

LETTER OF INTENT TO SUE

Felix Brizuela
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Effective Date: July 24 2022

RE: NOTICE OF INTENT TO FILE LAWSUIT

Dear PA office of Attorney general,

This letter of intent to sue shall serve as a formal notice that Felix Brizuela intends to commence a lawsuit against you due to the following: It is hereby noted that the defendant is guilty of violating the Pennsylvania right to know act. This act was modified in 2008, now putting the burden of proof on the entity or person from whom the request is made. In this case the Pennsylvania Attorney Generals office.

Colleagues that I have been consulting on relating to issues that have led to wrongful and fraudulent indictments, convictions and incarcerations of doctors and other healthcare related personals have asked for names of doctors that have been victims.(see exhibit A). We have not asked for details of what has transpired during the process of investigation on these individuals, which we understand is exempt in the state of Pennsylvania. We simply want names, which is absolutely, unequivocally not exempt from the right to know law. We are not even asking for final outcomes, which as well is not exempt and should be included, but simply names. Refusing to disclose such information to us not only makes your office susceptible to fines, but to civil legal action as well because you will be contributing to a process that has used lies, misinformation, bias, prejudice, misapplication of the CDC guidelines leading to the production of the PMDP which unlawfully, without consent gathers information on healthcare personnel and patients, and eventually led to the HFPP (Healthcare Fraud and Protection Project), which not only utilizes Qlarant to unlawfully gather private information on healthcare personnel and the public (violation of the sixth amendment), but purposely lowers the threshold of what is considered "fraud and abuse" on the part of healthcare personnel in order to secure criminal indictment and prosecution even for the slightest infraction. In their recent opening arguments in Ruan vs. USA, which eventually led toe reversal of convictions on doctors serving jail time whom SCOTUS concluded were acting in "good faith", Judge Thomas stated that they were unlawfully converting the debate on policy to criminal activity. Judges Alito, Thomas and Barrett added in their final decisions that:

"There are always robust debates among clinicians regarding the proper and rational treatment of a host of conditions, from high blood pressure to diabetes to acute and chronic pain—and that patients and their clinical contexts vary—that there is no ONE RIGHT WAY to treat a wide range of medical

conditions, treatment must be individualized, and clinicians must remain open to modifications and adjustments along the way. In *Ruan vs. United States*, the government failed to consider this.

Prescribing medications in an unusual manner, or a manner that falls outside the mainstream, might be a "standard of care" or malpractice issue, but should not be automatically considered a criminal issue. Approximately 20 percent of medications approved by the Food and Drug Administration (FDA) are legally prescribed "off-label," i.e., for different purposes than those for which the FDA approved them. The originators of off-label uses fall outside the mainstream of prescribers, but they are not treated as criminals. And many off-label uses are later approved by the FDA. This is one of the ways clinical medical science advances."

Note as well that the justices referred to *Linder vs. USA* in their decision, which was pretty much the model for their final conclusions. This SCOTUS decision, which has been in place and standing as the rule of the land when it comes to doctors prescribing opiates for either relief of pain and suffering to dependency, This ruling concluded that any type of decision on treatment with opiates between the doctor and their patient can only be between the doctor and patient and government cannot intervene. This refers to, but is not limited to issues of dosing, choice of opiate, use for specific disease process and length of use. Contrary to popular belief, the CSA (controlled substance act) does not at alter or even challenge *Linder vs. USA* but has been misused and misapplied to assure unlawful convictions on healthcare personnel. These policies appear to be in place to assure monetary gain, specially for the health insurance industry.

In reference to this war on prescription opiates, it has been fueled by false rhetoric and downright lies. Note the following facts:

-There is absolutely no evidence that there was a rise in the abuse of prescription opiates. Prescription opiates only accounted for less than 1% of opiates of abuse and less than 20% of those were obtained from doctors for therapeutic purposes. Greater than 90% of opiate abuse was due to acetyl fentanyl, which is not the fentanyl we use in clinical practice and is significantly more dangerous and is now the foundation of ALL narcotics, whether opiates or drugs sold in the street like Xanax or Ativan. Ironically, opium stopped being the foundation for illegal street drugs when we left Afghanistan. We did not have an opiate epidemic leading to a rise in abuse of opiates and opiate related deaths until around 2016, with the introduction of the HFPP (see exhibit B). At that time, doctors were literally horrified about treating patients who rightfully needed prescription. It was this fear that led to the murder of the surgeon in Tulsa, Oklahoma. Despite excruciating post operative pain. The Doctor was in a catch 22 situation. He either gave opiates and commit a crime thanks to the HFPP, or put his life and ethics in danger.

-In order to place blame on healthcare personnel, the government, using the CDC, DOJ and DEA lumped the abuse of illegal street of acetyl fentanyl with the use of legal, safe fentanyl. The abuse of legal fentanyl was literally non existent.

-Autopsies on overdose victims, the majority of which were not finished falsely linked prescription opiates to deaths.

-Since 2016, the time of the introduction of the HFPP, there has been a greater than 475% increase in suicide related deaths in chronic pain patients. Many of these are veterans. Chronic pain patients now accounts for a whopping 20% of all suicide related deaths. Since the introduction of the HFPP, the rise in the number of overdose deaths has risen to that of biblical proportions. Rise has been exponential

with 207,000 deaths since 2016. The time of the introduction of the HFPP. the number of people, Jewish and non-Jewish killed during the holocaust was about 11 million. The number of Americans killed due to the fake prescription opiate crisis orchestrated by the government far surpasses this and includes people of all races and cultures although it has affected people of color out of proportion to Caucasian's.

Despite unequivocal evidence that prescription opiates, use simply to relieve pain and suffering never caused an opiate epidemic, the feds contribute on their quest to indict, convict and incarcerate as many doctors and other healthcare personal as possible Your present attorney general Josh Shapiro as well vowed as recently as last year to continue to pursuit convictions against doctors. As you know, he is running for office. His agenda to cause further harm on the American public will not be taken too kindly by his political opponents during this election year. As it is, we have the absolute worst healthcare system of any developed country, our life span has dropped and we have more than twice the incidence of mental illness of ANY countries but yet spend more than 40 times more on healthcare than any developed country. Our healthcare insurers profited \$500 billion in 2020 and \$300 million of this went from health insurance lobbyists to congress. Mr. Shapiro, through his words and actions means to continue to contribute to this travesty. Thus justifying civil legal action against the Attorney General's office.

-I, the plaintiff was a victim of these abomination by the federal government. I was unlawfully convicted and sentenced to an incredible 48 months in federal prison for accusations which were false, prejudicial and obtained through misinterpretation of the CDC guidelines and misused for criminal prosecution, judicial misconduct and malicious prosecution by the assistant district attorney. After 7 months in federal prison, my conviction was unanimously overturned by the fourth circuit. They cited things like lack of proper clinical and scientific evidence, misuse of the Kennedy rule, Their expert witness arguing legal rather than scientific facts and telling the jury what to think rather than citing clinical and scientific facts as to why I was guilty and the judge not properly utilizing Mens rea when giving instructions to the jury. Following my release, I was coerced into a one charge plea deal in order to maintain an felony on my record. Something that the public defender, Douglas Sughrue from Pittsburgh, Pennsylvania later admitted under signed affidavit that he never reviewed discovery. This as you know is a major violation consistent with ineffective counsel. I have filed a 2255 for ineffective counsel back in January, 2022 and am still waiting for Judge Irene Keely, northern district of West Virginia to make a decision on. My understanding is that Mr. Sughrue called an entity that he thought was my counsel and told them that he was being investigated by the Pennsylvania Attorney General's office. I understand that in Pennsylvania ongoing investigations by you, criminal or otherwise are exempt from the right to know act. But I certainly hope that you are investigating this which has ruined my life (with a felony, cannot get a job, my home is up for sheriffs sale in September. Attempts to have my revoked medical license in Pennsylvania have fallen short due to non communication on the part of the Pennsylvania Board of Osteopathic Medicine. I have recently filed an intent to suit against them and did hear from their counsel the next day.

Mr. Shapiro is therefore liable to civil action by me due to his contributing the the false rhetoric orchestrated by the federal government which has ruined my life. All myself and other doctors noted is for you to release to us the name of doctors being accused, indicted, convicted and incarcerated, We are only asking for names.

I. THE PLAINTIFF. Felix Brizuela (the "Plaintiff").


II. THE DEFENDANT. PA office of Attorney general (the "Defendant").

III. SETTLEMENT DEMAND. As a result of your actions, the Plaintiff is willing to resolve the matter by you meeting the following demands: Either release the names or I will file a formal lawsuit for \$10,000,000 for the pain and suffering on my family and myself.

This offer to cure and/or settle this matter outside of court and avoid a lawsuit is valid for 30 days from the Effective Date.

IV. GOVERNING LAW. This Letter of Intent shall be governed under the laws of the State of Pennsylvania.

Sincerely,

A handwritten signature in black ink, appearing to read "Felix Brizuela", written over a horizontal line.

Felix Brizuela

Exhibit A

Right-to-Know Law Request

SUBMITTED TO AGENCY NAME: Pennsylvania Office of Attorney General

(Attn: Agency Open Records Officer or Right to Know Officer)

Pennsylvania Office of Attorney General

Address: 1326 Strawberry Square, Harrisburg, PA 17120

Phone: 717-783-1111

Email: rkl@attorneygeneral.gov

Fax 717-705-7244

Date of Request: 5/31/2022 ; Submitted Via: Email

PERSON MAKING REQUEST: Name: Neil Anand ; Company : Institute of Advanced Medicine and Surgery

Mailing Address: 1313 Cheltenham Drive Philadelphia, PA,19020

Email: cardiacgasman@gmail.com; Telephone: 267-934-9784 ; Fax: 215-940-9690

If the agency has questions I prefer to be contacted by email or U.S. Mail

I am formally requesting my wish to examine the records in person, and then ask for copies of just those pages I identify as containing the information I want. Please notify me if fees associated with this request will be more than \$100. I am willing to receive printed copies but electronic copies are preferred if available.

Dear Open Records Officer or Sharon K. Maitland, Deputy Attorney General, Right-to-Know Officer,

Under the Pennsylvania Right to Know Law, 2008 Act 3, Act of Feb. 14, 2008, P.L. 6, No. 3, 65 § 67.101 et seq., I am requesting an opportunity to inspect or obtain copies of public records that pertain to information obtained by the Pennsylvania Office of Attorney General from the ("Independence Companies"): Independence Blue Cross, inc., Amerihealth HMO, Inc., Independence Blue Cross, LLC, Independence Health group, Inc., Independence Hospital Indemnity Plan, Inc., Keystone Health Plan East, Inc., QCC Insurance Company., Amerihealth Caritas, and Keystone First.

These are records that will assist physicians, healthcare providers and other citizens in achieving justice against the Independence Companies including Independence Blue Cross. Requester is attempting to determine and analyze unlawful activity and/or corruption by the

Independence Companies including Independence Blue Cross. Therefore, I am formally making the instant request that the Pennsylvania Office of Attorney General institute a preservation hold to prevent destruction of all evidence, records, and documents pertaining to Neil Anand, Institute of Advanced Medicine and Surgery, Bucks County Pain and Peri-operative Medicine, Pennsylvania physicians (in general), Pennsylvania healthcare providers (in general), and the (“Independence Companies”): Independence Blue Cross, inc., Amerihealth HMO, Inc., Independence Blue Cross, LLC, Independence Health group, Inc., Independence Hospital Indemnity Plan, Inc., Keystone Health Plan East, Inc., QCC Insurance Company., Amerihealth Caritas, and Keystone First.

I am also formally and instantly giving notice that I may intend on seeking the testimony of the Pennsylvania Office of Attorney General and its respective employees in any future legal or Court proceedings concerning the Independence Companies including Independence Blue Cross for relevant pertinent information obtained pursuant to Right to Know Law.

I am in possession of evidence that members of the Independence Companies including Independence Blue Cross provided materially false evidence to the US Department of Justice (USDOJ). I also have knowledge and evidence of discrepancies between spreadsheets provided by Independence Blue Cross to the USDOJ and U.S. Internal Revenue Service via false 1099's. These findings of false evidence have already been disclosed to the Federal Eastern District Court of Pennsylvania. There is a preponderance of evidence that the Independence Companies including Independence Blue Cross has retaliated against myself for advocating and filing grievances on behalf of my patients at the Pennsylvania Insurance Department in violation of Pennsylvania Prompt Payment of Clean Claims ACT 68 among other laws. See *Neil Anand and Institute of Advanced Medicine and Surgery v. Pennsylvania Department of Insurance*, (Office of Open Records Docket No: AP 2022-0319)

I have been and am currently in extensive communication with numerous U.S. physician associations and U.S. physicians who have expressed similar retaliation, harassment and bullying by the Independence Companies, including Independence Blue Cross, and other health insurance company affiliates of the Blue Cross Blue Shield Association network. The intentional and unlawful actions of the Blue Cross Blue Shield Association network against physicians nationwide have forced myself and other physicians to file complaints with the United Nations

Human Rights Council. Currently the Human Rights Committee Chairperson at Council of Organizations is investigating all evidence that has been collected by U.S. physician associations and U.S. patient groups regarding the regulatory capture of the U.S. health insurance market, restraint of trade, and the organized persecution of physicians and their patients, by the Blue Cross Blue Shield Association as well as its member organizations including Independence Blue Cross.

I have also submitted Freedom of Information Act Requests to United States Department of Justice (USDOJ), Health and Human Services, and Drug Enforcement Agency with ongoing concurrent litigation by multiple physicians in United States District Court for the District of Columbia. See *Neil Anand et al. v. U.S. Department of Health and Human Services et al.* Civil Action No. 21-1635 (CKK)

Comprehensive RTKL Request by Neil Anand

Requester Anand is now seeking and requesting from the Pennsylvania Office of Attorney General all information, documents and records pursuant to RTKL pertaining to the **Independence Companies AND:**

1. All data and documents since year 1990, at Pennsylvania Office of Attorney General concerning the identities of past and/or present, physicians or health care providers that have been arrested or, prosecuted criminally, or convicted after referral and/or provision of controlled substance medication prescribing data by an Independence Company and/or provision of health care billing data by an Independence Company for violations of:
 - a. Corrupt Organizations and/or 18 Pa.C.S.A. § 911
 - b. Dealing in Proceeds of Unlawful Activities and/or 18 Pa.C.S.A. § 5111
 - c. Insurance Fraud and/or 18 Pa.C.S.A. § 4117
 - d. Theft by Deception and/or 18 Pa.C.S.A. § 3922
 - e. Criminal Conspiracy and/or 18 Pa.C.S.A. § 903
 - f. Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)
 - g. Unfair Trade Practices and Consumer Protection Law (UTPCPL), 73 P.S. §§ 201-1, et seq.
 - h. Pennsylvania consumer protection laws (in general)
 - i. Pennsylvania information privacy laws (in general)
 - j. Data breaches involving health care entities (in general)

2. All data and documents since year 1990, at Pennsylvania Office of Attorney General concerning the identities of past and/or present, physicians or health care providers that have been arrested, or prosecuted criminally, or convicted with controlled substance medication prescribing data provided by an Independence Company including but not limited to opioid, benzodiazepine, or muscle relaxant, medications data.
3. All data and documents since year 1990, at Pennsylvania Office of Attorney General concerning the identities of past and/or present, physicians or health care providers that have been arrested, or prosecuted criminally, or convicted after, controlled substance medication prescribing data, was provided by an Independence Company pertaining to particular, patients/Independence Company Members.
4. All data and documents since year 1990 at Pennsylvania Office of Attorney General concerning the identities of past and/or present, physicians or health care providers that have been arrested, or prosecuted criminally, or convicted after medication tracking data or pharmacy prescribing data was provided by an Independence Company pertaining to particular, patients/Independence Company Members.
5. All data and documents since year 1990 at Pennsylvania Office of Attorney General concerning the identities of past and/or present, physicians or health care providers that have been arrested, or prosecuted criminally, or convicted after referral by an Independence Company for concerns about the relationship between physicians and/or pharmacies including but not limited to Medicaid pharmacy providers.

The Pennsylvania Right to Know Law requires a response time within five business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records. If the Pennsylvania Office of Attorney General denies any or all of my requests, numbered one through ten above, please cite each specific exemption justifying the refusal to release the information and notify me of the appeal procedures available to me under the law. If records require redaction, please notify me which records potentially require redaction. If the Pennsylvania Office of Attorney General cites attorney-client privilege exemptions, it should be noted that attorney-client privilege does not protect client identities or general descriptions of services in legal invoices (See *Levy v. Senate*). I would also like to request a waiver of all fees concerning my RTKL requests because the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of Independence Blue Cross's and/or the Independence Companies relationship with its physician contractors and

its insured Members as well as the regulatory efforts of the Pennsylvania Office of Attorney General with respect to infractions of law or regulations as committed by the Independence Companies and Independence Blue Cross. I will share all pertinent information obtained by RTKL with full public disclosure to local media, national media, and social media as applicable, as one of the primary goals of my RTKL request is related to news gathering and research purposes. Furthermore, I am informing the Pennsylvania Office of Attorney General that information obtained by RTKL request is not being sought for commercial purposes. I respectfully request that the Pennsylvania Office of Attorney General Agency Chief/Officer determine that the public interest favoring open access to information and records pertaining to the Independence Companies and Independence Blue Cross outweighs any individual, agency or public interest that may favor restriction of access. I am also requesting that the RTKL information be provided on an expedited basis or in the alternative allow myself to come to the Pennsylvania Office of Attorney General agency office to inspect the relevant requested records.

Respectfully Submitted,

Neil Anand M.D.

Neil Anand M.D.

the total number of U.S. drug overdose deaths involving any illicit or prescription opioid drug from 1999 to 2020. The bars are overlaid by lines showing the number of deaths by gender from 1999 to 2020 (Source: CDC WONDER).

Figure 1. National Drug-Involved Overdose Deaths* Number Among All Ages, by Gender, 1999-2020

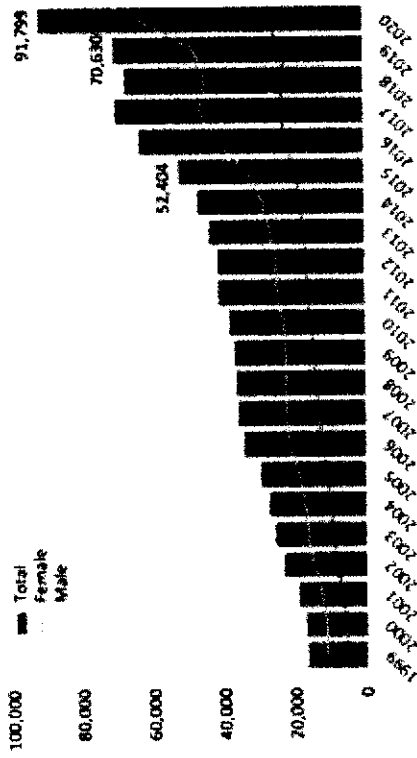


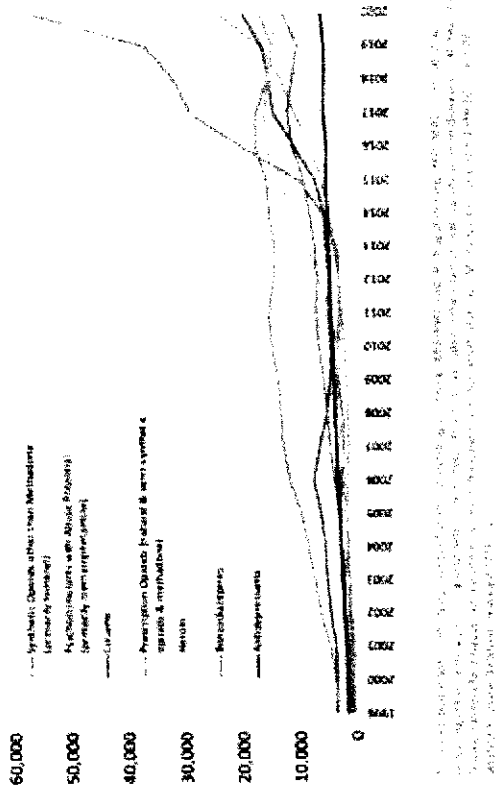
Figure 2. National Drug-Involved Overdose Deaths by Specific Category—Number Among All Ages, 1999-2020.

Overall, drug overdose deaths rose from 2019 to 2020 with 91,799 drug overdose deaths reported in 2020. Deaths involving synthetic opioids other than methadone (primarily fentanyl) continued to rise with 56,516 overdose deaths reported in 2020. Those involving psychostimulants with abuse potential (primarily methamphetamine) also continued to increase to 23,837 (Source: CDC WONDER).

Figure 3. National Overdose Deaths Involving Any Opioid—Number Among All Ages, by Gender, 1999-2020.

The figure above is a bar and line graph showing the total number of U.S. overdose deaths involving any opioid from 1999 to 2020. Any opioid includes prescription opioids (natural and semi-synthetic opioids and methadone), heroin and synthetic opioids other than methadone (primarily fentanyl). Opioid-involved overdose deaths rose from 21,088 in 2010 to 47,600 in 2017 and remained steady in 2018 with 46,802 deaths. This was followed by a significant increase through 2020 to 68,630 overdose

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



Jul 24 2022 2:38PM

Last Transaction

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