 corrupt practices were a way of acting.

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IV. RACKETEERING ACTIVITY – PREDICATE ACTS

184. A wide variety of actions undertaken by Defendants over time constituted mail fraud, wire fraud and extortion.

FIRST PREDICATE ACT

MAIL FRAUD

Plaintiff alleges and has previously described Defendants sending fraudulent information to her and other patients through the U.S. mail. The letters originated at UCSF-F/CCFMG, where FIELDS-KEENE is Chief Executive Officer (CEO) and are dated June 7, 2011. E-mail correspondence clearly indicates FIELDS-KEENE’S awareness of this letter and this e-mail also relates FIELDS-KEENE stating that DAVIS should have input and approval. Plaintiff trusted Defendants at that time, as she did not know there was a reason not to. She relied on them, as a university medical center, to have foremost her best interest.

SECOND PREDICATE ACT

WIRE FRAUD

Defendants committed wire fraud multiple times in May, June and July 2011. Plaintiff called multiple times to make an appointment as spelled out in the letter. She was told repeatedly that Neurosurgeon VERREES was gone and on an extended vacation and not returning. She was then told by the staff at CCFMG/UNIVERSITY NEUROSURGEONS that she would receive a return call to set up day and time for the appointment. Yet the return calls were never made.

During 2012-2014, Plaintiff learned that management at CCFMG/UNIVERSITY NEUROSURGEONS coerced the clinic staff by telling them if they did not agree to tell what was directed they would be fired. Healthcare personnel informed CCFMG/UNIVERSITY NEUROSURGEON management that what they were being asked to tell the patients wasn’t true—that Neurosurgeon VERREES wasn’t gone on an extended vacation and that actually she

1 had opened an office next to Saint Agnes and was eager to continue care of her patients.
2 CCFMG/UNIVERSITY NEUROSURGEONS management told the clinic personnel that this
3 didn't matter and that they were to tell the lie they had been directed to tell and misdirect the
4 patients, which included Plaintiff.

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6 **THIRD PREDICATE ACT**

7 **EXTORTION:VIOLATION OF THE HOBBS ACT**

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9 At CRMC, from October 1 to October 6, Plaintiff witnessed Defendants willfully,
10 recklessly and without care for human life obstruct the medical care of the two patients. Plaintiff
11 states that it was made absolutely clear to the representative sent by Defendants—Dr. William
12 Dominic (DOMINIC). Images and photographs which illustrated the dire situations these two
13 patients were in were hung on the wall of their rooms. These interventions if not carried out
14 would make the difference between life and death.

15 Neurosurgeon VERREES had been accused of wrongdoing by Defendants that was so
16 obvious that she had objective proof of its fraud. Defendants had put restrictions on her
17 privileges at CRMC due to the fraudulent allegations. As these allegations were fraud,
18 Neurosurgeon VERREES expected to address the CRMC Medical Executive Committee and
19 show evidence of the falsehood. Once the members of the Medical Executive Committee became
20 aware of the fraud that had occurred, they would realize that the restrictions that had been placed
21 on Neurosurgeon VERREES' medical staff privileges in the form of proctorship requirements
22 had been wrongfully imposed and therefore would be lifted and the care for the two patients
23 could proceed without interruption.

24 Plaintiff learned however, that corruption existed far wider than she had anticipated.
25 Despite repeated statements that the allegations were fraud and that the proctorship requirements
26 had therefore been fraudulently imposed and that two patients could possibly die because of this
27 fraud layered on fraud, the members of the Medical Executive Committee remained unmoved.
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1 Over and Over DOMINIC went away to talk “with people” and returned to say that the decision
2 of the Medical Executive Committee remained no—they would not listen to Neurosurgeon
3 VERREES. Over and over, Plaintiff heard VERREES ask DOMINIC if he had informed the
4 members of the CRMC Medical Executive Committee of the obvious fraudulent basis of the
5 allegations, and DOMINIC answered yes. Multiple times Plaintiff witnessed VERREES inquire
6 of DOMINIC that the two patients could well die without the medical care that was being
7 withheld, and each time he was asked, DOMINIC answered yes. Multiple times Plaintiff
8 witnessed VERREES explain to DOMINIC that as the allegations were FRAUD and the
9 proctorship requirements were FRAUDULENLY placed, once the FRAUD was realized, the
10 proctorship requirements could be lifted as they never should have been placed at all, and lifting
11 the proctorship requirements would allow the medical care for the two patients to occur and the
12 patients have the best chance to LIVE. Multiple times, Plaintiff heard DOMINIC answer that he
13 had explained that same message to members of the CRMC Medical Executive Committee, or
14 “his people” or “some people” or “the people making decisions” or “the people in control.”
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16 Plaintiff heard DOMINIC explain that he was not making the decisions and he didn’t
17 necessarily agree with them but that he was just doing what he had been told he needed to do. To
18 Plaintiff, DOMINIC always seemed apologetic. He rarely looked up from the floor when talking
19 to VERREES and Plaintiff.

20 Plaintiff could not believe that the people in charge or the members of the CRMC Medical
21 Executive Committee really were willing to cause the death of two innocent patients to cover up
22 what was obviously the fraud of more than one individual or to hurt or retaliate against
23 VERREES. The patient, an 86-year-old male, felt the negativity and malice in the environment
24 as he told Plaintiff and VERREES that he really felt the people at the hospital wanted him to die
25 so they could blame VERREES for causing his death. When the 86-year-old male had arrived,
26 the doctor had agreed to work with VERREES had told the elderly man and the elderly man’s
27 daughter that calls from all over the campus had started “flooding in” criticizing him for agreeing
28

1 to work with VERREES and demanding that he just tell her “no.” Plaintiff was amazed that these
2 doctors and hospital administrators who called the doctor never considered what would happen to
3 the patient—the elderly man—if he didn’t receive the care they were ganging up to deny him.
4 The elderly man also informed Plaintiff and VERREES that the night after he (the elderly man)
5 arrived at CRMC calls from people from all over the campus had “kept him up all night.”

6 DOMINIC finally delivered the absolute statement that VERREES needed to leave
7 CRMC and stop trying to address the CRMC Medical Executive Committee or the medical care
8 the patients needed would continue to be withheld. Plaintiff made it absolutely clear that
9 continuing to withhold necessary and available medical care could and would kill the patients.
10 But this didn’t matter. Plaintiff witnessed VERREES go through the same point by point explicit
11 defining of the essential points—that the allegations against her were fraudulent, that they were so
12 overtly fraudulent that they could be expeditiously and directly proved to be fraudulent, that
13 knowing this fraudulence would necessitate raising of the proctorship requirements and allow the
14 care of the patients to continue. Plaintiff also heard VERREES explicitly say that the supporting
15 of fraud, members of the Medical Executive Committee were doing, was in itself fraud, and they
16 were allowing fraud to kill two innocent patients and that this was akin to murder. Plaintiff
17 witnessed DOMINIC agree that he understood.

18
19 Plaintiff heard VERREES say that what was being said was that if she continued to try to
20 show the fraud that had been made against her, care to the patients would be withheld, leading
21 them to die, leading two patients to die. Plaintiff witnessed the “yes” from DOMINIC with
22 statements about the decisions not being his and he didn’t agree.

23 The next Plaintiff heard that if VERREES didn’t leave the elderly man for the people at
24 CRMC to take care of and have no further contact with him, his care would continue to be
25 withheld. Plaintiff witnessed VERREES tell DOMINIC that this meant the elderly man would
26 unnecessarily die. DOMINIC, appearing to Plaintiff terribly ashamed, said “yes.” To save the
27 elderly male patient from unnecessarily dying, VERREES left the CRMC campus. Defendants
28

1 then kept the elderly man languishing for thirteen additional days unnecessarily, even though they
2 didn't have a neurosurgeon on staff who could have handled a complication that came up, before
3 sending him out for his definitive care. Defendants billed Medicare for this unnecessary
4 hospitalization extension, committing a federal offense against the government. Defendants
5 receiving money in response to their threat makes this extortion.
6

7
8 At another time from the above, Plaintiff witnessed DOMINIC tell VERREES that if she
9 didn't leave the female patient for the people at CRMC to take care of and have no further contact
10 with her, the female patient's medical care would continue to be withheld. Plaintiff witnessed
11 VERREES emphasize to DOMINIC that this meant the female patient would unnecessarily die
12 without receiving the medical treatment she needed. DOMINIC, looking to Plaintiff terribly
13 guilty and embarrassed, said "yes." To save the female patient from unnecessarily dying,
14 VERREES left the CRMC campus. Defendants then kept the female patient, who had private
15 health insurance, and received insurance reimbursement for their second extortion.
16

17 **SECOND CLAIM FOR RELIEF**

18 **RICO Conspiracy**

19
20 Defendants, acting together and to achieve their goal to retaliate against VERREES and
21 conceal evidence that would prove their guilt while showing VERREES' absence of guilt, all to
22 assure the protection of their healthcare empire and their own power within it and their own
23 financial profits. For this, Defendants were willing to kill.

24 **PROXIMATELY CAUSED INJURY**

25 Plaintiff that when Defendants destroyed VERREES' practice and made the allegations
26 against her that Saint Agnes could not possibly support a neurosurgeon who had been horribly
27 maligned to the point her name could never be washed clean. The Fresno medical community is
28 very tight. Defendants hold the dominant position. Being blackballed by them is death to a

1 clinician. Due to Defendants' fraud, malice and ulterior motives, VERREES closed her private
2 practice at the end of January 2013. This left Plaintiff, at fifty-seven and hands damaged by a
3 trauma, without employment. When she had left her previous Nurse Practitioner position in
4 spring 2012, it had been for another position that filled her needs perfectly. It was Defendants'
5 criminality that Saint Agnes was unable to support VERREES and the brain and spine tumor
6 program. In spring 2012, Plaintiff had left a ten-year position which had been challenging due to
7 the damage that had occurred to her hands, yet it had been do-able. Plaintiff only left for the
8 ideal. Yet malice had destroyed the ideal and this left Plaintiff without a position and looking for
9 another position that fulfilled her special manual dexterity restriction and has led to significant
10 decrease and loss of income.

11
12 PRAYER

13
14 WHEREFORE, Plaintiff prays for relief as follows:

- 15 1. For compensatory damages for loss of income, practice and future income, with sum
16 according to proof at the time of trial;
17 2. For attorneys' fees and costs incurred herein;
18 3. For such other and future relief as this Court deems just and proper.

19 DATED: October 4, 2016

20
21 By Sharon Templeton
22 SHARON TEMPLETON, M.S., F.N.P.
23 IN Pro Personam
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EXHIBITS

University | Neurosurgery Associates

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205 East Esplanade Lane
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Phone: (559) 430-0530
Fax: (559) 420-0530
www.UniversityMDs.com

June 7, 2011

Dear Patient:

We would like to inform you that Margaret "Meg" Verrees has taken an extended vacation and will not be returning to University Neurosurgery Associates. We value you as a patient and want to assure you that we will continue to provide care for you without interruption. Our existing UCSF faculty will be available to see you.

As you arrange for subsequent visits to our office in the near future, you will be assigned to another physician here at University Neurosurgery Associates.

Thank you for choosing a University Centers of Excellence office. We look forward to the opportunity to continue to provide you with excellent care.

If you have any questions or request a copy of your medical record, please feel free to contact University Neurosurgery Associates at (559) 420-0530.

Sincerely,

University Neurosurgery Associates

